



ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

#22 DECEMBER 6, 2011

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

Los Angeles County
Board of Supervisors

December 06, 2011

Gloria Molina
First District

Mark Ridley-Thomas
Second District

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

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Dear Supervisors:

Mitchell H. Katz, M.D.
Director

APPROVAL OF AGREEMENT WITH HARBOR-UCLA MEDICAL FOUNDATION INCORPORATED FOR NON-PHYSICIAN PRACTITIONER MEDICARE BILLING SERVICES

Hal F. Yee, Jr., M.D., Ph.D.
Chief Medical Officer

John F. Schunhoff, Ph.D.
Chief Deputy Director

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

www.dhs.lacounty.gov

SUBJECT

Request approval of a sole source Agreement with the Harbor-UCLA Medical Foundation Incorporated for the provision of Non-Physician Practitioner Medicare Billing Services for Harbor-UCLA Medical Center and Rancho Los Amigos National Rehabilitation Center.

*To ensure access to high-quality,
patient-centered, cost-effective
health care to Los Angeles
County residents through direct
services at DHS facilities and
through collaboration with
community and university
partners*

IT IS RECOMMENDED THAT YOUR BOARD:

1. Authorize the Director of Health Services (Director), or his designee, to execute a sole source Agreement with Harbor-UCLA Medical Foundation Incorporated (MFI) to provide Non-Physician Practitioner Medicare Billing Services for Harbor-UCLA Medical Center (H-UCLA MC), and Rancho Los Amigos National Rehabilitation Center (RLANRC) effective upon Board approval through June 30, 2016, with two one-year options to extend the Agreement through June 30, 2018, at an estimated cost of \$11,000 for Fiscal Year (FY) 2011-12 and \$16,500 annually thereafter, offset 100 percent by the net collections generated by MFI.
2. Delegate authority to the Director, or his designee, to exercise the term extension options and execute one or more Amendments to the MFI Agreement through June 30, 2018, subject to review and approval by County Counsel and notice to your Board and the Chief Executive Office.

3. Delegate authority to the Director, or his designee, to execute amendments



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to the MFI Agreement, as necessary, to implement new Board policies or to make changes required by law, subject to review and approval by County Counsel.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Medicare reimburses hospitals for services provided by certain non-physician practitioners, such as certified registered nurse anesthetists, physician assistants, nurse practitioners, and psychologists, separately from its payment for other inpatient and outpatient services. Non-physician practitioner services must be billed on an itemized charge basis, which the Department of Health Services' (DHS or Department) is unable to bill for with its current billing capabilities.

Approval of the first recommendation will allow the Director, or his designee, to execute a sole source Agreement, substantially similar to Exhibit I (attached), with MFI for the provision of non-physician practitioner billing services, which are part of the DHS revenue recovery efforts. This Agreement is necessary because H-UCLA MC and RLANRC currently do not have the data collection mechanisms or staffing to collect data on either physician or non-physician practitioner services to facilitate claims preparation in order to bill Medicare for these services.

For many years, MFI has been successfully providing physician professional fee claims processing, monitoring, and appeals services for H-UCLA MC, and for the Rancho Faculty Medical Associates, Inc., a physicians' private practice plan at RLANRC. Accordingly, this vendor has unique abilities to provide non-physician billing services at H-UCLA MC and RLANRC as it is very familiar with their medical records and has processes in place for accessing them and can perform the work especially efficiently because it is already reviewing the records for the physician services billing component.

The required Sole Source Checklist and justification is approved by the CEO and included as Attachment A.

Approval of the second recommendation will allow the Director, or his designee, to execute one or more amendments to the MFI Agreement to exercise the term extension option to the MFI Agreement through June 30, 2018.

Approval of the third recommendation will allow for amendments to the MFI Agreement, as necessary, to implement new Board policies or changes required by law.

Implementation of Strategic Plan Goals

The recommended actions support Goal 1, Operational Effectiveness, and Goal 4, Health and Mental Health, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The County's estimated cost for the remainder of Fiscal Year (FY) 2011-12, from date of your Board's approval through June 30, 2012, is \$11,000, and \$16,500 annually thereafter, offset 100 percent by the net collections generated by MFI. Therefore, there is no net County cost for this Agreement.

The fees for services rendered by MFI will be 25 percent of the net collections generated through non-physician practitioner Medicare billings performed on behalf of County. This level of

reimbursement does not reduce in any way the amounts currently being received by H-UCLA MC and RLANRC for inpatient or outpatient care to Medicare beneficiaries. The remaining net collections, expected to be approximately \$31,000 for the remainder of FY 2011-12 and \$48,000 annually thereafter, will be retained by the County.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

MFI provides an electronic system to process Medicare claims for services rendered by non-physician practitioners. MFI can extract from the medical charts and other documentation and systems provided by the Department all the information required for Medicare billings, and can appeal claims which are denied or unpaid.

MFI is presently providing such billing services in connection with physician care pursuant to a Tri-Partite Agreement at H-UCLA MC and as part of an informal agreement between RLANRC and its physician group. This Agreement would permit non-physician billing by MFI at H-UCLA MC and would formalize arrangements at RLANRC.

The Agreement includes all Board of Supervisor's required provisions. The Agreement may be terminated with or without cause upon a ten day advance written notice to MFI, and MFI may terminate with a 30 day advance written notice to the County.

County Counsel has approved Exhibit I as to form.

The services provided under this Agreement are not considered to be subject to the Living Wage Program since they are provided on a part time basis.

CONTRACTING PROCESS

This vendor has unique abilities as it is currently reviewing the hospitals' medical records for physician services billing and can therefore perform the work more efficiently than another vendor, as it is already performing the review work under the contract at H-UCLA.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of these actions will ensure provision of these revenue recovery services at H-UCLA and RLANRC.

The Honorable Board of Supervisors

12/6/2011

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Respectfully submitted,

A handwritten signature in black ink, appearing to read "Mitchell Katz". The signature is written in a cursive, flowing style.

Mitchell H. Katz, M.D.

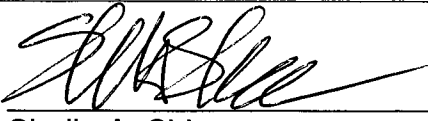
Director

MHK:po

Enclosures

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

SOLE SOURCE CHECKLIST

Check (√)	<p align="center">JUSTIFICATION FOR SOLE SOURCE CONTRACTS</p> <p>Identify applicable justification and provide documentation for each checked item.</p>
	<ul style="list-style-type: none"> ➤ Only one bona fide source for the service exists; performance and price competition are not available.
	<ul style="list-style-type: none"> ➤ Quick action is required (emergency situation).
	<ul style="list-style-type: none"> ➤ Proposals have been solicited but no satisfactory proposals were received.
	<ul style="list-style-type: none"> ➤ Additional services are needed to complete an ongoing task and it would be prohibitively costly in time and money to seek a new service provider.
	<ul style="list-style-type: none"> ➤ Maintenance service agreements exist on equipment which must be serviced by the authorized manufacturer's service representatives.
	<ul style="list-style-type: none"> ➤ It is most cost-effective to obtain services by exercising an option under an existing contract.
	<ul style="list-style-type: none"> ➤ It is in the best interest of the County e.g., administrative cost savings, excessive learning curve for a new service provider, etc.
<p align="center">X</p>	<ul style="list-style-type: none"> ➤ Other reason. Please explain: <p>Harbor-UCLA Medical Center and Rancho Los Amigos National Rehabilitation Center currently do not have the mechanisms or staffing to collect data on physician practitioner services in a way which would easily permit claim preparation in order to bill Medicare for non-physician practitioner services.</p> <p>This vendor has unique abilities as it is very familiar with the hospitals' medical records, already has processes in place for accessing them, and can perform the work more efficiently than another vendor because it is simultaneously reviewing the records for the physician services, work for which it already has a contract at Harbor.</p>
 Sheila A. Shima Deputy Chief Executive Officer, CEO	<p align="center">11/10/11</p> <p align="center">Date</p>

DEPARTMENT OF HEALTH SERVICES



AGREEMENT

BY AND BETWEEN

COUNTY OF LOS ANGELES

AND

HARBOR-UCLA MEDICAL FOUNDATION, INC.

FOR

**NON-PHYSICIAN PRACTITIONER MEDICARE BILLING
SERVICES**

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EXHIBITS

STANDARD EXHIBITS

- A STATEMENT OF WORK
- B ITEMIZED CHARGES
- C CONTRACTOR'S EEO CERTIFICATION
- D COUNTY'S ADMINISTRATION
- E CONTRACTOR'S ADMINISTRATION
- F CONTRACTOR ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT
- G JURY SERVICE ORDINANCE
- H SAFELY SURRENDERED BABY LAW
- I HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AGREEMENT
CONTRACTOR'S OBLIGATIONS AS A "BUSINESS ASSOCIATE" UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) AND THE HEALTH CARE INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH ACT (HITECH)
- J CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS
- K CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM
- L MEDICAL HEALTH SCREENING

**AGREEMENT BY AND BETWEEN
COUNTY OF LOS ANGELES
AND
HARBOR-UCLA MEDICAL FOUNDATION, INC.
FOR
NON-PHYSICIAN PRACTITIONER MEDICARE BILLING SERVICES**

This Agreement and Exhibits made and entered into this _____ day
of _____, 2011

by and between the COUNTY OF LOS ANGELES, (hereinafter
referred to as "County")

and HARBOR-UCLA MEDICAL FOUNDATION,
INC. (hereinafter referred to as "Contractor")

WHEREAS, pursuant to sections 1441 and 1445 of the California Health and Safety Code, County has established and operates a network of County hospitals and health facilities specifically Harbor-UCLA Medical Center (hereinafter referred to as ("H-UCLA MC") and Rancho Los Amigos National Rehabilitation Center (hereinafter referred to as "RLANRC").

WHEREAS, the County may contract with private businesses for non-physician practitioner billing services when certain requirements are met; and

WHEREAS, the Contractor is a private firm specializing in providing Non-Physician Practitioner Medicare Billing Services and is, by virtue of its competence and expertise in the area of professional fee billing for services rendered in hospital settings particularly, qualified to perform the required services; and

WHEREAS, County's Department of Health Services finds it necessary to secure professional services in the area of Non-Physician Practitioner Medicare Billing Services; and

WHEREAS, this Agreement is therefore authorized under California Code, Government Code Section 31000 which authorizes the Board of Supervisors to contract for Non-Physician Practitioner Medicare Billing Services; and

NOW THEREFORE, in consideration of the mutual covenants contained herein, and for good and valuable consideration, the parties agree to the following:

1.0 APPLICABLE DOCUMENTS

Exhibits A, B, C, D, E, F, G, H, I, J, K, and L are attached to and form a part of this Agreement. In the event of any conflict or inconsistency in the definition or interpretation of any word, responsibility, schedule, or the contents or description of any task, deliverable, goods, service, or other work, or otherwise between the base Agreement and the Exhibits, or between Exhibits, such conflict or inconsistency shall be resolved by giving precedence first to the Agreement and then to the Exhibits according to the following priority.

Standard Exhibits:

- 1.1 EXHIBIT A - Statement of Work
- 1.2 EXHIBIT B - Itemized Billing Rates
- 1.3 EXHIBIT C - Contractor's EEO Certification
- 1.4 EXHIBIT D - County's Administration
- 1.5 EXHIBIT E - Contractor's Administration
- 1.6 EXHIBIT F - Contractor Acknowledgement and Confidentiality Agreement
- 1.7 EXHIBIT G - Jury Service Ordinance
- 1.8 EXHIBIT H - Safely Surrendered Baby Law
- 1.9 EXHIBIT I - Contractor's Obligations as a "Business Associate" Under the Health Insurance Portability and Accountability Act of 1996

(HIPAA) and the Health Information Technology for Economic and Clinical Health Act

- 1.10 EXHIBIT J - Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions
- 1.11 EXHIBIT K – Certification of Compliance with the County’s Defaulted Property Tax Reduction Program
- 1.12 EXHIBIT L - Medical Health Screening

2.0 DEFINITIONS

The headings herein contained are for convenience and reference only and are not intended to define the scope of any provision thereof. The following words as used herein shall be construed to have the following meaning, unless otherwise apparent from the context in which they are used.

- 2.1 **Agreement:** Contract executed between County and Contractor. It sets forth the terms and conditions for the issuance and performance of the Statement of Work, Exhibit A.
- 2.2 **Contractor:** The sole proprietor, partnership, limited liability company or corporation that has entered into an Agreement with the County to perform or execute the work covered by the Statement of Work.
- 2.3 **Contractor Project Manager:** The individual designated by the Contractor to administer the Agreement operations after the Agreement award.
- 2.4 **Day(s):** Calendar day(s) unless otherwise specified.
- 2.5 **DHS:** Department of Health Services
- 2.6 **Director:** Director of Health Services or his/her authorized designee.
- 2.7 **Facility:** H-UCLA MC and RLANRC.
- 2.8 **Project Director:** Person designated by County with authority for County on contractual or administrative matters relating to this Agreement that cannot be resolved by the Facility’s Project Manager.
- 2.9 **Facility Project Manager(s):** Person designated by Project Director to manage the operations under this Agreement.

- 2.10 **Facility Project Monitor(s):** Person with responsibility to oversee the day to day activities of this Agreement. Responsibility for inspections of any and all tasks, deliverables, goods, services and other work provided by the Contractor.
- 2.11 **Fiscal Year:** The twelve (12) month period beginning July 1st and ending the following June 30th.
- 2.12 **Non-Physician Practitioner:** Shall include, but not limited to, certified registered nurse anesthetists, physician assistants, nurse practitioners, clinical nurse specialists, clinical psychologists, and clinical social workers, whether compensated by County or not, who meet the standards established by Medicare for providing separately payable services.
- 2.13 **Non-Physician Practitioner Medicare Billing Service:** Those Contractor provided billing services for services rendered to Medicare beneficiaries by non-physician practitioners at designated County hospitals.

3.0 WORK

- 3.1 Pursuant to the provisions of this Agreement, the Contractor shall fully perform, complete and deliver on time, all tasks, deliverables, services and other work as set forth herein.
- 3.2 If the Contractor provides any tasks, deliverables, goods, services, or other work, other than as specified in this Agreement, the same shall be deemed to be a gratuitous effort on the part of the Contractor, and the Contractor shall have no claim whatsoever against the County.

4.0 TERM OF AGREEMENT

- 4.1 The term of this Agreement shall be effective upon its approval by the County's Board of Supervisors through June 30, 2016, unless sooner terminated or extended in whole or in part, as provided in this Agreement. The Director, or his designee, shall have the authority to approve and exercise two one-year options to extend the Agreement through June 30, 2018.

- 4.2 The Contractor shall notify DHS when this Agreement is within six (6) months from the expiration of the term as provided for hereinabove. Upon occurrence of this event, the Contractor shall send written notification to the DHS at the address herein provided in EXHIBIT D - County's Administration.

5.0 BILLING AND PAYMENT

- 5.1 The Contractor shall not be entitled to payment or reimbursement for any tasks or services performed, nor for any incidental or administrative expenses whatsoever incurred in or incidental to performance hereunder, except as specified herein. Assumption or takeover of any of the Contractor's duties, responsibilities, or obligations, or performance of same by any entity other than the Contractor, whether through assignment, subcontract, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever, shall occur only with the County's express prior written approval.

5.2 No Payment for Services Provided Following Expiration/ Termination of Agreement

The Contractor shall have no claim against County for payment of any money or reimbursement, of any kind whatsoever, for any service provided by the Contractor after the expiration or other termination of this Agreement. Should the Contractor receive any such payment it shall immediately notify County and shall immediately repay all such funds to County. Payment by County for services rendered after expiration/termination of this Agreement shall not constitute a waiver of County's right to recover such payment from the Contractor. This provision shall survive the expiration or other termination of this Agreement.

5.3 Invoices and Payments

- 5.3.1. The fee for services rendered by Contractor will be Twenty-Five (25%) percent of the net collections generated through non-

physician practitioner Medicare billings, as listed on the attached, Itemized Charges, Exhibit B, by Contractor on behalf of County under this Agreement.

- 5.3.2 The Contractor shall invoice the County in arrears only for providing the tasks, deliverables, goods, services, and other work specified in Exhibit A - Statement of Work and elsewhere hereunder. The Contractor shall prepare invoices, which shall include the charges owed to the Contractor by the County under the terms of this Agreement. All billings shall clearly reflect and provide reasonable detail of the services for which claim is made. The Contractor shall be paid only for the tasks, deliverables, goods, services, and other work approved in writing by the County. If the County does not approve work in writing no payment shall be due to the Contractor for that work.
- 5.3.3 The Contractor's invoices shall contain the information set forth in Exhibit A - Statement of Work describing the tasks, deliverables, goods, services, work hours, and facility and/or other work for which payment is claimed.
- 5.3.4 Contractor shall maintain individual ledgers for Facility for which service is provided.
- 5.3.5 The Contractor shall submit the monthly invoices to the County by the 15th calendar day of the month following the month of service.
- 5.3.6 All invoices under this Agreement shall be submitted in two (2) copies to the following addresses:

Harbor-UCLA Medical Center:
Expenditure Management
Box 479, 1000 W. Carson St.
Torrance, California 90509
Attn: Revenue Manager

Rancho Los Amigos National Rehabilitation

Center:

Expenditure Management, SSA 2208

7601 E. Imperial Hwy.

Downey, California 90247

Attn: Revenue Manager

5.3.7 County Approval of Invoices

All invoices submitted by the Contractor for payment must have the written approval of the Facility's Project Manager prior to any payment thereof. In no event shall the County be liable or responsible for any payment prior to such written approval. Approval for payment will not be unreasonably withheld.

County shall pay Contractor within thirty (30) days following receipt of a complete and correct billing statement. Upon termination of this Agreement, Contractor may continue to bill County monthly until Medicare has adjudicated all claims submitted by Contractor, for any amounts owed on claims which are paid after the termination date.

6.0 ADMINISTRATION OF AGREEMENT - COUNTY

COUNTY ADMINISTRATION

The Director shall have the authority to administer this Agreement on behalf of the County. Director retains professional and administrative responsibility for the services rendered under this Agreement. A listing of all County Administration referenced in the following sub-paragraphs is designated in EXHIBIT D - County's Administration. The County shall notify the Contractor in writing of any change in the names or addresses shown.

6.1 Facility's Project Director

Responsibilities of the Facility Project Director include:

- ensuring that the objectives of this Agreement are met; and

- providing direction to the Contractor in the areas relating to County policy, information requirements, and procedural requirements.

6.2 Facility's Project Manager

The responsibilities of the Facility's Project Manager include:

- meeting with the Contractor's Project Manager on a regular basis; and
- inspecting any and all tasks, deliverables, goods, services, or other work provided by or on behalf of the Contractor.

The Facility's Project Manager is not authorized to make any changes in any of the terms and conditions of this Agreement and is not authorized to further obligate County in any respect whatsoever.

6.3 Facility's Project Monitor

The Facility's Project Monitor is responsible for overseeing the day-to-day administration of this Agreement. The Project Monitor reports to the Facility's Project Manager.

7.0 ADMINISTRATION OF AGREEMENT - CONTRACTOR

7.1 Contractor's Project Manager

7.1.1 The Contractor's Project Manager is designated in EXHIBIT E - Contractor's Administration. The Contractor shall notify the County in writing of any change in the name or address of the Contractor's Project Manager.

7.1.2 The Contractor's Project Manager shall be responsible for the Contractor's day-to-day activities as related to this Agreement and shall coordinate with Facility's Project Manager and Facility's Project Monitor on a regular basis.

7.2 Contractor's Authorized Official(s)

7.2.1 Contractor's Authorized Official(s) are designated in EXHIBIT E. Contractor shall promptly notify County in writing of any change in the name(s) or address(es) of Contractor's Authorized Official(s).

7.2.2 Contractor represents and warrants that all requirements of Contractor have been fulfilled to provide actual authority to such

officials to execute documents under this Agreement on behalf of Contractor.

7.3 Approval of Contractor's Staff

County has the absolute right to approve or disapprove all of the Contractor's staff performing work hereunder and any proposed changes in the Contractor's staff, including, but not limited to, the Contractor's Project Manager.

7.4 Contractor's Staff Identification

Contractor shall provide, at Contractor's expense, all staff providing services under this Agreement with a photo identification badge.

7.4.1 Contractor is responsible to ensure that employees have obtained a County ID badge before they are assigned to work in a County facility. Contractor personnel may be asked to leave a County facility by a County representative if they do not have the proper County ID badge on their person.

7.4.2 Contractor shall notify the County within one business day when staff is terminated from working under this Agreement. Contractor shall retrieve and return an employee's ID badge to the County on the next business day after the employee has terminated employment with the Contractor.

7.4.3 If County requests the removal of Contractor's staff, Contractor shall retrieve and return an employee's ID badge to the County on the next business day after the employee has been removed from working on the County's Agreement.

7.5 Background and Security Investigations

7.5.1 All Contractor staff performing work under this Agreement shall undergo and pass, to the satisfaction of County, a background investigation as a condition of beginning and continuing to work under this Agreement. County shall use its discretion in determining the method of background clearance to be used,

which may include but is not limited to fingerprinting. The fees associated with obtaining the background information shall be at the expense of the Contractor, regardless if the Contractor's staff passes or fails the background clearance investigation. County shall perform the background check and bill Contractor for the cost or deduct such amount from funds owed by County to Contractor.

7.5.2 County may request that the Contractor's staff be immediately removed from working on the County Agreement at any time during the term of this Agreement. County will not provide to the Contractor nor to the Contractor's staff any information obtained through the County conducted background clearance.

7.5.3 County may immediately, at the sole discretion of the County, deny or terminate facility access to the Contractor's staff that do not pass such investigation(s) to the satisfaction of the County whose background or conduct is incompatible with County facility access.

7.5.4 Disqualification, if any, of the Contractor's staff, pursuant to this sub-paragraph 7.5, shall not relieve the Contractor of its obligation to complete all work in accordance with the terms and conditions of this Agreement.

7.6 Confidentiality

7.6.1 Contractor shall maintain the confidentiality of all records and information, including, but not limited to, billings, County records and patient records, in accordance with all applicable Federal, State and local laws, rules, regulations, ordinances, directives, guidelines, policies and procedures relating to confidentiality, including, without limitation, County policies concerning information technology security and the protection of confidential records and information.

- 7.6.2 Contractor shall indemnify, defend, and hold harmless County, its Special Districts, elected and appointed officers, employees, and agents, from and against any and all claims, demands, damages, liabilities, losses, costs and expenses, administrative penalties and fines assessed including, without limitation, defense costs and legal, accounting and other expert, consulting, or professional fees, arising from, connected with, or related to any failure by Contractor, its officers, employees, agents, or subcontractors, to comply with this Paragraph 7.6, as determined by County in its sole judgment. Any legal defense pursuant to Contractor's indemnification obligations under this Paragraph 7.6 shall be conducted by Contractor and performed by counsel selected by Contractor and approved by County. Notwithstanding the preceding sentence, County shall have the right to participate in any such defense at its sole cost and expense, except that in the event Contractor fails to provide County with a full and adequate defense, as determined by County in its sole judgment, County shall be entitled to retain its own counsel, including, without limitation, County Counsel, and reimbursement from Contractor for all such costs and expenses incurred by County in doing so. Contractor shall not have the right to enter into any settlement, agree to any injunction, or make any admission, in each case, on behalf of County without County's prior written approval.
- 7.6.3 Contractor shall inform all of its officers, employees, agents and subcontractors providing services hereunder of the confidentiality and indemnification provisions of this Agreement.
- 7.6.4 Contractor shall sign and adhere to the provisions of the "Contractor Acknowledgement and Confidentiality Agreement", EXHIBIT F.

7.7 Medical Screening

Contractor shall ensure that all of its staff providing services and/or entering a DHS Facility, under this Master Agreement at the time of participation hereunder have undergone and successfully passed a current physical health examination, consistent with current DHS policy and EXHIBIT L, Medical Health Screening.

7.8 Staff Performance Under The Influence

Contractor shall not knowingly permit any employee to perform services under this Agreement while under the influence of any alcoholic beverage, medication, narcotic, or other substance which might impair their physical or mental performance.

8.0 STANDARD TERMS AND CONDITIONS

8.1 AMENDMENTS

8.1.1 For any change which affects the scope of work, term, payments, or any term or condition included under this Agreement, an Amendment shall be prepared by the County and then executed by the Contractor and by the Director, subject to approval by the County's Board of Supervisors.

8.1.2 The Director may require, at his/her sole discretion, the addition and/or change of certain terms and conditions in the Agreement to conform to changes in federal or state law or regulation or County policy, during the term of this Agreement. The County reserves the unilateral right to add and/or change such provisions as required by law, regulation or County policy, without the need for Contractor's written consent, to preserve this Agreement's conformity and compliance to federal and state law or regulation or County policy as deemed necessary by the County's Board of Supervisors, County Counsel or the Chief Executive Officer.

8.1.3 The Director may at his/her sole discretion, authorize extensions of time as defined in Paragraph 4.0 - Term of Agreement. The

Contractor agrees that such extensions of time shall not change any other term or condition of this Agreement during the period of such extensions. To implement an extension of time, an Amendment to the Agreement shall be prepared by the County and then executed by the Contractor and by the Director or his designee.

8.2 ASSIGNMENT AND DELEGATION

- 8.2.1 The Contractor shall not assign its rights or delegate its duties under this Agreement, or both, whether in whole or in part, without the prior written consent of County, in its discretion, and any attempted assignment or delegation without such consent shall be null and void. For purposes of this sub-paragraph, County consent shall require a written amendment to the Agreement, which is formally approved and executed by the parties. Any payments by the County to any approved delegate or assignee on any claim under this Agreement shall be deductible, at County's sole discretion, against the claims, which the Contractor may have against the County.
- 8.2.2 Shareholders, partners, members, or other equity holders of Contractor may transfer, sell, exchange, assign, or divest themselves of any interest they may have therein. However, in the event any such sale, transfer, exchange, assignment, or divestment is effected in such a way as to give majority control of Contractor to any person(s), corporation, partnership, or legal entity other than the majority controlling interest therein at the time of execution of the Agreement, such disposition is an assignment requiring the prior written consent of County in accordance with applicable provisions of this Agreement.
- 8.2.3 Any assumption, assignment, delegation, or takeover of any of the Contractor's duties, responsibilities, obligations, or performance of

same by any entity other than the Contractor, whether through assignment, subcontract, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever without County's express prior written approval, shall be a material breach of the Agreement which may result in the termination of this Agreement. In the event of such termination, County shall be entitled to pursue the same remedies against Contractor as it could pursue in the event of default by Contractor.

8.3 AUTHORIZATION WARRANTY

The Contractor represents and warrants that the person executing this Agreement for the Contractor is an authorized agent who has actual authority to bind the Contractor to each and every term, condition, and obligation of this Agreement and that all requirements of the Contractor have been fulfilled to provide such actual authority.

8.4 BUDGET REDUCTIONS

In the event that the County's Board of Supervisors adopts, in any fiscal year, a County Budget which provides for reductions in the salaries and benefits paid to the majority of County employees and imposes similar reductions with respect to County contracts, the County reserves the right to reduce its payment obligation under this Agreement correspondingly for that fiscal year and any subsequent fiscal year during the term of this Agreement (including any extensions), and the services to be provided by the Contractor under this Agreement shall also be reduced correspondingly. The County's notice to the Contractor regarding said reduction in payment obligation shall be provided within thirty (30) calendar days of the Board's approval of such actions. Except as set forth in the preceding sentence, the Contractor shall continue to provide all of the services set forth in this Agreement.

8.5 CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS (45 C.F.R. PART 76)

Contractor hereby acknowledges that the County is prohibited from contracting with and making sub-awards to parties that are suspended, debarred, ineligible, or excluded or whose principals are suspended, debarred, ineligible, or excluded from securing federally funded contracts. By executing this Agreement, Contractor certifies (Exhibit J) that neither it nor any of its owners, officers, partners, or directors or other principals is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Further, by executing this Agreement, Contractor certifies that, to its knowledge, none of its subcontractors, at any tier, or any owner, officer, partner, director, or other principal of any subcontractor is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Contractor shall immediately notify County in writing, during the term of this Agreement, should it or any of its subcontractors or any principals of either be suspended, debarred, ineligible, or excluded from securing federally funded contracts. Failure of Contractor to comply with this provision shall constitute a material breach of this Agreement upon which the County may immediately terminate or suspend this Agreement.

8.6 COMPLAINTS

The Contractor shall develop, maintain and operate procedures for receiving, investigating and responding to complaints.

8.6.1 Within **thirty (30)** days after Agreement effective date, the Contractor shall provide the County with the Contractor's policy for receiving, investigating and responding to user complaints.

8.6.2 The County will review the Contractor's policy and provide the Contractor with approval of said plan or with requested changes.

- 8.6.3 If the County requests changes in the Contractor's policy, the Contractor shall make such changes and resubmit the plan within **thirty (30)** days for County approval.
- 8.6.4 If, at any time, the Contractor wishes to change the Contractor's policy, the Contractor shall submit proposed changes to the County for approval before implementation.
- 8.6.5 The Contractor shall preliminarily investigate all complaints and notify the Facility's Project Manager of the status of the investigation within **ten (10)** business days of receiving the complaint.
- 8.6.6 When complaints cannot be resolved informally, a system of follow-through shall be instituted which adheres to formal plans for specific actions and strict time deadlines.
- 8.6.7 Copies of all written responses shall be sent to the Facility's Project Manager within **ten (10)** business days of mailing to the complainant.

8.7 COMPLIANCE WITH APPLICABLE LAWS, RULES AND REGULATIONS

- 8.7.1 In the performance of this Agreement, Contractor shall comply with all current and applicable Federal, State and local laws, rules, regulations, ordinances, directives, guidelines, policies and procedures, including, but not limited to standards of The Joint Commission, its National Patient Safety Goals, California Code of Regulations, Title 22, Division 5 regulations and all other applicable industry best practices standards. All provisions required thereby to be included in this Agreement are incorporated herein by reference.
- 8.7.2 Contractor shall indemnify, defend, and hold harmless County, its officers, employees, and agents, from and against any and all claims, demands, damages, liabilities, losses, administrative penalties and fines assessed, costs, and expenses, including,

without limitation, defense costs and legal, accounting and other expert, consulting or professional fees, arising from, connected with, or related to any failure by Contractor, its officers, employees, agents, or subcontractors, to comply with any such laws, rules, regulations, ordinances, directives, guidelines, policies, or procedures, as determined by County in its sole judgment. Any legal defense pursuant to Contractor's indemnification obligations under this Paragraph 8.7 shall be conducted by Contractor and performed by counsel selected by Contractor and approved by County. Notwithstanding the preceding sentence, County shall have the right to participate in any such defense at its sole cost and expense, except that in the event Contractor fails to provide County with a full and adequate defense, as determined by County in its sole judgment, County shall be entitled to retain its own counsel, including, without limitation, County Counsel, and reimbursement from Contractor for all such costs and expenses incurred by County in doing so. Contractor shall not have the right to enter into any settlement, agree to any injunction or other equitable relief, or make any admission, in each case, on behalf of County without County's prior written approval.

8.7.3 Facilities Rules and Regulations

During the time that Contractor's agents, employees, or subcontractors are at a Facility, Contractor and such persons shall be subject to the rules and regulations of that Facility. Project Manager shall furnish a copy of rules and regulations to Contractor pertaining to the Facility prior to the execution of this Agreement and, during the term of this Agreement, shall furnish Contractor with any changes thereto as from time to time may be adopted. It is the responsibility of Contractor to acquaint all

persons who may provide services hereunder with such rules and regulations. Contractor agrees to immediately and permanently withdraw any of its employees or subcontractors from the provision of services hereunder upon receipt of written notice from the Director that: (1) such employee or subcontractor has violated such rules or regulations, or (2) such employee's or subcontractor's actions while on County premises, indicate that such employee or subcontractor's actions while on County premises, indicate that such employee or subcontractor may adversely affect the delivery of health care services to County patients. The Director must submit with such notice a written statement of the facts supporting any such alleged violation or action.

8.8 COMPLIANCE WITH CIVIL RIGHTS LAWS-

ANTI-DISCRIMINATION AND AFFIRMATIVE ACTION LAWS

8.8.1 The Contractor hereby assures that it will comply with Subchapter VI of the Civil Rights Act of 1964, 42 USC Sections 2000 (e) (1) through 2000 (e) (17); the Fair Employment & Housing Act, Government Code Section 12920-12922; and Affirmative Action in County Agreements, Chapter 4.32 of the Los Angeles County Code to the end that no person shall, on the grounds of race, color, religious creed, ancestry, national origin, sex, sexual orientation, age, physical or mental disability, medical condition, marital status, or political affiliation, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Agreement or under any project, program, or activity supported by this Agreement.

8.8.2 The Contractor certifies and agrees that all persons employed by it, its affiliates, subsidiaries, or holding companies are and shall be treated equally without regard to or because of race, color,

religious creed, ancestry, national origin, sex, sexual orientation, age, physical or mental disability, medical condition, marital status, or political affiliation, in compliance with all applicable Federal and State anti-discrimination laws and regulations.

8.8.3 The Contractor shall take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to race, color, religious creed, ancestry, national origin, sex, sexual orientation, age, physical or mental disability, medical condition, marital status, or political affiliation, in compliance with all applicable Federal and State anti-discrimination laws and regulations. Such action shall include, but is not limited to: employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

8.8.4 The Contractor certifies and agrees that it will deal with its subcontractors, bidders, or vendors without regard to or because of race, color, religious creed, ancestry, national origin, sex, sexual orientation, age, physical or mental disability, medical condition, marital status, or political affiliation.

8.8.5 The Contractor certifies and agrees that it, its affiliates, subsidiaries, or holding companies shall comply with all applicable Federal and State laws and regulations to the end that no person shall, on the grounds of race, color, religious creed, ancestry, national origin, sex, sexual orientation, age, physical or mental disability, medical condition, marital status, or political affiliation, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Agreement or under any project, program, or activity supported by this Agreement.

- 8.8.6 The Contractor shall allow County representatives access to the Contractor's employment records during regular business hours to verify compliance with the provisions of this sub-paragraph 8.8 when so requested by the County.
- 8.8.7 If the County finds that any provisions of this sub-paragraph 8.8 have been violated, such violation shall constitute a material breach of this Agreement upon which the County may terminate or suspend this Agreement. While the County reserves the right to determine independently that the anti-discrimination provisions of this Agreement have been violated, in addition, a determination by the California Fair Employment Practices Commission or the Federal Equal Employment Opportunity Commission that the Contractor has violated Federal or State anti-discrimination laws or regulations shall constitute a finding by the County that the Contractor has violated the anti-discrimination provisions of this Agreement.
- 8.8.8 The parties agree that in the event the Contractor violates any of the anti-discrimination provisions of this Agreement, the County shall, at its sole option, be entitled to the sum of Five Hundred Dollars (\$500) for each such violation pursuant to California Civil Code Section 1671 as liquidated damages in lieu of terminating or suspending this Agreement.
- 8.8.9 **Anti-discrimination in Services:**
Contractor shall not discriminate in the provision of services hereunder because of race, color, religious creed, national origin, ethnic group identification, ancestry, age, sex, sexual orientation, medical condition, marital status, political affiliation, or physical or mental disability in accordance with requirements of Federal and State laws. For the purpose of this sub-paragraph, discrimination in the provision of services may include, but is not limited to, the

following: Denying any person any service or benefit or the availability of a facility; providing any service or benefit to a person which is not equivalent or is provided in a non-equivalent manner or at a non-equivalent time, from that provided to others; subjecting any person to segregation or separate treatment in any manner related to the receipt of any service; restricting any person in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; and treating any person differently from others in determining admission, enrollment quota, eligibility, membership, or any other requirements or conditions which persons must meet in order to be provided any service or benefit. Contractor shall take affirmative action to ensure that intended beneficiaries of this Agreement are provided services without regard to race, color, religious creed, national origin, ethnic group identification, ancestry, sex, sexual orientation, age, medical condition, marital status, political affiliation, physical or mental disability.

8.8.10 The Contractor shall certify to, and comply with, the provisions of EXHIBIT C - Contractor's EEO Certification.

8.9 COMPLIANCE WITH THE COUNTY'S JURY SERVICE PROGRAM

8.9.1 Jury Service Program:

This Agreement is subject to the provisions of the County's ordinance entitled Contractor Employee Jury Service ("Jury Service Program") as codified in Sections 2.203.010 through 2.203.090 of the Los Angeles County Code, a copy of which is attached as EXHIBIT G and incorporated by reference into and made a part of this Agreement.

8.9.2 Written Employee Jury Service Policy.

1. Unless the Contractor has demonstrated to the County's satisfaction either that the Contractor is not a "Contractor" as defined under the Jury Service Program (Section 2.203.020 of the County Code) or that the Contractor qualifies for an exception to the Jury Service Program (Section 2.203.070 of the County Code), the Contractor shall have and adhere to a written policy that provides that its Employees shall receive from the Contractor, on an annual basis, no less than five days of regular pay for actual jury service. The policy may provide that Employees deposit any fees received for such jury service with the Contractor or that the Contractor deduct from the Employee's regular pay the fees received for jury service.
2. For purposes of this sub-paragraph, "Contractor" means a person, partnership, corporation or other entity which has a contract with the County or a subcontract with a County Contractor and has received or will receive an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts. "Employee" means any California resident who is a full-time employee of the Contractor. "Full-time" means 40 hours or more worked per week, or a lesser number of hours if: 1) the lesser number is a recognized industry standard as determined by the County, or 2) Contractor has a long-standing practice that defines the lesser number of hours as full-time. Full-time employees providing short-term, temporary services of 90 days or less within a 12-month period are not considered full-time for purposes of the Jury Service Program. If the Contractor uses any subcontractor to perform services for the County under the Agreement, the subcontractor shall also be subject to the

provisions of this sub-paragraph. The provisions of this sub-paragraph shall be inserted into any such subcontract agreement and a copy of the Jury Service Program shall be attached to the Agreement.

3. If the Contractor is not required to comply with the Jury Service Program when the contract commences, the Contractor shall have a continuing obligation to review the applicability of its "exception status" from the Jury Service Program, and the Contractor shall immediately notify the County if the Contractor at any time either comes within the Jury Service Program's definition of "Contractor" or if the Contractor no longer qualifies for an exception to the Jury Service Program. In either event, the Contractor shall immediately implement a written policy consistent with the Jury Service Program. The County may also require, at any time during the contract and at its sole discretion, that the Contractor demonstrate, to the County's satisfaction that the Contractor either continues to remain outside of the Jury Service Program's definition of "Contractor" and/or that the Contractor continues to qualify for an exception to the Program.
4. Contractor's violation of this sub-paragraph of the Agreement may constitute a material breach of the Agreement. In the event of such material breach, County may, in its sole discretion, terminate the Agreement and/or bar the Contractor from the award of future County contracts for a period of time consistent with the seriousness of the breach.

8.10 CONFLICT OF INTEREST

- 8.10.1 No County employee whose position with the County enables such employee to influence the award or administration of this

Agreement or any competing contract, and no spouse or economic dependent of such employee, shall be employed in any capacity by the Contractor or have any other direct or indirect financial interest in this Agreement. No officer or employee of the Contractor who may financially benefit from the performance of work hereunder shall in any way participate in the County's approval, or ongoing evaluation, of such work, or in any way attempt to unlawfully influence the County's approval or ongoing evaluation of such work.

8.10.2 The Contractor shall comply with all conflict of interest laws, ordinances, and regulations now in effect or hereafter to be enacted during the term of this Agreement. The Contractor warrants that it is not now aware of any facts that create a conflict of interest. If the Contractor hereafter becomes aware of any facts that might reasonably be expected to create a conflict of interest, it shall immediately make full written disclosure of such facts to the County. Full written disclosure shall include, but is not limited to, identification of all persons implicated and a complete description of all relevant circumstances. Failure to comply with the provisions of this sub-paragraph shall be a material breach of this Agreement.

8.11 CONSIDERATION OF HIRING COUNTY EMPLOYEES TARGETED FOR LAYOFF/OR RE-EMPLOYMENT LIST

Should the Contractor require additional or replacement personnel after the effective date of this Agreement to perform the services set forth herein, the Contractor shall give first consideration for such employment openings to qualified, permanent County employees who are targeted for layoff or qualified, former County employees who are on a re-employment list during the life of this Agreement.

8.12 CONSIDERATION OF HIRING GAIN/GROW PROGRAM PARTICIPANTS

- 8.12.1 Should the Contractor require additional or replacement personnel after the effective date of this Agreement, the Contractor shall give consideration for any such employment openings to participants in the County's Department of Public Social Services Greater Avenues for Independence (GAIN) Program or General Relief Opportunity for Work (GROW) Program who meet the Contractor's minimum qualifications for the open position. For this purpose, consideration shall mean that the Contractor will interview qualified candidates. The County will refer GAIN/GROW participants by job category to the Contractor.
- 8.12.2 In the event that both laid-off County employees and GAIN/GROW participants are available for hiring, County employees shall be given first priority.

8.13 CONTRACTOR RESPONSIBILITY AND DEBARMENT

8.13.1 Responsible Contractor

A responsible Contractor is a Contractor who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity and experience to satisfactorily perform the contract. It is the County's policy to conduct business only with responsible Contractors.

8.13.2 Chapter 2.202 of the County Code

The Contractor is hereby notified that, in accordance with Chapter 2.202 of the County Code, if the County acquires information concerning the performance of the Contractor on this or other contracts which indicates that the Contractor is not responsible, the County may, in addition to other remedies provided in the contract, debar the Contractor from bidding or proposing on, or being awarded, and/or performing work on County contracts for a

specified period of time, which generally will not exceed five years but may exceed five years or be permanent if warranted by the circumstances, and terminate any or all existing contracts the Contractor may have with the County.

8.13.3 Non-responsible Contractor

The County may debar a Contractor if the Board of Supervisors finds, in its discretion, that the Contractor has done any of the following: (1) violated a term of a contract with the County or a nonprofit corporation created by the County, (2) committed an act or omission which negatively reflects on the Contractor's quality, fitness or capacity to perform a contract with the County, any other public entity, or a nonprofit corporation created by the County, or engaged in a pattern or practice which negatively reflects on same, (3) committed an act or offense which indicates a lack of business integrity or business honesty, or (4) made or submitted a false claim against the County or any other public entity.

8.13.4 Contractor Hearing Board

1. If there is evidence that the Contractor may be subject to debarment, the Department will notify the Contractor in writing of the evidence which is the basis for the proposed debarment and will advise the Contractor of the scheduled date for a debarment hearing before the Contractor Hearing Board.
2. The Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. The Contractor and/or the Contractor's representative shall be given an opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board shall prepare a tentative proposed decision, which shall contain a recommendation regarding whether the Contractor should be

debarred, and, if so, the appropriate length of time of the debarment. The Contractor and the Department shall be provided an opportunity to object to the tentative proposed decision prior to its presentation to the Board of Supervisors.

3. After consideration of any objections, or if no objections are submitted, a record of the hearing, the proposed decision, and any other recommendation of the Contractor Hearing Board shall be presented to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board.
4. If a Contractor has been debarred for a period longer than five (5) years, that Contractor may after the debarment has been in effect for at least five (5) years, submit a written request for review of the debarment determination to reduce the period of debarment or terminate the debarment. The County may, in its discretion, reduce the period of debarment or terminate the debarment if it finds that the Contractor has adequately demonstrated one or more of the following: (1) elimination of the grounds for which the debarment was imposed; (2) a bona fide change in ownership or management; (3) material evidence discovered after debarment was imposed; or (4) any other reason that is in the best interests of the County.
5. The Contractor Hearing Board will consider a request for review of a debarment determination only where (1) the Contractor has been debarred for a period longer than five (5) years; (2) the debarment has been in effect for at least five (5) years; and (3) the request is in writing, states one or more of the grounds for reduction of the debarment period or termination of the debarment, and includes supporting

documentation. Upon receiving an appropriate request, the Contractor Hearing Board will provide notice of the hearing on the request. At the hearing, the Contractor Hearing Board shall conduct a hearing where evidence on the proposed reduction of debarment period or termination of debarment is presented. This hearing shall be conducted and the request for review decided by the Contractor Hearing Board pursuant to the same procedures as for a debarment hearing.

6. The Contractor Hearing Board's proposed decision shall contain a recommendation on the request to reduce the period of debarment or terminate the debarment. The Contractor Hearing Board shall present its proposed decision and recommendation to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board.

8.13.5 Subcontractors of Contractor

These terms shall also apply to subcontractors of County Contractors.

8.14 CONTRACTOR'S ACKNOWLEDGEMENT OF COUNTY'S COMMITMENT TO THE SAFELY SURRENDERED BABY LAW

The Contractor acknowledges that the County places a high priority on the implementation of the Safely Surrendered Baby Law. The Contractor understands that it is the County's policy to encourage all County Contractors to voluntarily post the County's "Safely Surrendered Baby Law" poster in a prominent position at the Contractor's place of business. The Contractor will also encourage its subcontractors, if any, to post this poster in a prominent position in the subcontractor's place of business. The County's Department of Children and Family Services will supply the

Contractor with the poster to be used. Information on how to receive the poster can be found on the Internet at www.babysafela.org.

8.15 CONTRACTOR'S EXCLUSION FROM PARTICIPATING IN A FEDERALLY FUNDED PROGRAM

8.15.1 Contractor hereby warrants that neither it nor any of its staff members is restricted or excluded from providing services under any health care program funded by the Federal government, directly or indirectly, in whole or in part, and that Contractor will notify Director within ten (10) calendar days in writing of: (1) any event that would require Contractor or a staff member's mandatory exclusion from participation in a Federally funded health care program; and (2) any exclusionary action taken by any agency of the Federal government against Contractor or one or more staff members barring it or the staff members from participating in a Federally funded health care program, whether such bar is direct or indirect, or whether such bar is in whole or in part.

8.15.2 Contractor shall indemnify and hold County harmless against any and all loss or damage County may suffer arising from any Federal exclusion of Contractor or its staff members from such participation in a Federally funded health care program.

8.15.3 Failure by Contractor to meet the requirements of this subparagraph shall constitute a material breach of contract upon which County may immediately terminate or suspend this Agreement.

8.16 CONTRACTOR'S WARRANTY OF ADHERENCE TO COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM

8.16.1 The Contractor acknowledges that the County has established a goal of ensuring that all individuals who benefit financially from the County through contract are in compliance with their court-ordered child, family and spousal support obligations in order to mitigate the

economic burden otherwise imposed upon the County and its taxpayers.

- 8.16.2 As required by the County's Child Support Compliance Program (County Code Chapter 2.200) and without limiting the Contractor's duty under this Agreement to comply with all applicable provisions of law, the Contractor warrants that it is now in compliance and shall during the term of this Agreement maintain in compliance with employment and wage reporting requirements as required by the Federal Social Security Act (42 USC Section 653a) and California Unemployment Insurance Code Section 1088.5, and shall implement all lawfully served Wage and Earnings Withholding Orders or Child Support Services Department Notices of Wage and Earnings Assignment for Child, Family or Spousal Support, pursuant to Code of Civil Procedure Section 706.031 and Family Code Section 5246(b).

8.17 CONTRACTOR'S WARRANTY OF COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

- 8.17.1 Contractor acknowledges that County has established a goal of ensuring that all individuals and businesses that benefit financially from County through contract are current in paying their property tax obligations (secured and unsecured roll) in order to mitigate the economic burden otherwise imposed upon County and its taxpayers.
- 8.17.2 Unless Contractor qualifies for an exemption or exclusion (Exhibit K), Contractor warrants and certifies that to the best of its knowledge it is now in compliance, and during the term of this contract will maintain compliance, with Los Angeles Code Chapter 2.206.

8.18 COUNTY'S QUALITY ASSURANCE PLAN

The County or its agent will evaluate the Contractor's performance under

this Agreement on not less than an annual basis. Such evaluation will include assessing the Contractor's compliance with all Agreement terms and conditions and performance standards. Contractor deficiencies which the County determines are severe or continuing and that may place performance of the Agreement in jeopardy if not corrected will be reported to the Board of Supervisors.

The report will include improvement/corrective action measures taken by the County and the Contractor. If improvement does not occur consistent with the corrective action measures, the County may terminate this Agreement or impose other penalties as specified in this Agreement.

8.19 DAMAGE TO COUNTY FACILITIES, BUILDINGS OR GROUNDS

8.19.1 The Contractor shall repair, or cause to be repaired, at its own cost, any and all damage to County facilities, buildings, or grounds caused by the Contractor or employees or agents of the Contractor. Such repairs shall be made immediately after the Contractor has become aware of such damage, but in no event later than thirty (30) days after the occurrence.

8.19.2 If the Contractor fails to make timely repairs, County may make any necessary repairs. All costs incurred by County, as determined by County, for such repairs shall be repaid by the Contractor by cash payment upon demand.

8.19.3 County reserves the unilateral right to make any repairs which Director determines, in his/her sole discretion, to be a public safety issue requiring immediate repair. County will bill Contractor for the cost of said repair or deduct said cost from any outstanding amounts owed by County to Contractor.

8.20 EMPLOYMENT ELIGIBILITY VERIFICATION

8.20.1 The Contractor warrants that it fully complies with all Federal and State statutes and regulations regarding the employment of aliens and others and that all its employees performing work under this

Agreement meet the citizenship or alien status requirements set forth in Federal and State statutes and regulations. The Contractor shall obtain, from all employees performing work hereunder, all verification and other documentation of employment eligibility status required by Federal and State statutes and regulations including, but not limited to, the Immigration Reform and Control Act of 1986, (P.L. 99-603), or as they currently exist and as they may be hereafter amended. The Contractor shall retain all such documentation for all covered employees for the period prescribed by law.

8.20.2 The Contractor shall indemnify, defend, and hold harmless, the County, its agents, officers, and employees from employer sanctions and any other liability which may be assessed against the Contractor or the County or both in connection with any alleged violation of any Federal or State statutes or regulations pertaining to the eligibility for employment of any persons performing work under this Agreement.

8.21 FACSIMILE REPRESENTATIONS

The County and the Contractor hereby agree to regard facsimile representations of original signatures of authorized officers of each party, when appearing in appropriate places on the Amendments prepared pursuant to sub-paragraph 8.1, and received via communications facilities, as legally sufficient evidence that such original signatures have been affixed to Amendments to this Agreement, such that the parties need not follow up facsimile transmissions of such documents with subsequent (non-facsimile) transmission of "original" versions of such documents.

8.22 FAIR LABOR STANDARDS

The Contractor shall comply with all applicable provisions of the Federal Fair Labor Standards Act and shall indemnify, defend, and hold harmless the County and its agents, officers, and employees from any and all liability,

including, but not limited to, wages, overtime pay, liquidated damages, penalties, court costs, and attorneys' fees arising under any wage and hour law, including, but not limited to, the Federal Fair Labor Standards Act, for work performed by the Contractor's employees for which the County may be found jointly or solely liable.

8.23 FEDERAL ACCESS TO RECORDS

If, and to the extent that, Section 1861(v)(1)(I) of the Social Security Act (42 U.S.C. Section 1395x(v)(1)(I)) is applicable, Contractor agrees that for a period of five (5) years following the furnishing of services under this Agreement, Contractor shall maintain and make available, upon written request, to the Secretary of the United States Department of Health and Human Services or the Controller General of the United States, or to any of their authorize representatives, the Agreements, books, documents and records of Contractor which are necessary to verify the nature and extent of the costs of services provided hereunder. Furthermore, if Contractor carries out any of the services provided hereunder through any subcontract with a value or cost of Ten Thousand Dollars (\$10,000) or more over a twelve (12) month period with a related organization (as that term is defined under Federal law), Contractor agrees that each such subcontract shall provide for such access to the subcontract, books, documents and records of the subcontractor.

8.24 FORCE MAJEURE

8.24.1 Neither party shall be liable for such party's failure to perform its obligations under and in accordance with this Agreement, if such failure arises out of fires, floods, epidemics, quarantine restrictions, other natural occurrences, strikes, lockouts (other than a lockout by such party or any of such party's subcontractors), freight embargoes, or other similar events to those described above, but in every such case the failure to perform must be totally beyond the control and without any fault

or negligence of such party (such events are referred to in this sub-paragraph as "force majeure events").

8.24.2 Notwithstanding the foregoing, a default by a subcontractor of Contractor shall not constitute a force majeure event, unless such default arises out of causes beyond the control of both Contractor and such subcontractor, and without any fault or negligence of either of them. In such case, Contractor shall not be liable for failure to perform, unless the goods or services to be furnished by the subcontractor were obtainable from other sources in sufficient time to permit Contractor to meet the required performance schedule. As used in this sub-paragraph, the term "subcontractor" and "subcontractors" mean subcontractors at any tier.

8.24.3 In the event Contractor's failure to perform arises out of a force majeure event, Contractor agrees to use commercially reasonable best efforts to obtain goods or services from other sources, if applicable, and to otherwise mitigate the damages and reduce the delay caused by such force majeure event.

8.25 GOVERNING LAW, JURISDICTION, AND VENUE

This Agreement shall be governed by, and construed in accordance with, the laws of the State of California. The Contractor agrees and consents to the exclusive jurisdiction of the courts of the State of California for all purposes regarding this Agreement and further agrees and consents that venue of any action brought hereunder shall be exclusively in the County of Los Angeles.

8.26 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) AND THE HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH ACT (HITECH)

The County is subject to the Administrative Simplification requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and

the Health Information Technology for Economic and Clinical Health Act (HITECH). Under this Master Agreement, the Contractor provides services to the County and the Contractor receives, has access to, and/or creates Protected Health Information as defined in EXHIBIT I in order to provide those services. The County and the Contractor therefore agree to the terms of EXHIBIT I, Contractor's Obligations as a "Business Associate" Under Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH) (Business Associate Agreement).

8.27 INDEPENDENT CONTRACTOR STATUS

- 8.27.1 This Agreement is by and between the County and the Contractor and is not intended, and shall not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or association, as between the County and the Contractor. The employees and agents of one party shall not be, or be construed to be, the employees or agents of the other party for any purpose whatsoever.
- 8.27.2 The Contractor shall be solely liable and responsible for providing to, or on behalf of, all persons performing work pursuant to this Agreement all compensation and benefits. The County shall have no liability or responsibility for the payment of any salaries, wages, unemployment benefits, disability benefits, Federal, State, or local taxes, or other compensation, benefits, or taxes for any personnel provided by or on behalf of the Contractor.
- 8.27.3 The Contractor understands and agrees that all persons performing work pursuant to this Agreement are, for purposes of Workers' Compensation liability, solely employees of the Contractor and not employees of the County. The Contractor shall be solely liable and responsible for furnishing any and all Workers' Compensation benefits to any person as a result of any injuries

arising from or connected with any work performed by or on behalf of the Contractor pursuant to this Agreement.

8.27.4 The Contractor shall adhere to the provisions stated in subparagraph 7.6 - Confidentiality.

8.28 INDEMNIFICATION

The Contractor shall indemnify, defend and hold harmless the County, its Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with the Contractor's acts and/or omissions arising from and/or relating to this Agreement.

8.29 GENERAL PROVISIONS FOR ALL INSURANCE COVERAGE

Without limiting Contractor's indemnification of County, and in the performance of this Agreement and until all of its obligations pursuant to this Agreement have been met, Contractor shall provide and maintain at its own expense insurance coverage satisfying the requirements specified in Sections 8.29 and 8.30 of this Agreement. These minimum insurance coverage terms, types and limits (the "Required Insurance") also are in addition to and separate from any other Contractual obligation imposed upon Contractor pursuant to this Agreement. The County in no way warrants that the Required Insurance is sufficient to protect the Contractor for liabilities which may arise from or relate to this Agreement.

8.29.1 Evidence of Coverage and Notice to County

- Certificate(s) of insurance coverage (Certificate) satisfactory to County, and a copy of an Additional Insured endorsement confirming County and its Agents (defined below) has been given Insured status under the Contractor's General Liability policy, shall be delivered to County at the address shown below and provided prior to commencing services under this Agreement.

- Renewal Certificates shall be provided to County not less than 10 days prior to Contractor's policy expiration dates. The County reserves the right to obtain complete, certified copies of any required Contractor and/or Sub-Contractor insurance policies at any time.
- Certificates shall identify all Required Insurance coverage types and limits specified herein, reference this Agreement by name or number, and be signed by an authorized representative of the insurer(s). The Insured party named on the Certificate shall match the name of the Contractor identified as the contracting party in this Agreement. Certificates shall provide the full name of each insurer providing coverage, its NAIC (National Association of Insurance Commissioners) identification number, its financial rating, the amounts of any policy deductibles or self-insured retentions exceeding fifty thousand (\$50,000.00) dollars, and list any County required endorsement forms.
- Neither the County's failure to obtain, nor the County's receipt of, or failure to object to a non-complying insurance certificate or endorsement, or any other insurance documentation or information provided by the Contractor, its insurance broker(s) and/or insurer(s), shall be construed as a waiver of any of the Required Insurance provisions.

Certificates and copies of any required endorsements shall be sent to:

County of Los Angeles
Department of Health Services
Contracts and Grants Division
313 N. Figueroa Street, 6E
Los Angeles, CA 90012
Attention: Kathy K. Hanks, C.P.M.
Director, Contract Administration & Monitoring

And

County of Los Angeles
Department of Health Services
Centralized Contract Monitoring Division
5555 Ferguson Drive, Suite 210
Commerce, CA 90022

Contractor also shall promptly report to County any injury or property damage accident or incident, including any injury to a Contractor employee occurring on County property, and any loss, disappearance, destruction, misuse, or theft of County property, monies or securities entrusted to Contractor. Contractor also shall promptly notify County of any third party claim or suit filed against Contractor or any of its Sub-Contractors which arises from or relates to this Agreement, and could result in the filing of a claim or lawsuit against Contractor and/or County.

8.29.2 Additional Insured Status and Scope of Coverage

The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees and Volunteers (collectively County and its Agents) shall be provided additional insured status under Contractor's General Liability policy with respect to liability arising out of Contractor's ongoing and completed operations performed on behalf of the County. County and its Agents additional insured status shall apply with respect to liability and defense of suits arising out of the Contractor's acts or omissions, whether such liability is attributable to the Contractor or to the County. The full policy limits and scope of protection also shall apply to the County and its Agents as an additional insured, even if they exceed the County's minimum Required Insurance specifications herein. Use of an automatic additional insured endorsement form is acceptable providing it satisfies the Required Insurance provisions herein.

8.29.3 Cancellation of or Changes in Insurance

Contractor shall provide County with, or Contractor's insurance policies shall contain a provision that County shall receive, written notice of cancellation or any change in Required Insurance, including insurer, limits of coverage, term of coverage or policy period. The written notice shall be provided to County at least ten (10) days in advance of cancellation for non-payment of premium and thirty (30) days in advance for any other cancellation or policy change. Failure to provide written notice of cancellation or any change in Required Insurance may constitute a material breach of the Contract, in the sole discretion of the County, upon which the County may suspend or terminate this Contract.

8.29.4 Failure to Maintain Insurance

Contractor's failure to maintain or to provide acceptable evidence that it maintains the Required Insurance shall constitute a material breach of the Agreement, upon which County immediately may withhold payments due to Contractor, and/or suspend or terminate this Agreement. County, at its sole discretion, may obtain damages from Contractor resulting from said breach. Alternatively, the County may purchase the Required Insurance, and without further notice to Contractor, deduct the premium cost from sums due to Contractor or pursue Contractor reimbursement.

8.29.5 Insurer Financial Ratings

Coverage shall be placed with insurers acceptable to the County with A.M. Best ratings of not less than A:VII unless otherwise approved by County.

8.29.6 Contractor's Insurance Shall Be Primary

Contractor's insurance policies, with respect to any claims related to this Agreement, shall be primary with respect to all other

sources of coverage available to Contractor. Any County maintained insurance or self-insurance coverage shall be in excess of and not contribute to any Contractor coverage.

8.29.7 Waivers of Subrogation

To the fullest extent permitted by law, the Contractor hereby waives its rights and its insurer(s)' rights of recovery against County under all the Required Insurance for any loss arising from or relating to this Agreement. The Contractor shall require its insurers to execute any waiver of subrogation endorsements which may be necessary to effect such waiver.

8.29.8 Sub-Contractor Insurance Coverage Requirements

Contractor shall include all Sub-Contractors as insureds under Contractor's own policies, or shall provide County with each Sub-Contractor's separate evidence of insurance coverage. Contractor shall be responsible for verifying each Sub-Contractor complies with the Required Insurance provisions herein, and shall require that each Sub-Contractor name the County and Contractor as additional insureds on the Sub-Contractor's General Liability policy. Contractor shall obtain County's prior review and approval of any Sub-Contractor request for modification of the Required Insurance.

8.29.9 Deductibles and Self-Insured Retentions (SIRs)

Contractor's policies shall not obligate the County to pay any portion of any Contractor deductible or SIR. The County retains the right to require Contractor to reduce or eliminate policy deductibles and SIRs as respects the County, or to provide a bond guaranteeing Contractor's payment of all deductibles and SIRs, including all related claims investigation, administration and defense expenses. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.

8.29.10 Claims Made Coverage

If any part of the Required Insurance is written on a claims made basis, any policy retroactive date shall precede the effective date of this Agreement. Contractor understands and agrees it shall maintain such coverage for a period of not less than three (3) years following Agreement expiration, termination or cancellation.

8.29.11 Application of Excess Liability Coverage

Contractors may use a combination of primary, and excess insurance policies which provide coverage as broad as (“follow form” over) the underlying primary policies, to satisfy the Required Insurance provisions.

8.29.12 Separation of Insureds

All liability policies shall provide cross-liability coverage as would be afforded by the standard ISO (Insurance Services Office, Inc.) separation of insureds provision with no insured versus insured exclusions or limitations.

8.29.13 Alternative Risk Financing Programs

The County reserves the right to review, and then approve, Contractor use of self-insurance, risk retention groups, risk purchasing groups, pooling arrangements and captive insurance to satisfy the Required Insurance provisions. The County and its Agents shall be designated as an Additional Covered Party under any approved program.

8.29.14 County Review and Approval of Insurance Requirements

The County reserves the right to review and adjust the Required Insurance provisions, conditioned upon County’s determination of changes in risk exposures.

8.30 INSURANCE COVERAGE

8.30.1 Commercial General Liability insurance (providing scope of coverage equivalent to ISO policy form CG 00 01), naming

County and its Agents as an additional insured, with limits of not less than:

General Aggregate:	\$2 million
Products/Completed Operations Aggregate:	\$1 million
Personal and Advertising Injury:	\$1 million
Each Occurrence:	\$1 million

8.30.2 Workers Compensation and Employers' Liability insurance or qualified self-insurance satisfying statutory requirements, which includes Employers' Liability coverage with limits of not less than \$1 million per accident. If Contractor will provide leased employees, or, is an employee leasing or temporary staffing firm or a professional employer organization (PEO), coverage also shall include an Alternate Employer Endorsement (providing scope of coverage equivalent to ISO policy form WC 00 03 01 A) naming the County as the Alternate Employer, and the endorsement form shall be modified to provide that County will receive not less than thirty (30) days advance written notice of cancellation of this coverage provision. If applicable to Contractor's operations, coverage also shall be arranged to satisfy the requirements of any federal workers or workmen's compensation law or any federal occupational disease law.

8.30.3 Unique Insurance Coverage

▪ **Professional Liability/Errors and Omissions**

Insurance covering Contractor's liability arising from or related to this Agreement, with limits of not less than \$1 million per claim and \$2 million aggregate. Further, Contractor understands and agrees it shall maintain such coverage for a period of not less than three (3) years following this Agreement's expiration, termination or cancellation.

8.31 LICENSES, PERMITS, REGISTRATIONS, ACCREDITATIONS, AND CERTIFICATES

Contractor shall obtain and maintain in effect during the term of this Agreement, all valid licenses, permits, registrations, accreditations, and certificates required by law which are applicable to its performance of this Agreement, and shall ensure that all of its officers, employees, and agents who perform services hereunder obtain and maintain in effect during the term of this Agreement, all licenses, permits, registrations, accreditations, and certificates required by law which are applicable to their performance of services hereunder. All such licenses, permits, registrations, accreditations, and certifications relating to services hereunder shall be made available to County upon request.

8.32 LIQUIDATED DAMAGES

Intentionally omitted.

8.33 MOST FAVORED PUBLIC ENTITY

Intentionally omitted.

8.34 NON EXCLUSIVITY

Nothing herein is intended nor shall be construed as creating any exclusive arrangement with the Contractor. This Agreement shall not restrict the Department of Health Services from acquiring similar, equal or like goods and/or services from other entities or sources.

8.35 NOTICE OF DELAYS

Except as otherwise provided under this Agreement, when either party has knowledge that any actual or potential situation is delaying or threatens to delay the timely performance of this Agreement, that party shall, within one (1) business day, give notice thereof, including all relevant information with respect thereto, to the other party.

8.36 NOTICE OF DISPUTES

The Contractor shall bring to the attention of the Facility's Project Manager and/or Facility's Project Director any dispute between the County and the

Contractor regarding the performance of services as stated in this Agreement. If the Facility's Project Manager or Facility's Project Director is not able to resolve the dispute, the Director or his/her designee shall resolve it.

8.37 NOTICE TO EMPLOYEES REGARDING THE FEDERAL EARNED INCOME CREDIT

The Contractor shall notify its employees, and shall require each subcontractor to notify its employees, that they may be eligible for the Federal Earned Income Credit under the federal income tax laws. Such notice shall be provided in accordance with the requirements set forth in Internal Revenue Service Notice No. 1015.

8.38 NOTICE TO EMPLOYEES REGARDING THE SAFELY SURRENDERED BABY LAW

The Contractor shall notify and provide to its employees, and shall require each subcontractor to notify and provide to its employees, a fact sheet regarding the Safely Surrendered Baby Law, its implementation in Los Angeles County, and where and how to safely surrender a baby. The fact sheet is set forth in EXHIBIT H of this Agreement and is also available on the Internet at www.babysafela.org for printing purposes.

8.39 NOTICES

8.39.1 All notices or demands required or permitted to be given or made under this Agreement shall be in writing and shall be hand delivered with signed receipt or mailed by first-class registered or certified mail, postage prepaid, addressed to the parties as identified in Exhibits D - County's Administration and E - Contractor's Administration. Addresses may be changed by either party giving ten (10) days' prior written notice thereof to the other party.

8.39.2 **Electronic Notice:** In addition, and in lieu of written notification, the Director, or his/her designee, shall have the authority to issue

any notice to Contractor electronically via e-mail at the designated email address as identified in EXHIBIT E – Contractor’s Administration. This includes all notices or demands required or permitted by the County under this Agreement.

8.40 PROHIBITION AGAINST INDUCEMENT OR PERSUASION

Notwithstanding the above, the Contractor and the County agree that, during the term of this Agreement and for a period of one year thereafter, neither party shall in any way intentionally induce or persuade any employee of one party to become an employee or agent of the other party. No bar exists against any hiring action initiated through a public announcement.

8.41 PUBLIC RECORDS ACT

8.41.1 Any documents submitted by the Contractor; all information obtained in connection with the County’s right to audit and inspect the Contractor’s documents, books, and accounting records pursuant to sub-paragraph 8.43 - Record Retention and Inspection/Audit Settlement of this Agreement, become the exclusive property of the County. All such documents become a matter of public record and shall be regarded as public records. Exceptions will be those elements in the California Government Code Section 6250 et seq. (Public Records Act) and which are marked “trade secret”, “confidential”, or “proprietary”. The County shall not in any way be liable or responsible for the disclosure of any such records including, without limitation, those so marked, if disclosure is required by law, or by an order issued by a court of competent jurisdiction.

8.41.2 In the event the County is required to defend an action on a Public Records Act request for any of the aforementioned documents, information, books, records, and/or contents of a proposal marked “trade secret”, “confidential”, or “proprietary”, the Contractor agrees

to defend and indemnify the County from all costs and expenses, including reasonable attorney's fees, in action or liability arising under the Public Records Act.

8.42 PUBLICITY

8.42.1 The Contractor shall not disclose any details in connection with this Agreement to any person or entity except as may be otherwise provided hereunder or required by law. However, in recognizing the Contractor's need to identify its services and related clients to sustain itself, the County shall not inhibit the Contractor from publishing its role under this Agreement within the following conditions:

- The Contractor shall develop all publicity material in a professional manner; and
- During the term of this Agreement, the Contractor shall not, and shall not authorize another to, publish or disseminate any commercial advertisements, press releases, feature articles, or other materials using the name of the County without the prior written consent of the Facility's Project Director. The County shall not unreasonably withhold written consent.

8.42.2 The Contractor may, without the prior written consent of County, indicate in its proposals and sales materials that it has been awarded this Agreement with the County of Los Angeles, provided that the requirements of this sub-paragraph 8.42 shall apply.

8.43 RECORD RETENTION AND INSPECTION/AUDIT SETTLEMENT

8.43.1 The Contractor shall maintain, and provide upon request by County, accurate and complete financial records of its activities and operations relating to this Agreement in accordance with generally accepted accounting principles. The Contractor shall maintain accurate and complete financial records of its activities

and operations relating to this Agreement in accordance with generally accepted accounting principles. The Contractor shall also maintain accurate and complete employment and other records relating to its performance of this Agreement.

8.43.2 The Contractor agrees that the County, or its authorized representatives, shall have access to and the right to examine, audit, excerpt, copy, or transcribe any pertinent transaction, activity, or record relating to this Agreement. All such material, including, but not limited to, all financial records, bank statements, cancelled checks or other proof of payment, timecards, sign-in/sign-out sheets and other time and employment records, and proprietary data and information, shall be kept and maintained by the Contractor and shall be made available to the County during the term of this Agreement and for a period of five (5) years thereafter unless the County's written permission is given to dispose of any such material prior to such time. All such material shall be maintained by the Contractor at a location in Los Angeles County, provided that if any such material is located outside Los Angeles County, then, at the County's option, the Contractor shall pay the County for travel, per diem, and other costs incurred by the County to examine, audit, excerpt, copy, or transcribe such material at such other location.

8.43.3 In the event that an audit of the Contractor is conducted specifically regarding this Agreement by any Federal or State auditor, or by any auditor or accountant employed by the Contractor or otherwise, including audits conducted by the Medicare and Medical programs, or both, then the Contractor shall file a copy of each such audit report, including Statement of Auditing Standards No. 70 Type 2 Reports, with the County's Auditor-Controller within thirty (30) days of the Contractor's receipt thereof, unless otherwise

provided by applicable Federal or State law or under this Agreement. Subject to applicable law, the County shall make a reasonable effort to maintain the confidentiality of such audit report(s).

8.43.4 Failure on the part of the Contractor to comply with any of the provisions of this sub-paragraph 8.43 shall constitute a material breach of this Agreement upon which the County may terminate or suspend this Agreement.

8.43.5 If, at any time during the term of this Agreement or within five (5) years after the expiration or termination of this Agreement, representatives of the County conduct an audit of the Contractor regarding the work performed under this Agreement, and if such audit finds that the County's dollar liability for any such work is less than payments made by the County to the Contractor, then the difference shall be either: a) repaid by the Contractor to the County by cash payment upon demand or b) at the sole option of the County's Auditor-Controller, deducted from any amounts due to the Contractor from the County, whether under this Agreement or otherwise. If such audit finds that the County's dollar liability for such work is more than the payments made by the County to the Contractor, then the difference shall be paid to the Contractor by the County by cash payment, provided that in no event shall the County's maximum obligation for this Agreement exceed the funds appropriated by the County for the purpose of this Agreement.

8.43.6 Audit/Compliance Review

In the event County representatives conduct an audit/ compliance review of Contractor, Contractor shall fully cooperate with County's representatives. Contractor shall allow County representatives access to all financial reports, medical records, and reports pertaining to this Agreement and shall allow photocopies to be

made of these documents utilizing Contractor's photocopier, for which County shall reimburse Contractor its customary charge for record copying services, if requested. Director shall provide Contractor with at least ten (10) working days prior written notice of any audit/compliance review.

County may conduct a statistical audit/compliance review of all claims paid by County during a specified period. The sample shall be determined in accordance with generally accepted auditing standards. An exit conference shall be held following the performance of any such audit/ compliance review at which time the results shall be discussed with Contractor. Contractor shall be provided with a copy of any resultant written evaluation report(s).

Contractor shall have the opportunity to review County's findings for Contractor, and Contractor shall have thirty (30) calendar days after receipt of County's audit/compliance review results to provide documentation to the County representatives to resolve audit exceptions. If, at the end of the thirty (30) day period there remain audit exceptions which have not been resolved to the satisfaction of County's representatives, then the exception rate found in the audit or sample results shall be applied to the total County payments made to Contractor for all claims paid during the audit/ compliance review period to determine Contractor's liability to County.

8.44 RECYCLED BOND PAPER

Consistent with the Board of Supervisors' policy to reduce the amount of solid waste deposited at the County landfills, the Contractor agrees to use recycled-content paper to the maximum extent possible on this Agreement.

8.45 RESTRICTIONS ON LOBBYING

If any Federal funds are to be used to pay for Contractor's services under this Agreement, Contractor shall fully comply with all certification and

disclosure requirements prescribed by Section 319 of Public Law 101-121 (31 United States Code Section 1352) and any implementing regulations, and shall ensure that each of its subcontractors receiving funds provided under this Agreement also fully complies with all such certification and disclosure requirements.

8.46 SUBCONTRACTING

8.46.1 The requirements of this Agreement may not be subcontracted by the Contractor **without the advance approval of the County**. Any attempt by the Contractor to subcontract without the prior consent of the County may be deemed a material breach of this Agreement.

8.46.2 If the Contractor desires to subcontract, the Contractor shall provide the following information promptly at the County's request:

- A description of the work to be performed by the subcontractor;
- A draft copy of the proposed subcontract; and
- Other pertinent information and/or certifications requested by the County.

8.46.3 The Contractor shall indemnify and hold the County harmless with respect to the activities of each and every subcontractor in the same manner and to the same degree as if such subcontractor(s) were the Contractor employees.

8.46.4 The Contractor shall remain fully responsible for all performances required of it under this Agreement, including those that the Contractor has determined to subcontract, notwithstanding the County's approval of the Contractor's proposed subcontract.

8.46.5 The County's consent to subcontract shall not waive the County's right to prior and continuing approval of any and all personnel, including subcontractor employees, providing services under this Agreement. The Contractor is responsible to notify its subcontractors of this County right.

- 8.46.6 The Director, or his designee, is authorized to act for and on behalf of the County with respect to approval of any subcontract and subcontractor employees. After approval of the subcontract by the County, Contractor shall forward a fully executed subcontract to the County for their files.
- 8.46.7 The Contractor shall be solely liable and responsible for all payments or other compensation to all subcontractors and their officers, employees, agents, and successors in interest arising through services performed hereunder, notwithstanding the County's consent to subcontract.
- 8.46.8 The Contractor shall obtain certificates of insurance, which establish that the subcontractor maintains all the programs of insurance required by the County from each approved subcontractor. The Contractor shall ensure delivery of all such documents to:

County of Los Angeles
Department of Health Services
Contracts and Grants Division
313 N. Figueroa Street – 6E
Los Angeles, CA 90012
Attention: Kathy K. Hanks, C.P.M.
Director, Contract Administration & Monitoring

before any subcontractor employee may perform any work hereunder.

8.47 TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN COMPLIANCE WITH COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM

Failure of the Contractor to maintain compliance with the requirements set forth in sub-paragraph 8.16 - Contractor's Warranty of Adherence to County's Child Support Compliance Program, shall constitute default under this Agreement. Without limiting the rights and remedies available to the County under any other provision of this Agreement, failure of the

Contractor to cure such default within ninety (90) calendar days of written notice shall be grounds upon which the County may terminate this Agreement pursuant to sub-paragraph 8.50 - Termination for Default and pursue debarment of the Contractor, pursuant to County Code Chapter 2.202.

8.48 TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

Failure of Contractor to maintain compliance with the requirements set forth in Sub-paragraph 8.17 - Contractor's Warranty of Compliance with County's Defaulted Property Tax Reduction Program shall constitute default under this Agreement. Without limiting the rights and remedies available to County under any other provision of this Agreement, failure of Contractor to cure such default within (ten) 10 days of notice shall be grounds upon which County may terminate this Agreement and/or pursue debarment of Contractor, pursuant to County Code Chapter 2.206.

8.49 TERMINATION FOR CONVENIENCE

8.49.1 This Agreement may be terminated, in whole or in part, from time to time, when such action is deemed by the County, in its sole discretion, to be in its best interest. Termination of work hereunder shall be effected by notice of termination to the Contractor specifying the extent to which performance of work is terminated and the date upon which such termination becomes effective. The date upon which such termination becomes effective shall be no less than ten (10) days after the notice is sent. This Agreement may be terminated at any time by County without cause upon the giving of at least ten (10) days' written notice and by Contractor upon at least thirty (30) days written notice to the other.

8.49.2 After receipt of a notice of termination and except as otherwise

directed by the County, the Contractor shall:

- Stop work under this Agreement on the date and to the extent specified in such notice, and
- Complete performance of such part of the work as shall not have been terminated by such notice.

8.49.3 All material including books, records, documents, or other evidence bearing on the costs and expenses of the Contractor under this Agreement shall be maintained by the Contractor in accordance with sub-paragraph 8.43, Record Retention and Inspection/Audit Settlement.

8.50 TERMINATION FOR DEFAULT

8.50.1 The County may, by written notice to the Contractor, terminate the whole or any part of this Agreement, if, in the judgment of Facility's Project Director:

- Contractor has materially breached this Agreement; or
- Contractor fails to timely provide and/or satisfactorily perform any task, deliverable, service, or other work required either under this Agreement; or
- Contractor fails to demonstrate a high probability of timely fulfillment of performance requirements under this Agreement, or of any obligations of this Agreement and in either case, fails to demonstrate convincing progress toward a cure within five (5) working days (or such longer period as the County may authorize in writing) after receipt of written notice from the County specifying such failure.

Notwithstanding Subparagraph 8.50.1 County may terminate this Agreement immediately upon notice to Contractor if County believes that continuation of this Agreement would jeopardize the licensure, accreditation or Medicare certification

of either H-UCLA MC or RLANRC, or would cause County to be in violation of any state or federal law or regulation.

8.50.2 In the event that the County terminates this Agreement in whole or in part as provided in sub-paragraph 8.50.1, the County may procure, upon such terms and in such manner as the County may deem appropriate, goods and services similar to those so terminated. The Contractor shall be liable to the County for any and all excess costs incurred by the County, as determined by the County, for such similar goods and services. The Contractor shall continue the performance of this Agreement to the extent not terminated under the provisions of this sub-paragraph.

8.50.3 Except with respect to defaults of any subcontractor, the Contractor shall not be liable for any such excess costs of the type identified in sub-paragraph 8.50.2 if its failure to perform this Agreement arises out of causes beyond the control and without the fault or negligence of the Contractor. Such causes may include, but are not limited to: acts of God or of the public enemy, acts of the County in either its sovereign or Contractual capacity, acts of Federal or State governments in their sovereign capacities, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, and unusually severe weather; but in every case, the failure to perform must be beyond the control and without the fault or negligence of the Contractor. If the failure to perform is caused by the default of a subcontractor, and if such default arises out of causes beyond the control of both the Contractor and subcontractor, and without the fault or negligence of either of them, the Contractor shall not be liable for any such excess costs for failure to perform, unless the goods or services to be furnished by the subcontractor were obtainable from other sources in sufficient time to permit the Contractor to meet the required performance

schedule. As used in this sub-paragraph, the term "subcontractor(s)" means subcontractor(s) at any tier.

8.50.4 If, after the County has given notice of termination under the provisions of this sub-paragraph 8.50, it is determined by the County that the Contractor was not in default under the provisions of this sub-paragraph 8.50, or that the default was excusable under the provisions of sub-paragraph 8.50.3, the rights and obligations of the parties shall be the same as if the notice of termination had been issued pursuant to sub-paragraph 8.49 - Termination for Convenience.

8.50.5 The rights and remedies of the County provided in this sub-paragraph 8.50 shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement.

8.51 TERMINATION FOR IMPROPER CONSIDERATION

8.51.1 The County may, by written notice to the Contractor, immediately terminate the right of the Contractor to proceed under this Agreement if it is found that consideration, in any form, was offered or given by the Contractor, either directly or through an intermediary, to any County officer, employee, or agent with the intent of securing this Agreement or securing favorable treatment with respect to the award, amendment, or extension of this Agreement or the making of any determinations with respect to the Contractor's performance pursuant to this Agreement. In the event of such termination, the County shall be entitled to pursue the same remedies against the Contractor as it could pursue in the event of default by the Contractor.

8.51.2 The Contractor shall immediately report any attempt by a County officer or employee to solicit such improper consideration. The report shall be made either to the County manager charged with

the supervision of the employee or to the County Fraud Hotline at (800) 544-6861 or www.lacountyfraud.org.

8.51.3 Among other items, such improper consideration may take the form of cash, discounts, service, the provision of travel or entertainment, or tangible gifts.

8.52 TERMINATION FOR INSOLVENCY

8.52.1 The County may terminate this Agreement forthwith in the event of the occurrence of any of the following:

- Insolvency of the Contractor. The Contractor shall be deemed to be insolvent if it has ceased to pay its debts for at least sixty (60) days in the ordinary course of business or cannot pay its debts as they become due, whether or not a petition has been filed under the Federal Bankruptcy Code and whether or not the Contractor is insolvent within the meaning of the Federal Bankruptcy Code;
- The filing of a voluntary or involuntary petition regarding the Contractor under the Federal Bankruptcy Code;
- The appointment of a Receiver or Trustee for the Contractor; or
- The execution by the Contractor of a general assignment for the benefit of creditors.

8.52.2 The rights and remedies of the County provided in this subparagraph 8.52 shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement.

8.53 TERMINATION FOR NON-ADHERENCE OF COUNTY LOBBYIST ORDINANCE

The Contractor, and each County Lobbyist or County Lobbying firm as defined in County Code Section 2.160.010 retained by the Contractor, shall fully comply with the County's Lobbyist Ordinance, County Code Chapter 2.160. Failure on the part of the Contractor or any County Lobbyist or

County Lobbying firm retained by the Contractor to fully comply with the County's Lobbyist Ordinance shall constitute a material breach of this Agreement, upon which the County may in its sole discretion, immediately terminate or suspend this Agreement.

8.54 TERMINATION FOR NON-APPROPRIATION OF FUNDS

Notwithstanding any other provision of this Agreement, the County shall not be obligated for the Contractor's performance hereunder or by any provision of this Agreement during any of the County's future fiscal years unless and until the County's Board of Supervisors appropriates funds for this Agreement in the County's Budget for each such future fiscal year. In the event that funds are not appropriated for this Agreement, then this Agreement shall terminate as of June 30 of the last fiscal year for which funds were appropriated. The County shall notify the Contractor in writing of any such non-allocation of funds at the earliest possible date.

8.55 UNLAWFUL SOLICITATION

Contractor shall inform all of its officers and employees performing services hereunder of the provisions of Article 9 of Chapter 4 of Division 3 (commencing with section 6150) of Business and Professions Code of the State of California (i.e. State Bar Act provisions regarding unlawful solicitation as a runner or capper for attorneys) and shall take positive and affirmative steps in its performance hereunder to ensure that there is no violation of said provisions by its officers and employees. Contractor agrees that if a patient requests assistance in obtaining the services of any attorney, it will refer the patient to the attorney referral service of all those bar associations within Los Angeles County that have such a service.

8.56 VALIDITY

If any provision of this Agreement or the application thereof to any person or circumstance is held invalid, the remainder of this Agreement and the application of such provision to other persons or circumstances shall not be affected thereby.

8.57 WAIVER

No waiver by the County of any breach of any provision of this Agreement shall constitute a waiver of any other breach or of such provision. Failure of the County to enforce at any time, or from time to time, any provision of this Agreement shall not be construed as a waiver thereof. The rights and remedies set forth in this sub-paragraph shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement.

8.58 WARRANTY AGAINST CONTINGENT FEES

8.58.1 The Contractor warrants that no person or selling agency has been employed or retained to solicit or secure this Agreement upon any agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business.

8.58.2 For breach of this warranty, the County shall have the right to terminate this Agreement and, at its sole discretion, deduct from the Agreement price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

9.0 UNIQUE TERMS AND CONDITIONS

9.1 NO INTENT TO CREATE A THIRD PARTY BENEFICIARY CONTRACT

Notwithstanding any other provision of this Agreement, the parties do not in any way intend that any person shall acquire any rights as a third party beneficiary of this Agreement.

9.2 REPORTING OF CHILD/ELDER AND DEPENDENT ADULT ABUSE

9.2.1 Contractor staff working on this Agreement shall comply with California Penal Code (hereinafter "PC") Section 11164 et seq. and shall report all known and suspected instances of child abuse to an

appropriate child protective agency, as mandated by these code sections. Child abuse reports shall be made by telephone to the Department of Children and Family Services hotline at (800) 540-4000 within three (3) business days and shall submit all required information, in accordance with the PC Sections 11166 and 11167.

9.2.2 Contractor staff working on this Agreement shall comply with California Welfare and Institutions Code (WIC), Section 15600 et seq. and shall report all known or suspected instances of physical abuse of elders and dependent adults either to an appropriate County adult protective services agency or to a local law enforcement agency, as mandated by these code sections. The Contractor staff working on this Master Agreement shall make the report on such abuse, and shall submit all required information, in accordance with the WIC Sections 15630, 15633 and 15633.5.

9.2.3 Contractor staff's failure to report as required is considered a breach of this Agreement subject to immediate termination and is also a misdemeanor, punishable by up to one year in jail, a fine of up to \$5,000 or both.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Agreement to be executed by the Director of Health Services, and Contractor has caused this Agreement to be executed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Mitchell H. Katz, M.D.
Director

CONTRACTOR

HARBOR-UCLA MEDICAL FOUNDATION, INC.
Contractor

By _____
Signature

Title

APPROVED AS TO FORM:
Andrea Ordin
County Counsel

By _____
Deputy

HARBOR-UCLA MEDICAL FOUNDATION, INC.

NON-PHYSICIAN PRACTITIONER MEDICARE BILLING SERVICES

STATEMENT OF WORK

1.0 GENERAL STATEMENT AND DEFINITIONS:

The Contractor shall provide professional fee billing services for services rendered to Medicare beneficiaries by Non-Physician Practitioners at designated County hospitals.

2.0 STATEMENT OF WORK:

2.1 Facilities to be Served:

Contractor shall provide services for Harbor-UCLA Medical Center (“H-UCLA MC”) and Rancho Los Amigos National Rehabilitation Center (“RLANRC”) (collectively "Facilities").

2.2 Services to be Provided:

2.2.1 Contractor's Obligations:

2.2.1.1 Contractor shall provide to County, as set forth in this Agreement, professional fee billing to Medicare for non-physician practitioner services provided at H-UCLA MC and RLANRC. This includes billing patients for their deductible or co-insurance obligations.

2.2.1.2 Contractor will determine which patients are Medicare beneficiaries [who received non-physician practitioner services] through use of a query to County's patient registration/information system. Contractor shall be responsible for requesting access to the medical records for such individuals.

2.2.1.3 Contractor will indentify from medical charts and other data sources made available to it, all non-physician practitioner services which are billable to Medicare, and shall gather all other information

(such as demographics) necessary to bill Medicare for such services. In the event that County does not make available to Contractor such information at least sixty (60) days before the last day to file the claim, Contractor has no obligation to file a claim, but may chose to do so at its discretion.

2.2.1.4 Contractor shall prepare and submit to Medicare, in the form, format and manner required by such program, claims for covered services provided by non-physician practitioners to Medicare eligible inpatients and outpatients at H-UCLA MC and RLANRC. Such claims shall be submitted under the Los Angeles County's Tax Identification Number and the Provider Group Number for RLANRC or H-UCLA MC, depending on the site of service using current Board approved billing rates, Agreement Exhibit B, Itemized Billing Rates. Such claims shall be submitted electronically, and shall comply with all Medicare laws, regulations and guidelines, including the requirement that all services billed must be medically necessary. Without limiting the foregoing obligation, Contractor specifically covenants that it shall not apply a code for a service which does not accurately describe the services actually rendered. Unless the claim is being submitted for purposes of receiving a denial, Contractor shall not submit a claim for any service which it believes, in good faith, is not covered by Medicare.

2.2.1.5 Contractor will follow up on claims or portions of claims not acknowledged by Medicare within sixty (60) days of initial billing. Further, Contractor shall take all steps as are necessary to perfect any claim submitted under this Agreement.

2.2.1.6 Contractor will appeal all claims which are partly or fully denied or unpaid by Medicare, where Contractor believes such denial is inappropriate based on program rules and generally accepted industry standards.

2.2.1.7 In the event that Contractor detects a pattern or practice of documentation by any non-physician practitioner which makes Contractor unable to bill for services provided, Contractor shall notify the Facility Project Manager of the relevant Facility and provide such Medical Director with sufficient information regarding the pattern and practice to allow remedial action to be taken.

2.2.1.8 Monthly Reports Contractor shall provide the following monthly reports electronically using Microsoft Excel 2010 (or older) to the relevant Facility's Expenditure Management:

1. Provider Activity Journal Detail – This report provides the billing activity for each provider by patient for each fiscal year for which revenue was collected. The sample format to be used is shown in Attachment I.

2. Activity Journal Summary – This report summarizes the Activity Journal Detail by provider and by fiscal year for which revenue was collected. The Activity Journal Summary must include "Service Date" and the medical record number for the procedure being billed. The sample format to be used is shown in Attachment II.

- (a) Further, if requested by Facility, ad hoc reports shall be provided, based upon data already included in the Activity Journal Summary.

3. Contractor shall provide in electronic format (plain txt file) to the Facility's Expenditure Management, the data elements listed in Attachment III.

4. The following reports shall be attached to the monthly invoice:

- a) Medical Postings for the month, which shall include the check numbers, check dates and check amounts (Attachment IV –Sample)

- b) Explanation of Benefits. The County reserves the right to request any additional information it may deem necessary.

5. If County requests additional information or information in a different format, Contractor shall promptly respond to the requests.

2.2.2 County's Obligations:

2.2.2.1 County will provide Contractor with the names and national practitioner identification numbers of non-physician practitioners performing the services for which Contractor will bill. County shall be responsible for assuring that such individuals meet Medicare's qualifications for the provision of separately billable services.

2.2.2.2 County will make available to Contractor information regarding Medicare eligible patients and the non physician practitioner services. Such information will include patient medical charts and/or other documentation pertaining to those Medicare billable services rendered by non-physician practitioners. To the extent that it is available, County will also make available to Contractor demographic and payor information. To the extent that County does not make available the minimum information necessary to submit a claim to Medicare for non-physician practitioner services, or if the information is poorly documented, Contractor shall have no obligation to submit a claim. If Contractor nevertheless obtains the minimum information necessary to submit a claim, it may do so, and is entitled only to the 25% of the payment collected specified in Agreement Paragraph 5.0 BILLING AND PAYMENT, Subparagraph 5.3 Invoice and Payments for such claim.

2.2.2.3 County will provide Contractor read-only access to the patient/registration information systems at each Facility for use in connection with the provision of services under this Agreement.

2.2.2.4 Nothing in this Paragraph 2.2.2 shall require the County to expend any efforts to obtain patient demographic or payor information beyond those efforts normally made to perform its own billing for the facility component of hospital care.

PO:6.11

Harbor-UCLA MED FOUND, INC.
 PROVIDER:
 POSTED FROM:
 LOCATION: (POS CLASS):

PROVIDER ACTIVITY JOURNAL
 PROVIDER ACTIVITY JOURNAL - 127

ATTACHMENT I

RUN DATE:

ACCOUNT #	PATIENT NAME	DATE	INS	CODE	DESCRIPTION	CHARGE	PAYMENT	ADJUSTMENT
		04/23/10	MR		MEDICARE PMT		\$ 48.90-	
		04/23/10	MR		MEDICARE ADJ			\$154.88-
		04/23/10	ML		MEDI-CAL ADJ			\$ 12.22-
		04/23/10	MR		MEDICARE PMT		\$ 48.90-	
		04/23/10	MR		MEDICARE ADJ			\$154.88-
		04/23/10	ML		MEDI-CAL ADJ			\$ 12.22-
		04/23/10	MR		MEDICARE PMT		\$ 48.90-	
		04/23/10	MR		MEDICARE ADJ			\$155.77-
		04/23/10	ML		MEDICAL ADJ			\$ 12.25-
		04/23/10	MR		MEDICARE PMT		\$ 65.60-	
		04/23/10	MR		MEDICARE ADJ			\$208.00-
		04/23/10	ML		MEDI-CAL ADJ			\$ 16.40-
		04/23/10	MR		MEDICARE PMT		\$ 69.98-	
		04/23/10	MR		MEDICARE ADJ			\$221.53-
		04/23/10	ML		MEDI-CAL ADJ			\$ 17.49-
		04/23/10	MR		MEDICARE PMT		\$ 69.98-	
		04/23/10	MR		MEDICARE ADJ			\$221.53-
		04/23/10	ML		MEDI-CAL ADJ			\$ 17.49-
		04/23/10	MR		MEDICARE PMT		\$ 48.90-	
		04/23/10	MR		MEDICARE ADJ			\$154.88-
		04/23/10	ML		MEDI-CAL ADJ			\$ 12.22-
		04/23/10	MR		MEDICARE PMT		\$ 48.90-	
		04/23/10	MR		MEDICARE ADJ			\$155.77-
		04/23/10	ML		MEDI-CAL ADJ			\$ 12.25-
		04/16/10	MR		MEDICARE PMT			
		04/16/10	MR		MEDICARE PMT			
		0426/09	MR	99232	SUBS HOSP VS LEV II	\$ 216.00		
		04/23/10	MR		MEDICARE PMT		\$ 131.82-	
		04/23/10	MR		MEDICARE ADJ			\$417.23-
		12/30/09	MR	99223	INIT HOSP VS LEV III	\$ 582.00		
		04/23/10	MR		MEDICARE PMT		\$ 50.11-	
		04/23/10	MR		MEDICARE ADJ			\$159.36-
		01/13/10	MR	99238	HOSP DISCH 30/MINLESS	\$ 222.00		
		04/16/10	MR		MEDICARE PMT		\$ 50.11-	
		04/16/10	MR		MEDICARE ADJ			\$159.36-
		04/19/10	ML		MEDI-CAL ADJ			\$ 12.53-
		04/07/10	MR		MEDICARE PMT		\$ 50.42-	
		04/07/10	MR		MEDICARE ADJ			\$159.98-
		04/08/10	ML		MEDI-CAL ADJ			\$ 12.60-
		04/07/10	MR		MEDICARE PMT		\$ 50.42-	
		04/07/10	MR		MEDICARE ADJ			\$159.98-
		04/08/10	ML		MEDI-CAL ADJ			\$ 12.60-
		04/07/10	MR		MEDICARE PMT		\$ 72.30-	
		04/07/10	MR		MEDICARE ADJ			\$228.63-
		04/08/10	ML		MEDI-CAL ADJ			\$ 18.07-
		04/07/10	MR		MEDICARE PMT		\$ 72.30-	
		04/07/10	MR		MEDICARE ADJ			\$228.63-
		04/08/10	ML		MEDI-CAL ADJ			\$ 18.07-
		04/07/10	MR		MEDICARE PMT		\$ 72.30-	
		04/07/10	MR		MEDICARE ADJ			\$228.63-
		04/08/10	ML		MEDI-CAL ADJ			\$ 18.07-
		04/05/10	MR	99233	SUBS HOSP VS LEV III	\$ 319.00		
		04/06/10	MR	99233	SUBS HOSP VS LEV III	\$ 319.00		
SUBTOTAL						\$1226.00	\$1000.00-	\$3373.52-

ATTACHMENT II

Monthly Reports:

Contractor shall provide the following monthly reports in electronic format (an Excel file) to facility's Expenditure Management:

1. Activity Journal Detail – report provides the billing activity per provider per patient for each fiscal year for which revenue was collected.
2. Activity Journal Summary – report summarizes the Activity Journal Detail by provider and by fiscal year for which revenue was collected. Sample format is attached.

The following reports shall be attached to the monthly invoices:

1. Medicare Postings for the month which shall include the check numbers, check dates and check amounts.
2. Explanation of Benefits

The County reserves the right to request any additional information it may deem necessary. If County requests additional information or information in a different format, Contractor shall promptly respond to the requests.

Activity Journal Summary (to be provided in Excel)

ATTACHMENT II

Harbor - UCLA Med Foundation Inc.
Fiscal Year 09/10

Provider Name: Doe, Jane
Provider Number: XXXXXXXXXXXX

09/10	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	YTD 08/09
Charges													0.00
Payment													0.00
Adjustments													0.00
Co-Insurance													0.00
<i>Revenue shall be listed in the year for which it was collected.</i>													
08/09	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	YTD 07/08
Charges													0.00
Payment													0.00
Adjustments													0.00
Co-Insurance													0.00
07/08	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	YTD 06/07
Charges													0.00
Payment													0.00
Adjustments													0.00
Co-Insurance													0.00
Total	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	Total YTD
Charges	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Payment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adjustments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Co-Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Note: Each provider's billing activity shall be summarized in a separate spreadsheet in Excel.

ATTACHMENT III

FACILITY:

DATA ELEMENTS NEEDED FOR TXT FILE

	FORMAT		
MRUN	XXXXXX	NUMERIC	LEADING ZERO
LAST NAME			
FIRST NAME			
DOB	MMDDYYYY	DATE	
SSN	XXXXXXXX	DATE	
DATE OF SERVICE	MMDDYYYY	DATE	
CHARGES	\$000.00	NUMERIC	
PAYMENTS	\$000.00	NUMERIC	
ADJUSTMENTS	\$000.00	NUMERIC	

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
A0021	Outside state ambulance serv	6
A0080	Noninterest escort in non er	2
A0090	Interest escort in non er	1
A0100	Nonemergency transport taxi	5
A0110	Nonemergency transport bus	90
A0120	Noner transport mini-bus	38
A0130	Noner transport wheelch van	52
A0140	Nonemergency transport air	269
A0160	Noner transport case worker	1
A0170	Transport parking fees/tolls	55
A0180	Noner transport lodgng recip	112
A0190	Noner transport meals recip	16
A0200	Noner transport lodgng escrt	74
A0210	Noner transport meals escort	16
A0225	Neonatal emergency transport	1,236
A0380	Basic life support mileage	15
A0382	Basic support routine suppl	38
A0384	Bls defibrillation supplies	42
A0390	Advanced life support mileag	15
A0392	Als defibrillation supplies	68
A0394	Als IV drug therapy supplies	60
A0396	Als esophageal intub suppl	90
A0398	Als routine disposble suppl	22
A0420	Ambulance waiting 1/2 hr	65
A0422	Ambulance 02 life sustaining	90
A0424	Extra ambulance attendant	215
A0425	Ground mileage	17
A0426	Als 1	897
A0427	ALS1-emergency	986
A0428	bls	638
A0429	BLS-emergency	713
A0430	Fixed wing air transport	9,150
A0431	Rotary wing air transport	13,200
A0432	PI volunteer ambulance co	836
A0433	als 2	1,253
A0434	Specialty care transport	2,055
A0435	Fixed wing air mileage	49
A0436	Rotary wing air mileage	120
A0888	Noncovered ambulance mileage	16
A0998	Ambulance response/treatment	240
A4206	1 CC sterile syringe&needle	1
A4207	2 CC sterile syringe&needle	2
A4208	3 CC sterile syringe&needle	1
A4209	5+ CC sterile syringe&needle	1
A4210	Nonneedle injection device	1,468
A4211	Supp for self-adm injections	2
A4212	Non coring needle or stylet	21
A4213	20+ CC syringe only	2
A4215	Sterile needle	1
A4216	Sterile water/saline, 10 ml	1
A4217	Sterile water/saline, 500 ml	5
A4218	Sterile saline or water	4
A4220	Infusion pump refill kit	98
A4221	Maint drug infus cath per wk	36
A4222	Infusion supplies with pump	74
A4223	Infusion supplies w/o pump	168
A4230	Infus insulin pump non needl	17
A4231	Infusion insulin pump needle	11
A4232	Syringe w/needle insulin 3cc	5
A4233	Alkalin batt for glucose mon	1

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
A4234	J-cell batt for glucose mon	6
A4235	Lithium batt for glucose mon	4
A4236	Silvr oxide batt glucose mon	3
A4244	Alcohol or peroxide per pint	2
A4245	Alcohol wipes per box	3
A4246	Betadine/phiso hex solution	8
A4247	Betadine/iodine swabs/wipes	13
A4248	Chlorhexidine antisept	7
A4250	Urine reagent strips/tablets	23
A4253	Blood glucose/reagent strips	77
A4255	Glucose monitor platforms	6
A4256	Calibrator solution/chips	18
A4257	Replace Lensshield Cartridge	20
A4258	Lancet device each	28
A4259	Lancets per box	27
A4261	Cervical cap contraceptive	39
A4262	Temporary tear duct plug	2
A4263	Permanent tear duct plug	90
A4265	Paraffin	5
A4266	Diaphragm	87
A4267	Male condom	1
A4268	Female condom	2
A4270	Disposable endoscope sheath	26
A4280	Brst prsths adhsv attchmnt	10
A4290	Sacral nerve stim test lead	338
A4300	Cath impl vasc access portal	23
A4301	Implantable access syst perc	20
A4305	Drug delivery system >=50 ML	34
A4306	Drug delivery system <=50 ml	42
A4310	Insert tray w/o bag/cath	12
A4311	Catheter w/o bag 2-way latex	23
A4312	Cath w/o bag 2-way silicone	28
A4313	Catheter w/bag 3-way	29
A4314	Cath w/drainage 2-way latex	40
A4315	Cath w/drainage 2-way silcne	42
A4316	Cath w/drainage 3-way	45
A4320	Irrigation tray	8
A4321	Cath therapeutic irrig agent	14
A4322	Irrigation syringe	5
A4326	Male external catheter	17
A4327	Fem urinary collect dev cup	70
A4328	Fem urinary collect pouch	16
A4330	Stool collection pouch	11
A4331	Extension drainage tubing	5
A4332	Lube sterile packet	1
A4333	Urinary cath anchor device	3
A4334	Urinary cath leg strap	8
A4335	Incontinence supply	1
A4338	Indwelling catheter latex	19
A4340	Indwelling catheter special	50
A4344	Cath indw foley 2 way silicn	25
A4346	Cath indw foley 3 way	31
A4349	Disposable male external cat	3
A4351	Straight tip urine catheter	3
A4352	Coude tip urinary catheter	10
A4353	Intermittent urinary cath	11
A4354	Cath insertion tray w/bag	19
A4355	Bladder irrigation tubing	14
A4356	Ext ureth clmp or compr dvc	72
A4357	Bedside drainage bag	15

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
A4358	Urinary leg or abdomen bag	10
A4361	Ostomy face plate	29
A4362	Solid skin barrier	5
A4363	Ostomy clamp, replacement	4
A4364	Adhesive, liquid or equal	5
A4365	Adhesive remover wipes	18
A4366	Ostomy vent	2
A4367	Ostomy belt	12
A4368	Ostomy filter	1
A4369	Skin barrier liquid per oz	4
A4371	Skin barrier powder per oz	6
A4372	Skin barrier solid 4x4 equiv	7
A4373	Skin barrier with flange	10
A4375	Drainable plastic pch w fcpl	27
A4376	Drainable rubber pch w fcpl	75
A4377	Drainable plstic pch w/o fp	7
A4378	Drainable rubber pch w/o fp	48
A4379	Urinary plastic pouch w fcpl	24
A4380	Urinary rubber pouch w fcpl	59
A4381	Urinary plastic pouch w/o fp	7
A4382	Urinary hvy plstc pch w/o fp	39
A4383	Urinary rubber pouch w/o fp	44
A4384	Ostomy faceplt/silicone ring	15
A4385	Ost skn barrier sld ext wear	8
A4387	Ost clsd pouch w att st barr	5
A4388	Drainable pch w ex wear barr	7
A4389	Drainable pch w st wear barr	10
A4390	Drainable pch ex wear convex	15
A4391	Urinary pouch w ex wear barr	11
A4392	Urinary pouch w st wear barr	13
A4393	Urine pch w ex wear bar conv	14
A4394	Ostomy pouch liq deodorant	4
A4395	Ostomy pouch solid deodorant	1
A4396	Peristomal hernia supprt blt	64
A4397	Irrigation supply sleeve	8
A4398	Ostomy irrigation bag	22
A4399	Ostomy irrig cone/cath w brs	19
A4400	Ostomy irrigation set	77
A4402	Lubricant per ounce	3
A4404	Ostomy ring each	3
A4405	Nonpectin based ostomy paste	5
A4406	Pectin based ostomy paste	9
A4407	Ext wear ost skn barr <=4sq	14
A4408	Ext wear ost skn barr >4sq	16
A4409	Ost skn barr convex <=4 sq i	10
A4410	Ost skn barr extnd >4 sq	14
A4411	Ost skn barr extnd =4sq	8
A4412	Ost pouch drain high output	4
A4413	2 pc drainable ost pouch	9
A4414	Ost sknbar w/o conv<=4 sq in	8
A4415	Ost skn barr w/o conv >4 sqi	9
A4416	Ost pch clsd w barrier/fltr	4
A4417	Ost pch w bar/bltinconv/fltr	6
A4418	Ost pch clsd w/o bar w fltr	3
A4419	Ost pch for bar w flange/flt	3
A4421	Ostomy supply misc	1
A4422	Ost pouch absorbent material	1
A4423	Ost pch for bar w lk fl/fltr	3
A4424	Ost pch drain w bar & filter	7
A4425	Ost pch drain for barrier fl	6

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PROCEDURE CODE	DESCRIPTION	RATE
A4426	Ost pch drain 2 piece system	4
A4427	Ost pch drain/barr lk flng/f	4
A4428	Urine ost pouch w faucet/tap	10
A4429	Urine ost pouch w bltinconv	13
A4430	Ost urine pch w b/bltin conv	13
A4431	Ost pch urine w barrier/tapv	10
A4432	Os pch urine w bar/fange/tap	6
A4433	Urine ost pch bar w lock fln	5
A4434	Ost pch urine w lock flng/ft	6
A4450	Non-waterproof tape	1
A4452	Waterproof tape	1
A4455	Adhesive remover per ounce	2
A4458	Reusable enema bag	15
A4461	Surgicl dress hold non-reuse	5
A4463	Surgical dress holder reuse	21
A4465	Non-elastic extremity binder	21
A4481	Tracheostoma filter	1
A4483	Moisture exchanger	16
A4490	Above knee surgical stocking	11
A4495	Thigh length surg stocking	19
A4500	Below knee surgical stocking	16
A4510	Full length surg stocking	29
A4520	Incontinence garment anytype	2
A4550	Surgical trays	68
A4554	Disposable underpads	3
A4556	Electrodes, pair	19
A4557	Lead wires, pair	33
A4558	Conductive gel or paste	9
A4559	Coupling gel or paste	1
A4561	Pessary rubber, any type	38
A4562	Pessary, non rubber,any type	95
A4565	Slings	21
A4570	Splint	38
A4575	Hyperbaric o2 chamber disps	1,163
A4580	Cast supplies (plaster)	87
A4590	Special casting material	75
A4595	TENS suppl 2 lead per month	45
A4604	Tubing with heating element	91
A4605	Trach suction cath close sys	26
A4606	Oxygen probe used w oximeter	102
A4608	Transtracheal oxygen cath	79
A4611	Heavy duty battery	309
A4612	Battery cables	126
A4613	Battery charger	227
A4614	Hand-held PEFr meter	37
A4615	Cannula nasal	1
A4616	Tubing (oxygen) per foot	1
A4617	Mouth piece	5
A4618	Breathing circuits	14
A4619	Face tent	2
A4620	Variable concentration mask	1
A4623	Tracheostomy inner cannula	10
A4624	Tracheal suction tube	4
A4625	Trach care kit for new trach	11
A4626	Tracheostomy cleaning brush	5
A4627	Spacer bag/reservoir	39
A4628	Oropharyngeal suction cath	6
A4629	Tracheostomy care kit	7
A4630	Repl bat t.e.n.s. own by pt	10
A4633	Uvl replacement bulb	65

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PROCEDURE CODE	DESCRIPTION	RATE
A4634	Replacement bulb th lightbox	1
A4635	Underarm crutch pad	8
A4636	Handgrip for cane etc	6
A4637	Repl tip cane/crutch/walker	3
A4639	Infrared ht sys replcmnt pad	452
A4640	Alternating pressure pad	100
A4642	In111 satumomab	6
A4651	Calibrated microcap tube	4
A4653	PD catheter anchor belt	75
A4657	Syringe w/wo needle	1
A4660	Sphyg/bp app w cuff and stet	30
A4663	Dialysis blood pressure cuff	48
A4670	Automatic bp monitor, dial	135
A4671	Disposable cyclcr set	51
A4672	Drainage ext line, dialysis	28
A4673	Ext line w easy lock connect	67
A4674	Chem/antisept solution, 8oz	3
A4690	Dialyzer, each	936
A4706	Bicarbonate conc sol per gal	15
A4707	Bicarbonate conc pow per pac	26
A4709	Acid conc sol per gallon	18
A4714	Treated water per gallon	24
A4719	Y set tubing	47
A4720	Dialysat sol fld vol > 249cc	35
A4721	Dialysat sol fld vol > 999cc	90
A4722	Dialys sol fld vol > 1999cc	95
A4723	Dialys sol fld vol > 2999cc	52
A4725	Dialys sol fld vol > 4999cc	48
A4726	Dialys sol fld vol > 5999cc	114
A4728	Dialysate solution, non-dex	164
A4730	Fistula cannulation set, ea	5
A4736	Topical anesthetic, per gram	50
A4737	Inj anesthetic per 10 ml	7
A4740	Shunt accessory	26
A4750	Art or venous blood tubing	23
A4755	Comb art/venous blood tubing	17
A4760	Dialysate sol test kit, each	30
A4765	Dialysate conc pow per pack	15
A4770	Blood collection tube/vacuum	16
A4772	Blood glucose test strips	42
A4860	Disposable catheter tips	8
A4911	Drain bag/bottle	17
A4927	Non-sterile gloves	9
A4928	Surgical mask	1
A4930	Sterile, gloves per pair	2
A4931	Reusable oral thermometer	8
A5051	Pouch clsd w barr attached	3
A5052	Clsd ostomy pouch w/o barr	2
A5053	Clsd ostomy pouch faceplate	3
A5054	Clsd ostomy pouch w/flange	3
A5055	Stoma cap	2
A5061	Pouch drainable w barrier at	6
A5062	Drnble ostomy pouch w/o barr	3
A5063	Drain ostomy pouch w/flange	4
A5071	Urinary pouch w/barrier	9
A5072	Urinary pouch w/o barrier	6
A5073	Urinary pouch on barr w/flng	5
A5081	Continent stoma plug	5
A5082	Continent stoma catheter	19
A5083	Stoma absorptive cover	1

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PROCEDURE CODE	DESCRIPTION	RATE
A5093	Ostomy accessory convex inse	3
A5102	Bedside drain btl w/wo tube	36
A5105	Urinary suspensory	64
A5112	Urinary leg bag	55
A5113	Latex leg strap	7
A5114	Foam/fabric leg strap	14
A5120	Skin barrier, wipe or swab	1
A5121	Solid skin barrier 6x6	12
A5122	Solid skin barrier 8x8	20
A5126	Disk/foam pad +or- adhesive	2
A5131	Appliance cleaner	25
A5200	Percutaneous catheter anchor	18
A5500	Diab shoe for density insert	120
A5501	Diabetic custom molded shoe	360
A5503	Diabetic shoe w/roller/rockr	53
A5504	Diabetic shoe with wedge	53
A5505	Diab shoe w/metatarsal bar	53
A5506	Diabetic shoe w/off set heel	53
A5507	Modification diabetic shoe	53
A5508	Diabetic deluxe shoe	39
A5510	Compression form shoe insert	75
A5512	Multi den insert direct form	49
A5513	Multi den insert custom mold	73
A6010	Collagen based wound filler	49
A6011	Collagen gel/paste wound fil	4
A6021	Collagen dressing <=16 sq in	33
A6022	Collagen drsg>6<=48 sq in	33
A6023	Collagen dressing >48 sq in	300
A6024	Collagen dsg wound filler	10
A6025	Silicone gel sheet, each	60
A6154	Wound pouch each	23
A6196	Alginate dressing <=16 sq in	12
A6197	Alginate drsg >16 <=48 sq in	26
A6198	alginate dressing > 48 sq in	90
A6199	Alginate drsg wound filler	8
A6200	Compos drsg <=16 no border	14
A6201	Compos drsg >16<=48 no bdr	33
A6202	Compos drsg >48 no border	52
A6203	Composite drsg <= 16 sq in	5
A6204	Composite drsg >16<=48 sq in	10
A6205	Composite drsg > 48 sq in	75
A6206	Contact layer <= 16 sq in	11
A6207	Contact layer >16<= 48 sq in	12
A6208	Contact layer > 48 sq in	53
A6209	Foam drsg <=16 sq in w/o bdr	12
A6210	Foam drg >16<=48 sq in w/o b	31
A6211	Foam drg > 48 sq in w/o brdr	46
A6212	Foam drg <=16 sq in w/border	15
A6213	Foam drg >16<=48 sq in w/bdr	29
A6214	Foam drg > 48 sq in w/border	16
A6215	Foam dressing wound filler	1
A6216	Non-sterile gauze<=16 sq in	1
A6217	Non-sterile gauze>16<=48 sq	1
A6218	Non-sterile gauze > 48 sq in	2
A6219	Gauze <= 16 sq in w/border	2
A6220	Gauze >16 <=48 sq in w/bordr	4
A6221	Gauze > 48 sq in w/border	8
A6222	Gauze <=16 in no w/sal w/o b	3
A6223	Gauze >16<=48 no w/sal w/o b	4
A6224	Gauze > 48 in no w/sal w/o b	6

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PROCEDURE CODE	DESCRIPTION	RATE
A6228	Gauze <= 16 sq in water/sal	5
A6229	Gauze >16<=48 sq in watr/sal	6
A6231	Hydrogel dsq<=16 sq in	7
A6232	Hydrogel dsq>16<=48 sq in	11
A6233	Hydrogel dressing >48 sq in	30
A6234	Hydrocolld drg <=16 w/o bdr	10
A6235	Hydrocolld drg >16<=48 w/o b	26
A6236	Hydrocolld drg > 48 in w/o b	43
A6237	Hydrocolld drg <=16 in w/bdr	12
A6238	Hydrocolld drg >16<=48 w/bdr	36
A6239	Hydrocolld drg > 48 in w/bdr	76
A6240	Hydrocolld drg filler paste	19
A6241	Hydrocolloid drg filler dry	4
A6242	Hydrogel drg <=16 in w/o bdr	10
A6243	Hydrogel drg >16<=48 w/o bdr	19
A6244	Hydrogel drg >48 in w/o bdr	62
A6245	Hydrogel drg <= 16 in w/bdr	11
A6246	Hydrogel drg >16<=48 in w/b	16
A6247	Hydrogel drg > 48 sq in w/b	37
A6248	Hydrogel drsg gel filler	26
A6250	Skin seal protect moisturizr	17
A6251	Absorpt drg <=16 sq in w/o b	3
A6252	Absorpt drg >16 <=48 w/o bdr	5
A6253	Absorpt drg > 48 sq in w/o b	10
A6254	Absorpt drg <=16 sq in w/bdr	2
A6255	Absorpt drg >16<=48 in w/bdr	5
A6256	Absorpt drg > 48 sq in w/bdr	26
A6257	Transparent film <= 16 sq in	2
A6258	Transparent film >16<=48 in	7
A6259	Transparent film > 48 sq in	17
A6260	Wound cleanser any type/size	3
A6261	Wound filler gel/paste /oz	15
A6262	Wound filler dry form / gram	1
A6266	Impreg gauze no h20/sal/yard	3
A6402	Sterile gauze <= 16 sq in	1
A6403	Sterile gauze>16 <= 48 sq in	1
A6404	Sterile gauze > 48 sq in	1
A6407	Packing strips, non-impreg	3
A6410	Sterile eye pad	1
A6411	Non-sterile eye pad	8
A6412	Occlusive eye patch	1
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	2
A6449	Lt compres band >=3 <5 /yd	3
A6450	Lt compres band >=5 /yd	10
A6451	Mod compres band w>=3 <5 /yd	15
A6452	High compres band w>=3 <5 yd	9
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
A6457	Tubular dressing	2
A6502	Compres burngarment chinstrp	1
A6504	Cmprsburngarment glove-wrist	287

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PROCEDURE CODE	DESCRIPTION	RATE
A6506	Cmprsburngrmnt glove-axilla	251
A6507	Cmprs burngarment foot-knee	207
A6509	Compres burn garment jacket	488
A6511	Compres burn garment panty	554
A6530	Compression stocking BK18-30	58
A6531	Compression stocking BK30-40	68
A6532	Compression stocking BK40-50	96
A6533	Gc stocking thighlngh 18-30	77
A6534	Gc stocking thighlngh 30-40	98
A6535	Gc stocking thighlngh 40-50	156
A6536	Gc stocking full lngth 18-30	64
A6537	Gc stocking full lngth 30-40	113
A6538	Gc stocking full lngth 40-50	126
A6539	Gc stocking waistlngh 18-30	243
A6540	Gc stocking waistlngh 30-40	188
A6541	Gc stocking waistlngh 40-50	229
A6542	Gc stocking custom made	270
A6543	Gc stocking lymphedema	163
A6549	G compression stocking	98
A6550	Neg pres wound ther drsg set	37
A7000	Disposable canister for pump	13
A7001	Nondisposable pump canister	52
A7002	Tubing used w suction pump	6
A7003	Nebulizer administration set	4
A7004	Disposable nebulizer sml vol	3
A7005	Nondisposable nebulizer set	49
A7006	Filtered nebulizer admin set	15
A7007	Lg vol nebulizer disposable	7
A7008	Disposable nebulizer prefill	17
A7009	Nebulizer reservoir bottle	66
A7010	Disposable corrugated tubing	37
A7011	Nondispos corrugated tubing	30
A7012	Nebulizer water collec devic	6
A7013	Disposable compressor filter	1
A7014	Compressor nondispos filter	7
A7015	Aerosol mask used w nebulize	3
A7016	Nebulizer dome & mouthpiece	11
A7017	Nebulizer not used w oxygen	211
A7018	Water distilled w/nebulizer	1
A7025	Replace chest compress vest	685
A7026	Replace chst cmprss sys hose	45
A7027	Combination oral/nasal mask	294
A7028	Repl oral cushion combo mask	78
A7029	Repl nasal pillow comb mask	32
A7030	CPAP full face mask	256
A7031	Replacement facemask interfa	95
A7032	Replacement nasal cushion	55
A7033	Replacement nasal pillows	39
A7034	Nasal application device	160
A7035	Pos airway press headgear	54
A7036	Pos airway press chinstrap	25
A7037	Pos airway pressure tubing	56
A7038	Pos airway pressure filter	7
A7039	Filter, non disposable w pap	21
A7040	One way chest drain valve	76
A7041	Water seal drain container	143
A7042	Implanted pleural catheter	344
A7043	Vacuum drainagebottle/tubing	54
A7044	PAP oral interface	164
A7045	Repl exhalation port for PAP	26

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A7046	Repl water chamber, PAP dev	26
A7501	Tracheostoma valve w diaphra	165
A7502	Replacement diaphragm/fplate	79
A7503	HMES filter holder or cap	18
A7504	Tracheostoma HMES filter	1
A7505	HMES or trach valve housing	7
A7506	HMES/trachvalve adhesivedisk	1
A7507	Integrated filter & holder	4
A7508	Housing & Integrated Adhesiv	5
A7509	Heat & moisture exchange sys	2
A7520	Trach/laryn tube non-cuffed	75
A7521	Trach/laryn tube cuffed	74
A7522	Trach/laryn tube stainless	71
A7523	Tracheostomy shower protect	8
A7524	Tracheostoma stent/stud/bttn	122
A7525	Tracheostomy mask	3
A7526	Tracheostomy tube collar	5
A7527	Trach/laryn tube plug/stop	6
A8000	Soft protect helmet prefab	242
A8001	Hard protect helmet prefab	242
A9275	Disp home glucose monitor	2
A9276	Disposable sensor, CGM sys	53
A9277	External transmitter, CGM	974
A9279	Monitoring feature/deviceNOC	150
A9281	Reaching/grabbing device	45
A9282	Wig any type	600
A9500	Tc99m sestamibi	270
A9502	Tc99m tetrofosmin	300
A9503	Tc99m medronate	87
A9505	TL201 thallium	150
A9507	In111 capromab	5,353
A9508	I131 iodobenguante, dx	71
A9509	Iodine I-123 sod iodide mil	1
A9510	Tc99m disofenin	176
A9512	Tc99m pertechnetate	5
A9516	Iodine I-123 sod iodide mic	1
A9517	I131 iodide cap, rx	63
A9521	Tc99m exametazime	1,493
A9524	I131 serum albumin, dx	248
A9526	Nitrogen N-13 ammonia	417
A9527	Iodine I-125 sodium iodide	102
A9528	Iodine I-131 iodide cap, dx	494
A9529	I131 iodide sol, dx	77
A9530	I131 iodide sol, rx	64
A9531	I131 max 100uCi	12
A9537	Tc99m mebrofenin	118
A9538	Tc99m pyrophosphate	75
A9539	Tc99m pentetate	60
A9540	Tc99m MAA	81
A9541	Tc99m sulfur colloid	98
A9547	In111 oxyquinoline	1,237
A9548	In111 pentetate	672
A9550	Tc99m gluceptate	54
A9552	F18 fdg	900
A9554	I125 iothalamate, dx	344
A9555	Rb82 rubidium	555
A9556	Ga67 gallium	69
A9557	Tc99m bicisate	825
A9558	Xe133 xenon 10mci	176
A9560	Tc99m labeled rbc	206

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A9561	Tc99m oxidronate	72
A9562	Tc99m mertiatide	375
A9565	In111 pentetretotide	985
A9567	Technetium TC-99m aerosol	83
A9576	Inj prohance multipack	8
A9577	Inj multihance	13
A9578	Inj multihance multipack	6
A9579	Gad-base MR contrast NOS,1ml	9
A9605	Sm 153 lexidronm	4,731
A9698	Non-rad contrast materialNOC	120
A9700	Echocardiography Contrast	300
A9901	Delivery/set up/dispensing	38
A9999	DME supply or accessory, nos	11
B4034	Enter feed supkit syr by day	11
B4035	Enteral feed supp pump per d	29
B4036	Enteral feed sup kit grav by	17
B4081	Enteral ng tubing w/ stylet	74
B4082	Enteral ng tubing w/o stylet	54
B4083	Enteral stomach tube levine	3
B4086	Gastrostomy/jejunostomy tube	52
B4087	Gastro/jejuno tube, std	68
B4088	Gastro/jejuno tube, low-pro	238
B4100	Food thickener oral	1
B4102	EF adult fluids and electro	5
B4103	EF ped fluid and electrolyte	8
B4104	Additive for enteral formula	1
B4149	EF blenderized foods	3
B4150	EF complet w/intact nutrient	2
B4152	EF calorie dense>=1.5Kcal	1
B4153	EF hydrolyzed/amino acids	7
B4154	EF spec metabolic noninherit	2
B4155	EF incomplete/modular	2
B4157	EF special metabolic inherit	7
B4158	EF ped complete intact nut	3
B4159	EF ped complete soy based	3
B4160	EF ped calorie dense>=0.7kc	4
B4161	EF ped hydrolyzed/amino acid	6
B4162	EF ped specmetabolic inherit	5
B4178	Parenteral sol amino acid >	188
B4180	Parenteral sol carb > 50%	150
B4185	Parenteral sol 10 gm lipids	26
B4189	Parenteral sol amino acid &	367
B4193	Parenteral sol 52-73 gm prot	567
B4197	Parenteral sol 74-100 gm pro	675
B4199	Parenteral sol > 100gm prote	750
B4216	Parenteral nutrition additiv	16
B4220	Parenteral supply kit premix	27
B4222	Parenteral supply kit homemi	30
B4224	Parenteral administration ki	73
B5100	Parenteral sol hepatic-fream	17
B9000	Enter infusion pump w/o alm	169
B9002	Enteral infusion pump w/ ala	2,231
B9004	Parenteral infus pump portab	877
B9006	Parenteral infus pump statio	832
C1300	HYPERBARIC Oxygen	825
C1713	Anchor/screw bn/bn,tis/bn	1,080
C1715	Brachytherapy needle	90
C1717	Brachytx, non-str,HDR Ir-192	173
C1718	Brachytx source, Iodine 125	341
C1726	Cath, bal dil, non-vascular	240

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PROCEDURE CODE	DESCRIPTION	RATE
C1751	Cath, inf, per/cent/midline	35
C1758	Catheter, ureteral	98
C1760	Closure dev, vasc	1,197
C1769	Guide wire	205
C1781	Mesh (implantable)	750
C1879	Tissue marker, implantable	144
C1887	Catheter, guiding	68
C1894	Intro/sheath, non-laser	207
C2641	Brachytx, non-stranded,P-103	330
C9003	Palivizumab, per 50 mg	14
C9113	Inj pantoprazole sodium, via	88
C9233	Injection, ranibizumab	4,200
C9240	Injection, ixabepilone	226
E0100	Cane adjust/fixd with tip	33
E0105	Cane adjust/fixd quad/3 pro	77
E0110	Crutch forearm pair	122
E0111	Crutch forearm each	84
E0112	Crutch underarm pair wood	58
E0113	Crutch underarm each wood	33
E0114	Crutch underarm pair no wood	74
E0116	Crutch underarm each no wood	44
E0117	Underarm springassist crutch	304
E0118	Crutch substitute	57
E0130	Walker rigid adjust/fixd ht	95
E0135	Walker folding adjust/fixd	114
E0140	Walker w trunk support	490
E0141	Rigid wheeled walker adj/fix	157
E0143	Walker folding wheeled w/o s	163
E0144	Enclosed walker w rear seat	432
E0147	Walker variable wheel resist	780
E0148	Heavyduty walker no wheels	172
E0149	Heavy duty wheeled walker	303
E0153	Forearm crutch platform atta	109
E0154	Walker platform attachment	96
E0155	Walker wheel attachment,pair	43
E0156	Walker seat attachment	36
E0157	Walker crutch attachment	111
E0158	Walker leg extenders set of4	44
E0159	Brake for wheeled walker	24
E0160	Sitz type bath or equipment	52
E0161	Sitz bath/equipment w/faucet	41
E0162	Sitz bath chair	229
E0163	Commode chair with fixed arm	174
E0165	Commode chair with detacharm	29
E0167	Commode chair pail or pan	19
E0168	Heavyduty/wide commode chair	238
E0170	Commode chair electric	253
E0171	Commode chair non-electric	46
E0175	Commode chair foot rest	104
E0181	Press pad alternating w/ pum	41
E0182	Replace pump, alt press pad	41
E0184	Dry pressure mattress	307
E0185	Gel pressure mattress pad	504
E0186	Air pressure mattress	32
E0187	Water pressure mattress	37
E0188	Synthetic sheepskin pad	42
E0189	Lambswool sheepskin pad	82
E0190	Positioning cushion	75
E0191	Protector heel or elbow	16
E0193	Powered air flotation bed	1,226

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PROCEDURE CODE	DESCRIPTION	RATE
E0194	Air fluidized bed	5,126
E0196	Gel pressure mattress	51
E0197	Air pressure pad for mattres	349
E0198	Water pressure pad for mattr	349
E0199	Dry pressure pad for mattres	50
E0200	Heat lamp without stand	125
E0202	Phototherapy light w/ photom	99
E0203	Therapeutic lightbox tabletp	443
E0205	Heat lamp with stand	306
E0210	Electric heat pad standard	51
E0215	Electric heat pad moist	112
E0217	Water circ heat pad w pump	782
E0218	Water circ cold pad w pump	675
E0220	Hot water bottle	13
E0225	Hydrocollator unit	612
E0230	Ice cap or collar	13
E0235	Paraffin bath unit portable	27
E0236	Pump for water circulating p	70
E0238	Heat pad non-electric moist	43
E0239	Hydrocollator unit portable	708
E0240	Bath/shower chair	75
E0241	Bath tub wall rail	52
E0243	Toilet rail	83
E0244	Toilet seat raised	90
E0245	Tub stool or bench	113
E0247	Trans bench w/wo comm open	173
E0248	HDtrans bench w/wo comm open	291
E0249	Pad water circulating heat u	157
E0250	Hosp bed fixed ht w/ mattres	133
E0251	Hosp bed fixd ht w/o mattres	101
E0255	Hospital bed var ht w/ mattr	159
E0256	Hospital bed var ht w/o matt	113
E0260	Hosp bed semi-electr w/ matt	1,339
E0261	Hosp bed semi-electr w/o mat	186
E0265	Hosp bed total electr w/ mat	271
E0266	Hosp bed total elec w/o matt	241
E0271	Mattress innerspring	301
E0272	Mattress foam rubber	275
E0274	Over-bed table	52
E0275	Bed pan standard	24
E0276	Bed pan fracture	21
E0277	Powered pres-redu air mattrs	7,770
E0280	Bed cradle	52
E0290	Hosp bed fx ht w/o rails w/m	101
E0291	Hosp bed fx ht w/o rail w/o	74
E0292	Hosp bed var ht w/o rail w/o	114
E0293	Hosp bed var ht w/o rail w/	97
E0294	Hosp bed semi-elect w/ mattr	177
E0295	Hosp bed semi-elect w/o matt	173
E0296	Hosp bed total elect w/ matt	223
E0297	Hosp bed total elect w/o mat	191
E0300	Enclosed ped crib hosp grade	3,853
E0301	HD hosp bed, 350-600 lbs	368
E0302	Ex hd hosp bed > 600 lbs	971
E0303	Hosp bed hvy dty xtra wide	413
E0304	Hosp bed xtra hvy dty x wide	1,046
E0305	Rails bed side half length	24
E0310	Rails bed side full length	264
E0316	Bed safety enclosure	287
E0325	Urinal male jug-type	16

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PROCEDURE CODE	DESCRIPTION	RATE
E0326	Urinal female jug-type	17
E0371	Nonpower mattress overlay	603
E0372	Powered air mattress overlay	732
E0373	Nonpowered pressure mattress	834
E0424	Stationary compressed gas O2	592
E0431	Portable gaseous O2	105
E0434	Portable liquid O2	112
E0439	Stationary liquid O2	604
E0441	Oxygen contents, gaseous	240
E0442	Oxygen contents, liquid	157
E0443	Portable O2 contents, gas	41
E0444	Portable O2 contents, liquid	26
E0445	Oximeter non-invasive	747
E0450	Vol control vent invasiv int	1,503
E0457	Chest shell	968
E0459	Chest wrap	80
E0460	Neg press vent portabl/statn	1,155
E0461	Vol control vent noninv int	1,503
E0462	Rocking bed w/ or w/o side r	459
E0463	Press supp vent invasive int	2,215
E0464	Press supp vent noninv int	2,215
E0470	RAD w/o backup non-inv intrfc	348
E0471	RAD w/backup non inv intrfc	872
E0472	RAD w backup invasive intrfc	872
E0480	Percussor elect/pneum home m	69
E0482	Cough stimulating device	677
E0483	Chest compression gen system	1,674
E0484	Non-elec oscillatory pep dvc	58
E0486	Oral device/appliance cusfab	3,000
E0500	Ippb all types	173
E0550	Humidif extens supple w ippb	79
E0555	Humidifier for use w/ regula	11
E0560	Humidifier supplemental w/ i	233
E0561	Humidifier nonheated w PAP	145
E0562	Humidifier heated used w PAP	409
E0565	Compressor air power source	96
E0570	Nebulizer with compression	375
E0571	Aerosol compressor for svneb	47
E0572	Aerosol compressor adjust pr	60
E0574	Ultrasonic generator w svneb	63
E0575	Nebulizer ultrasonic	162
E0580	Nebulizer for use w/ regulat	182
E0585	Nebulizer w/ compressor & he	55
E0600	Suction pump portab hom modl	72
E0601	Cont airway pressure device	152
E0602	Manual breast pump	47
E0603	Electric breast pump	315
E0604	Hosp grade elec breast pump	127
E0605	Vaporizer room type	42
E0606	Drainage board postural	36
E0607	Blood glucose monitor home	100
E0610	Pacemaker monitr audible/vis	375
E0615	Pacemaker monitr digital/vis	754
E0617	Automatic ext defibrillator	479
E0618	Apnea monitor	442
E0619	Apnea monitor w recorder	537
E0620	Cap bld skin piercing laser	1,377
E0621	Patient lift sling or seat	151
E0627	Seat lift incorp lift-chair	531
E0628	Seat lift for pt furn-electr	531

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PROCEDURE CODE	DESCRIPTION	RATE
E0629	Seat lift for pt furn-non-el	521
E0630	Patient lift hydraulic	160
E0635	Patient lift electric	193
E0636	PT support & positioning sys	1,661
E0637	Combination sit to stand sys	4,748
E0650	Pneuma compresor non-segment	1,134
E0651	Pneum compresor segmental	1,447
E0652	Pneum compres w/cal pressure	8,350
E0655	Pneumatic appliance half arm	170
E0660	Pneumatic appliance full leg	252
E0665	Pneumatic appliance full arm	216
E0666	Pneumatic appliance half leg	217
E0667	Seg pneumatic appl full leg	510
E0668	Seg pneumatic appl full arm	696
E0669	Seg pneumatic appli half leg	289
E0671	Pressure pneum appl full leg	654
E0672	Pressure pneum appl full arm	508
E0673	Pressure pneum appl half leg	422
E0675	Pneumatic compression device	606
E0691	Uvl pnl 2 sq ft or less	1,415
E0692	Uvl sys panel 4 ft	1,777
E0693	Uvl sys panel 6 ft	2,191
E0694	Uvl md cabinet sys 6 ft	6,973
E0700	Safety equipment	30
E0705	Transfer device	87
E0720	Tens two lead	579
E0730	Tens four lead	584
E0731	Conductive garment for tens/	562
E0740	Incontinence treatment system	824
E0744	Neuromuscular stim for scoli	144
E0745	Neuromuscular stim for shock	141
E0747	Elec osteogen stim not spine	6,168
E0748	Elec osteogen stim spinal	6,128
E0749	Elec osteogen stim implanted	448
E0760	Osteogen ultrasound stim/tor	5,092
E0762	Trans elec jt stim dev sys	1,732
E0764	Functional neuromuscularstim	17,430
E0765	Nerve stimulator for tx n&v	133
E0776	lv pole	225
E0779	Amb infusion pump mechanical	26
E0780	Mech amb infusion pump <8hrs	16
E0781	External ambulatory infus pu	417
E0782	Non-programable infusion pump	6,762
E0783	Programmable infusion pump	12,894
E0784	Ext amb infusn pump insulin	658
E0785	Replacement impl pump cathet	744
E0786	Implantable pump replacement	12,578
E0791	Parenteral infusion pump sta	498
E0840	Tract frame attach headboard	115
E0849	Cervical pneum trac equip	812
E0850	Traction stand free standing	165
E0855	Cervical traction equipment	792
E0856	Cervic collar w air bladder	243
E0860	Tract equip cervical tract	61
E0870	Tract frame attach footboard	183
E0880	Trac stand free stand extrem	198
E0890	Traction frame attach pelvic	190
E0900	Trac stand free stand pelvic	202
E0910	Trapeze bar attached to bed	27
E0911	HD trapeze bar attach to bed	68

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PROCEDURE CODE	DESCRIPTION	RATE
E0912	HD trapeze bar free standing	155
E0920	Fracture frame attached to b	73
E0930	Fracture frame free standing	72
E0935	Cont pas motion exercise dev	36
E0936	CPM device, other than knee	120
E0940	Trapeze bar free standing	47
E0941	Gravity assisted traction de	68
E0942	Cervical head harness/halter	31
E0944	Pelvic belt/harness/boot	72
E0945	Belt/harness extremity	70
E0946	Fracture frame dual w cross	93
E0947	Fracture frame attachmnts pe	955
E0948	Fracture frame attachmnts ce	924
E0950	Tray	141
E0951	Loop heel	26
E0952	Toe loop/holder, each	26
E0955	Cushioned headrest	274
E0956	W/c lateral trunk/hip suppor	134
E0957	W/c medial thigh support	187
E0958	Whlchr att- conv 1 arm drive	69
E0959	Amputee adapter	70
E0960	W/c shoulder harness/straps	124
E0961	Wheelchair brake extension	47
E0966	Wheelchair head rest extensi	112
E0967	Manual wc hand rim w project	103
E0968	Wheelchair commode seat	28
E0969	Wheelchair narrowing device	247
E0971	Wheelchair anti-tipping devi	68
E0973	W/Ch access det adj armrest	156
E0974	W/Ch access anti-rollback	123
E0978	W/C acc,saf belt pelv strap	58
E0980	Wheelchair safety vest	52
E0981	Seat upholstery, replacement	64
E0982	Back upholstery, replacement	70
E0983	Add pwr joystick	394
E0984	Add pwr tiller	3,009
E0985	W/c seat lift mechanism	319
E0986	Man w/c push-rim pow assist	7,661
E0990	Wheelchair elevating leg res	159
E0992	Wheelchair solid seat insert	150
E0994	Wheelchair arm rest	28
E0995	Wheelchair calf rest	41
E1002	Pwr seat tilt	5,502
E1003	Pwr seat recline	5,961
E1004	Pwr seat recline mech	6,610
E1005	Pwr seat recline pwr	7,155
E1006	Pwr seat combo w/o shear	8,764
E1007	Pwr seat combo w/shear	11,866
E1008	Pwr seat combo pwr shear	11,867
E1010	Add pwr leg elevation	1,553
E1014	Reclining back add ped w/c	575
E1015	Shock absorber for man w/c	181
E1016	Shock absorber for power w/c	178
E1020	Residual limb support system	330
E1028	W/c manual swingaway	280
E1029	W/c vent tray fixed	502
E1030	W/c vent tray gimbaled	1,582
E1031	Rollabout chair with casters	80
E1035	Patient transfer system	966
E1037	Transport chair, ped size	171

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PROCEDURE CODE	DESCRIPTION	RATE
E1038	Transport chair pt wt<=300lb	28
E1039	Transport chair pt wt >300lb	54
E1050	Wheelchr fxd full length arms	160
E1060	Wheelchair detachable arms	199
E1070	Wheelchair detachable foot r	173
E1083	Hemi-wheelchair fixed arms	124
E1084	Hemi-wheelchair detachable a	155
E1086	Hemi-wheelchair detachable a	162
E1087	Wheelchair lightwt fixed arm	199
E1088	Wheelchair lightweight det a	237
E1090	Wheelchair lightweight det a	261
E1092	Wheelchair wide w/ leg rests	202
E1093	Wheelchair wide w/ foot rest	174
E1100	Whchr s-recl fxd arm leg res	164
E1110	Wheelchair semi-recl detach	160
E1130	Whlchr stand fxd arm ft rest	96
E1140	Wheelchair standard detach a	138
E1150	Wheelchair standard w/ leg r	128
E1160	Wheelchair fixed arms	98
E1161	Manual adult wc w tiltinspac	3,727
E1170	Whlchr ampu fxd arm leg rest	141
E1171	Wheelchair amputee w/o leg r	126
E1172	Wheelchair amputee detach ar	154
E1180	Wheelchair amputee w/ foot r	160
E1190	Wheelchair amputee w/ leg re	184
E1195	Wheelchair amputee heavy dut	198
E1200	Wheelchair amputee fixed arm	137
E1220	Whlchr special size/constrc	10,274
E1221	Wheelchair spec size w foot	75
E1222	Wheelchair spec size w/ leg	107
E1223	Wheelchair spec size w foot	117
E1224	Wheelchair spec size w/ leg	128
E1225	Manual semi-reclining back	71
E1226	Manual fully reclining back	859
E1227	Wheelchair spec sz spec ht a	437
E1228	Wheelchair spec sz spec ht b	44
E1230	Power operated vehicle	3,562
E1232	Folding ped wc tilt-in-space	3,368
E1233	Rig ped wc tltnspc w/o seat	3,490
E1234	Fld ped wc tltnspc w/o seat	3,038
E1235	Rigid ped wc adjustable	2,925
E1236	Folding ped wc adjustable	2,581
E1237	Rgd ped wc adjstabl w/o seat	2,604
E1238	Fld ped wc adjstabl w/o seat	2,581
E1240	Whchr litwt det arm leg rest	162
E1250	Wheelchair lightwt fixed arm	161
E1260	Wheelchair lightwt foot rest	183
E1270	Wheelchair lightweight leg r	124
E1280	Whchr h-duty det arm leg res	207
E1285	Wheelchair heavy duty fixed	321
E1290	Wheelchair hvy duty detach a	240
E1295	Wheelchair heavy duty fixed	191
E1296	Wheelchair special seat heig	774
E1297	Wheelchair special seat dept	165
E1298	Wheelchair spec seat depth/w	667
E1310	Whirlpool non-portable	3,382
E1340	Repair for DME, per 15 min	30
E1353	Oxygen supplies regulator	45
E1355	Oxygen supplies stand/rack	34
E1372	Oxy suppl heater for nebuliz	257

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E1390	Oxygen concentrator	593
E1391	Oxygen concentrator, dual	578
E1392	Portable oxygen concentrator	97
E1405	O2/water vapor enrich w/heat	352
E1406	O2/water vapor enrich w/o he	323
E1510	Kidney dialysate delivry sys	2,700
E1594	Cycler dialysis machine	875
E1610	Reverse osmosis h2o puri sys	975
E1634	Peritoneal dialysis clamp	8
E1700	Jaw motion rehab system	543
E1701	Repl cushions for jaw motion	17
E1702	Repl measr scales jaw motion	36
E1800	Adjust elbow ext/flex device	193
E1801	SPS elbow device	203
E1802	Adjst forearm pro/sup device	515
E1805	Adjust wrist ext/flex device	199
E1806	SPS wrist device	167
E1810	Adjust knee ext/flex device	196
E1811	SPS knee device	211
E1812	Knee ext/flex w act res ctrl	135
E1815	Adjust ankle ext/flex device	199
E1816	SPS ankle device	215
E1818	SPS forearm device	219
E1820	Soft interface material	129
E1821	Replacement interface SPSD	166
E1825	Adjust finger ext/flex devc	199
E1830	Adjust toe ext/flex device	199
E1840	Adj shoulder ext/flex device	603
E1841	Static str shldr dev rom adj	713
E2000	Gastric suction pump hme mdl	82
E2100	Bld glucose monitor w voice	1,013
E2101	Bld glucose monitor w lance	297
E2120	Pulse gen sys tx endolymp fl	447
E2201	Man w/ch acc seat w>=20 <24	588
E2202	Seat width 24-27 in	747
E2203	Frame depth less than 22 in	755
E2204	Frame depth 22 to 25 in	1,281
E2205	Manual wc accessory, handrim	51
E2206	Complete wheel lock assembly	64
E2207	Crutch and cane holder	68
E2208	Cylinder tank carrier	161
E2209	Arm trough each	145
E2210	Wheelchair bearings	9
E2211	Pneumatic propulsion tire	64
E2212	Pneumatic prop tire tube	9
E2213	Pneumatic prop tire insert	48
E2214	Pneumatic caster tire each	57
E2215	Pneumatic caster tire tube	15
E2216	Foam filled propulsion tire	188
E2217	Foam filled caster tire each	96
E2219	Foam caster tire any size ea	66
E2220	Solid propulsion tire each	45
E2221	Solid caster tire each	40
E2222	Solid caster integrated whl	33
E2223	Valve replacement only each	9
E2224	Propulsion whl excludes tire	154
E2225	Caster wheel excludes tire	27
E2226	Caster fork replacement only	60
E2227	Gear reduction drive wheel	2,471
E2228	Mwc acc, wheelchair brake	1,475

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E2231	Solid seat support base	242
E2310	Electro connect btw control	1,589
E2311	Electro connect btw 2 sys	3,216
E2312	Mini-prop remote joystick	3,176
E2313	PWC harness, expand control	504
E2321	Hand interface joystick	2,157
E2322	Mult mech switches	1,915
E2323	Special joystick handle	94
E2324	Chin cup interface	59
E2325	Sip and puff interface	1,828
E2326	Breath tube kit	471
E2327	Head control interface mech	3,546
E2328	Head/extremity control inter	6,727
E2329	Head control nonproportional	2,398
E2330	Head control proximity switc	4,645
E2340	W/c wth 20-23 in seat frame	564
E2341	W/c wth 24-27 in seat frame	847
E2342	W/c dpth 20-21 in seat frame	706
E2343	W/c dpth 22-25 in seat frame	1,129
E2351	Electronic SGD interface	948
E2360	22nf nonsealed leadacid	177
E2361	22nf sealed leadacid battery	189
E2362	Gr24 nonsealed leadacid	145
E2363	Gr24 sealed leadacid battery	252
E2364	U1nonsealed leadacid battery	177
E2365	U1 sealed leadacid battery	152
E2366	Battery charger, single mode	358
E2367	Battery charger, dual mode	569
E2368	Power wc motor replacement	701
E2369	Pwr wc gear box replacement	611
E2370	Pwr wc motor/gear box combo	1,090
E2371	Gr27 sealed leadacid battery	205
E2373	Hand/chin ctrl spec joystick	1,107
E2374	Hand/chin ctrl std joystick	725
E2375	Non-expandable controller	1,163
E2376	Expandable controller, repl	1,822
E2377	Expandable controller, initl	659
E2381	Pneum drive wheel tire	103
E2382	Tube, pneum wheel drive tire	28
E2383	Insert, pneum wheel drive	206
E2384	Pneumatic caster tire	110
E2385	Tube, pneumatic caster tire	67
E2386	Foam filled drive wheel tire	204
E2387	Foam filled caster tire	92
E2388	Foam drive wheel tire	68
E2389	Foam caster tire	37
E2390	Solid drive wheel tire	58
E2391	Solid caster tire	28
E2392	Solid caster tire, integrate	73
E2394	Drive wheel excludes tire	104
E2395	Caster wheel excludes tire	74
E2396	Caster fork	90
E2397	Pwc acc, lith-based battery	652
E2399	Noc interface	2,025
E2402	Neg press wound therapy pump	2,330
E2500	SGD digitized pre-rec <=8min	616
E2502	SGD prerec msg >8min <=20min	1,883
E2504	SGD prerec msg >20min <=40min	2,484
E2506	SGD prerec msg > 40 min	3,643
E2508	SGD spelling phys contact	5,633

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E2510	SGD w multi methods msg/accs	10,660
E2512	SGD accessory, mounting sys	716
E2599	SGD accessory noc	218
E2601	Gen w/c cushion wdth < 22 in	83
E2602	Gen w/c cushion wdth >=22 in	162
E2603	Skin protect wc cus wd <22in	206
E2604	Skin protect wc cus wd>=22in	256
E2605	Position wc cush wdth <22 in	365
E2606	Position wc cush wdth>=22 in	570
E2607	Skin pro/pos wc cus wd <22in	393
E2608	Skin pro/pos wc cus wd>=22in	473
E2609	Custom fabricate w/c cushion	1,472
E2611	Gen use back cush wdth <22in	424
E2612	Gen use back cush wdth>=22in	574
E2613	Position back cush wd <22in	534
E2614	Position back cush wd>=22in	738
E2615	Pos back post/lat wdth <22in	614
E2616	Pos back post/lat wdth>=22in	826
E2617	Custom fab w/c back cushion	1,544
E2618	Wc acc solid seat supp base	210
E2619	Replace cover w/c seat cush	70
E2620	WC planar back cush wd <22in	744
E2621	WC planar back cush wd>=22in	780
G0008	Admin influenza virus vac	30
G0009	Admin pneumococcal vaccine	30
G0010	Admin hepatitis b vaccine	30
G0027	Semen analysis	15
G0101	CA screen;pelvic/breast exam	59
G0102	Prostate ca screening; dre	14
G0103	PSA screening	42
G0104	CA screen;flexi sigmoidscope	97
G0105	Colorectal scrn; hi risk ind	339
G0106	Colon CA screen;barium enema	351
G0108	Diab manage trn per indiv	42
G0109	Diab manage trn ind/group	24
G0117	Glaucoma scrn hgh risk direc	75
G0118	Glaucoma scrn hgh risk direc	52
G0120	Colon ca scrn; barium enema	351
G0121	Colon ca scrn not hi rsk ind	339
G0123	Screen cerv/vag thin layer	46
G0124	Screen c/v thin layer by MD	45
G0127	Trim nail(s)	13
G0128	CORF skilled nursing service	14
G0130	Single energy x-ray study	56
G0141	Scr c/v cyto,autosys and md	45
G0143	Scr c/v cyto,thinlayer,rescr	46
G0144	Scr c/v cyto,thinlayer,rescr	48
G0145	Scr c/v cyto,thinlayer,rescr	60
G0147	Scr c/v cyto, automated sys	26
G0148	Scr c/v cyto, autosys, rescr	34
G0151	HHCP-serv of pt,ea 15 min	75
G0152	HHCP-serv of ot,ea 15 min	75
G0153	HHCP-svs of s/l path,ea 15mn	75
G0154	HHCP-svs of rn,ea 15 min	53
G0155	HHCP-svs of csw,ea 15 min	150
G0156	HHCP-svs of aide,ea 15 min	23
G0166	Extrnl counterpulse, per tx	275
G0168	Wound closure by adhesive	41
G0175	OPPS Service,sched team conf	30
G0176	OPPS/PHP;activity therapy	100

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G0177	OPPS/PHP; train & educ serv	68
G0179	MD recertification HHA PT	67
G0180	MD certification HHA patient	87
G0181	Home health care supervision	165
G0182	Hospice care supervision	169
G0202	Screeningmammographydigital	229
G0204	Diagnosticmammographydigital	269
G0206	Diagnosticmammographydigital	214
G0237	Therapeutic procd strg endur	19
G0238	Oth resp proc, indiv	20
G0239	Oth resp proc, group	21
G0245	Initial foot exam pt lops	73
G0246	Followup eval of foot pt lop	37
G0247	Routine footcare pt w lops	40
G0248	Demonstrate use home inr mon	273
G0249	Provide INR test mater/equip	232
G0250	MD INR test revie inter mgmt	16
G0255	Current percep threshold tst	600
G0260	Inj for sacroiliac jt anesth	2,112
G0268	Removal of impacted wax md	50
G0269	Occlusive device in vein art	225
G0270	MNT subs tx for change dx	35
G0271	Group MNT 2 or more 30 mins	21
G0275	Renal angio, cardiac cath	23
G0278	Iliac art angio,cardiac cath	23
G0281	Elec stim unattend for press	19
G0282	Elect stim wound care not pd	45
G0283	Elec stim other than wound	19
G0288	Recon, CTA for surg plan	233
G0289	Arthro, loose body + chondro	139
G0290	Drug-eluting stents, single	6,000
G0293	Non-cov surg proc,clin trial	45
G0306	CBC/diffwbc w/o platelet	18
G0307	CBC without platelet	15
G0317	ESRD related svcs 4+mo 20+yrs	863
G0318	ESRD related svcs 2-3 mo 20+y	720
G0319	ESRD related svcs 1visit 20+y	600
G0321	ESRDrelatedsvcs home mo 2-11y	1,556
G0323	ESRD related svcs home mo 20+	750
G0325	ESRD relate serv/dy 2-11yr	71
G0326	ESRD relate serv/dy 12-19y	99
G0327	ESRD relate serv/dy 20+yrs	30
G0328	Fecal blood scrn immunoassay	36
G0329	Electromagntic tx for ulcers	14
G0332	Preadmin IV immunoglobulin	200
G0333	Dispense fee initial 30 day	102
G0340	Robt lin-radsurg fractx 2-5	15,000
G0341	Percutaneous islet celltrans	668
G0342	Laparoscopy islet cell trans	1,083
G0343	Laparotomy islet cell transp	1,796
G0344	Initial preventive exam	233
G0364	Bone marrow aspirate &biopsy	15
G0365	Vessel mapping hemo access	297
G0366	EKG for initial prevent exam	90
G0367	EKG tracing for initial prev	57
G0368	EKG interpret & report preve	36
G0372	MD service required for PMD	13
G0375	Smoke/tobacco counselng 3-10	38
G0376	Smoke/tobacco counseling >10	108
G0377	Administra Part D vaccine	38

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G0378	Hospital observation per hr	50
G0379	Direct admit hospital observ	150
G0380	Lev 1 hosp type B ED visit	150
G0381	Lev 2 hosp type B ED visit	180
G0382	Lev 3 hosp type B ED visit	207
G0389	Ultrasound exam AAA screen	196
G0392	AV fistula or graft arterial	717
G0393	AV fistula or graft venous	510
G0394	Blood occult test,colorectal	7
G0396	Alcohol/subs interv 15-30mn	48
G0397	Alcohol/subs interv >30 min	95
G0402	Initial preventive exam	155
G0403	EKG for initial prevent exam	36
G0404	EKG tracing for initial prev	25
G0405	EKG interpret & report preve	13
G0406	Telhealth inpt consult 15min	60
G0407	Telheath inpt consult 25min	108
G0408	Telhealth inpt consult 35min	154
G0409	CORF related serv 15 mins ea	16
G0412	Open tx iliac spine uni/bil	1,119
G0413	Pelvic ring fracture uni/bil	1,632
G0414	Pelvic ring fx treat int fix	1,547
G0415	Open tx post pelvic fxcture	2,105
G0416	Sat biopsy prostate 1-20 spc	1,123
G0417	Sat biopsy prostate 21-40	2,183
G0418	Sat biopsy prostate 41-60	3,744
G0419	Sat biopsy prostate: >60	4,450
G8152	Pt w/AB 1 hr prior to incisi	2
G8271	Pt no doc screen fall	2
G8275	Pt hx w/ new moles	150
G8278	Pt doc rec PE skin	150
G8281	Pt rec counsel for self-exam	150
G9001	MCCD, initial rate	195
G9002	MCCD,maintenance rate	162
G9007	MCCD, sch team conf	113
G9008	Mccd,phys coor-care ovrsght	58
G9012	Other Specified Case Mgmt	19
G9016	Demo-smoking cessation coun	60
G9035	Osetamivir phosp, brand	170
G9041	Low vision rehab occupationa	37
G9042	Low vision rehab orient/mobi	13
G9043	Low vision lowvision therapi	12
G9044	Low vision rehabilitate teache	11
G9051	Oncology tx decision-mgmt	35
G9052	Onc surveillance for disease	35
G9056	Onc prac mgmt adheres guide	35
G9066	Onc dx nsclc stg3B-4 metasta	35
G9071	Onc dx brst stg1-2B HR,nopro	35
G9072	Onc dx brst stg1-2 noprogres	35
G9075	Onc dx brst metastatic/ recur	35
G9086	Onc dx colon T1-4 no dx prog	35
G9098	Onc dx esophageal mets recur	35
H0001	Alcohol and/or drug assess	227
H0002	Alcohol and/or drug screenin	404
H0003	Alcohol and/or drug screenin	75
H0004	Alcohol and/or drug services	36
H0005	Alcohol and/or drug services	96
H0006	Alcohol and/or drug services	27
H0010	Alcohol and/or drug services	73
H0011	Alcohol and/or drug services	531

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H0014	Alcohol and/or drug services	375
H0015	Alcohol and/or drug services	263
H0017	Alcohol and/or drug services	156
H0018	Alcohol and/or drug services	360
H0019	Alcohol and/or drug services	150
H0020	Alcohol and/or drug services	19
H0022	Alcohol and/or drug interven	110
H0023	Alcohol and/or drug outreach	245
H0025	Alcohol and/or drug preventi	4
H0031	MH health assess by non-md	72
H0032	MH svc plan dev by non-md	30
H0033	Oral med adm direct observe	23
H0034	Med trng & support per 15min	35
H0035	MH partial hosp tx under 24h	17
H0036	Comm psy face-face per 15min	20
H0037	Comm psy sup tx pgm per diem	300
H0039	Asser com tx face-face/15min	37
H0040	Assert comm tx pgm per diem	105
H0045	Respite not-in-home per diem	216
H0047	Alcohol/drug abuse svc nos	26
H0048	Spec coll non-blood:a/d test	30
H1000	Prenatal care atrisk assessm	113
H1001	Antepartum management	228
H1002	Carecoordination prenatal	105
H1003	Prenatal at risk education	24
H2000	Comp multidisipln evaluation	185
H2010	Comprehensive med svc 15 min	31
H2011	Crisis interven svc, 15 min	81
H2012	Behav hlth day treat, per hr	113
H2014	Skills train and dev, 15 min	30
H2015	Comp comm supp svc, 15 min	29
H2016	Comp comm supp svc, per diem	1
H2017	Psysoc rehab svc, per 15 min	15
H2018	Psysoc rehab svc, per diem	113
H2019	Ther behav svc, per 15 min	41
H2020	Ther behav svc, per diem	238
H2021	Com wrap-around sv, 15 min	30
H2024	Supported employ, per diem	54
H2025	Supp maint employ, 15 min	40
H2026	Supp maint employ, per diem	70
H2030	MH clubhouse svc, per 15 min	4
H2032	Activity therapy, per 15 min	12
H2035	A/D tx program, per hour	240
H2036	A/D tx program, per diem	525
J0120	Tetracyclin injection	35
J0129	Abatacept injection	60
J0132	Acetylcysteine injection	3
J0133	Acylovir injection	417
J0135	Adalimumab injection	966
J0150	Injection adenosine 6 MG	82
J0152	Adenosine injection	205
J0170	Adrenalin epinephrin inject	6
J0180	Agalsidase beta injection	218
J0200	Alatrofloxacin mesylate	38
J0207	Amifostine	1,646
J0210	Methyldopate hcl injection	36
J0215	Alefacept	70
J0256	Alpha 1 proteinase inhibitor	10
J0270	Alprostadil for injection	6
J0275	Alprostadil urethral suppos	58

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PROCEDURE CODE	DESCRIPTION	RATE
J0278	Amikacin sulfate injection	34
J0280	Aminophyllin 250 MG inj	5
J0282	Amiodarone HCl	1
J0285	Amphotericin B	59
J0287	Amphotericin b lipid complex	64
J0289	Amphotericin b liposome inj	81
J0290	Ampicillin 500 MG inj	9
J0295	Ampicillin sodium per 1.5 gm	18
J0330	Succinylcholine chloride inj	1
J0348	Anidulafungin injection	4
J0360	Hydralazine hcl injection	38
J0364	Apomorphine hydrochloride	6
J0390	Chloroquine injection	113
J0456	Azithromycin	77
J0460	Atropine sulfate injection	3
J0470	Dimecaprol injection	98
J0475	Baclofen 10 MG injection	598
J0476	Baclofen intrathecal trial	115
J0500	Dicyclomine injection	38
J0515	Inj benztropine mesylate	23
J0530	Penicillin g benzathine inj	53
J0540	Penicillin g benzathine inj	84
J0550	Penicillin g benzathine inj	137
J0560	Penicillin g benzathine inj	53
J0570	Penicillin g benzathine inj	90
J0580	Penicillin g benzathine inj	153
J0583	Bivalirudin	5
J0585	Botulinum toxin a per unit	12
J0587	Botulinum toxin type B	23
J0592	Buprenorphine hydrochloride	4
J0594	Busulfan injection	41
J0595	Butorphanol tartrate 1 mg	15
J0600	Edetate calcium disodium inj	90
J0610	Calcium gluconate injection	1
J0620	Calcium glycer & lact/10 ML	38
J0630	Calcitonin salmon injection	68
J0636	Inj calcitriol per 0.1 mcg	9
J0637	Caspofungin acetate	97
J0640	Leucovorin calcium injection	9
J0670	Inj mepivacaine HCL/10 ml	15
J0690	Cefazolin sodium injection	8
J0692	Cefepime HCl for injection	9
J0694	Cefoxitin sodium injection	21
J0696	Ceftriaxone sodium injection	36
J0697	Sterile cefuroxime injection	23
J0698	Cefotaxime sodium injection	38
J0702	Betamethasone acet&sod phosp	15
J0704	Betamethasone sod phosp/4 MG	3
J0706	Caffeine citrate injection	8
J0710	Cephapirin sodium injection	11
J0713	Inj ceftazidime per 500 mg	15
J0715	Ceftizoxime sodium / 500 MG	20
J0720	Chloramphenicol sodium injec	30
J0725	Chorionic gonadotropin/1000u	9
J0735	Clonidine hydrochloride	135
J0740	Cidofovir injection	2,797
J0743	Cilastatin sodium injection	46
J0744	Ciprofloxacin iv	19
J0760	Colchicine injection	23
J0770	Colistimethate sodium inj	97

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J0780	Prochlorperazine injection	23
J0795	Corticotropin ovine triffutal	12
J0800	Corticotropin injection	450
J0835	Inj cosyntropin per 0.25 MG	195
J0850	Cytomegalovirus imm IV /vial	1,686
J0878	Daptomycin injection	1
J0881	Darbepoetin alfa, non-esrd	15
J0882	Darbepoetin alfa, esrd use	18
J0885	Epoetin alfa, non-esrd	35
J0886	Epoetin alfa 1000 units ESRD	59
J0894	Decitabine injection	84
J0895	Deferoxamine mesylate inj	42
J0900	Testosterone enanthate inj	30
J0945	Brompheniramine maleate inj	4
J0970	Estradiol valerate injection	48
J1000	Depo-estradiol cypionate inj	6
J1020	Methylprednisolone 20 MG inj	9
J1030	Methylprednisolone 40 MG inj	17
J1040	Methylprednisolone 80 MG inj	30
J1051	Medroxyprogesterone inj	38
J1055	Medroxyprogester acetate inj	120
J1056	MA/EC contraceptiveinjection	107
J1060	Testosterone cypionate 1 ML	30
J1070	Testosterone cypionat 100 MG	18
J1080	Testosterone cypionat 200 MG	35
J1094	Inj dexamethasone acetate	2
J1100	Dexamethasone sodium phos	2
J1110	Inj dihydroergotamine mesylt	90
J1120	Acetazolamid sodium injectio	51
J1160	Digoxin injection	8
J1165	Phenytoin sodium injection	2
J1170	Hydromorphone injection	3
J1180	Dyphylline injection	11
J1190	Dexrazoxane HCl injection	630
J1200	Diphenhydramine hcl injectio	5
J1212	Dimethyl sulfoxide 50% 50 ML	120
J1230	Methadone injection	5
J1240	Dimenhydrinate injection	9
J1245	Dipyridamole injection	60
J1250	Inj dobutamine HCL/250 mg	21
J1260	Dolasetron mesylate	18
J1265	Dopamine injection	5
J1270	Injection, doxercalciferol	18
J1300	Eculizumab injection	629
J1325	Epoprostenol injection	40
J1327	Eptifibatide injection	71
J1330	Ergonovine maleate injection	8
J1335	Ertapenem injection	135
J1364	Erythro lactobionate /500 MG	14
J1380	Estradiol valerate 10 MG inj	23
J1390	Estradiol valerate 20 MG inj	30
J1410	Inj estrogen conjugate 25 MG	120
J1435	Injection estrone per 1 MG	2
J1438	Etanercept injection	303
J1440	Filgrastim 300 mcg injection	534
J1441	Filgrastim 480 mcg injection	870
J1450	Fluconazole	140
J1455	Foscarnet sodium injection	18
J1457	Gallium nitrate injection	3
J1458	Galsulfase injection	544

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J1460	Gamma globulin 1 CC inj	6
J1470	Gamma globulin 2 CC inj	62
J1480	Gamma globulin 3 CC inj	90
J1490	Gamma globulin 4 CC inj	107
J1520	Gamma globulin 7 CC inj	83
J1530	Gamma globulin 8 CC inj	30
J1550	Gamma globulin 10 CC inj	217
J1560	Gamma globulin > 10 CC inj	176
J1561	Gamunex injection	135
J1562	Vivaglobin, inj	23
J1565	RSV-ivig	53
J1566	Immune globulin, powder	152
J1567	Immune globulin, liquid	128
J1568	Octagam injection	142
J1569	Gammagard liquid injection	150
J1570	Ganciclovir sodium injection	93
J1572	Flebogamma injection	170
J1580	Garamycin gentamicin inj	14
J1590	Gatifloxacin injection	4
J1595	Injection glatiramer acetate	2,939
J1600	Gold sodium thiomaleate inj	75
J1610	Glucagon hydrochloride/1 MG	202
J1626	Granisetron hcl injection	38
J1630	Haloperidol injection	24
J1631	Haloperidol decanoate inj	46
J1640	Hemin, 1 mg	26
J1642	Inj heparin sodium per 10 u	2
J1644	Inj heparin sodium per 1000u	2
J1645	Dalteparin sodium	41
J1650	Inj enoxaparin sodium	19
J1652	Fondaparinux sodium	21
J1655	Tinzaparin sodium injection	14
J1670	Tetanus immune globulin inj	188
J1700	Hydrocortisone acetate inj	1
J1710	Hydrocortisone sodium ph inj	15
J1720	Hydrocortisone sodium succ i	8
J1740	Ibandronate sodium injection	625
J1743	Idursulfase injection	822
J1745	Infliximab injection	150
J1751	Iron dextran 165 injection	60
J1752	Iron dextran 267 injection	60
J1756	Iron sucrose injection	2
J1785	Injection imiglucerase /unit	6
J1790	Droperidol injection	9
J1800	Propranolol injection	23
J1810	Droperidol/fentanyl inj	38
J1815	Insulin injection	1
J1817	Insulin for insulin pump use	11
J1825	Interferon beta-1a	686
J1830	Interferon beta-1b / .25 MG	179
J1840	Kanamycin sulfate 500 MG inj	8
J1885	Ketorolac tromethamine inj	15
J1890	Cephalothin sodium injection	15
J1931	Laronidase injection	42
J1940	Furosemide injection	3
J1945	Lepirudin	287
J1950	Leuprolide acetate /3.75 MG	929
J1955	Inj levocarnitine per 1 gm	65
J1956	Levofloxacin injection	57
J1980	Hyoscyamine sulfate inj	30

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J2001	Lidocaine injection	15
J2010	Lincomycin injection	20
J2020	Linezolid injection	96
J2060	Lorazepam injection	23
J2150	Mannitol injection	11
J2170	Mecasermin injection	23
J2175	Meperidine hydrochl /100 MG	3
J2180	Meperidine/promethazine inj	23
J2185	Meropenem	13
J2210	Methylergonovin maleate inj	15
J2248	Micafungin sodium injection	4
J2250	Inj midazolam hydrochloride	3
J2260	Inj milrinone lactate / 5 MG	193
J2270	Morphine sulfate injection	6
J2271	Morphine so4 injection 100mg	19
J2275	Morphine sulfate injection	20
J2278	Ziconotide injection	19
J2280	Inj, moxifloxacin 100 mg	53
J2300	Inj nalbuphine hydrochloride	3
J2310	Inj naloxone hydrochloride	19
J2315	Naltrexone, depot form	3
J2320	Nandrolone decanoate 50 MG	12
J2321	Nandrolone decanoate 100 MG	38
J2322	Nandrolone decanoate 200 MG	60
J2323	Natalizumab injection	23
J2325	Nesiritide injection	98
J2353	Octreotide injection, depot	325
J2354	Octreotide inj, non-depot	15
J2355	Oprelvekin injection	750
J2357	Omalizumab injection	27
J2360	Orphenadrine injection	38
J2370	Phenylephrine hcl injection	3
J2400	Chloroprocaine hcl injection	23
J2405	Ondansetron hcl injection	18
J2425	Palifermin injection	20
J2430	Pamidronate disodium /30 MG	786
J2440	Papaverin hcl injection	9
J2460	Oxytetracycline injection	38
J2469	Palonosetron hcl	90
J2501	Paricalcitol	24
J2503	Pegaptanib sodium injection	2,260
J2504	Pegademase bovine, 25 iu	350
J2505	Injection, pegfilgrastim 6mg	8,237
J2510	Penicillin g procaine inj	30
J2513	Pentastarch 10% solution	9
J2515	Pentobarbital sodium inj	38
J2540	Penicillin g potassium inj	7
J2543	Piperacillin/tazobactam	20
J2545	Pentamidine non-comp unit	172
J2550	Promethazine hcl injection	8
J2560	Phenobarbital sodium inj	21
J2590	Oxytocin injection	9
J2597	Inj desmopressin acetate	20
J2650	Prednisolone acetate inj	15
J2670	Totazoline hcl injection	75
J2675	Inj progesterone per 50 MG	12
J2680	Fluphenazine decanoate 25 MG	18
J2690	Procainamide hcl injection	8
J2700	Oxacillin sodium injeciton	8
J2710	Neostigmine methylslfte inj	5

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J2724	Protein c concentrate	47
J2725	Inj protirelin per 250 mcg	90
J2760	Phentolaine mesylate inj	65
J2765	Metoclopramide hcl injection	6
J2770	Quinupristin/dalfopristin	211
J2778	Ranibizumab injection	750
J2780	Ranitidine hydrochloride inj	6
J2783	Rasburicase	522
J2788	Rho d immune globulin 50 mcg	98
J2790	Rho d immune globulin inj	237
J2792	Rho(D) immune globulin h, sd	42
J2794	Risperidone, long acting	9
J2795	Ropivacaine HCl injection	1
J2800	Methocarbamol injection	30
J2805	Sincalide injection	156
J2810	Inj theophylline per 40 MG	1
J2820	Sargramostim injection	76
J2850	Inj secretin synthetic human	98
J2910	Aurothioglucose injeciton	47
J2916	Na ferric gluconate complex	23
J2920	Methylprednisolone injection	8
J2930	Methylprednisolone injection	15
J2941	Somatropin injection	99
J2950	Promazine hcl injection	18
J2997	Alteplase recombinant	120
J3000	Streptomycin injection	12
J3010	Fentanyl citrate injeciton	5
J3030	Sumatriptan succinate / 6 MG	127
J3070	Pentazocine injection	38
J3105	Terbutaline sulfate inj	111
J3110	Teriparatide injection	16
J3120	Testosterone enanthate inj	25
J3130	Testosterone enanthate inj	38
J3140	Testosterone suspension inj	30
J3150	Testosteron propionate inj	3
J3230	Chlorpromazine hcl injection	11
J3240	Thyrotropin injection	1,432
J3243	Tigecycline injection	89
J3250	Trimethobenzamide hcl inj	12
J3260	Tobramycin sulfate injection	12
J3265	Injection toremide 10 mg/ml	10
J3285	Treprostinil injection	151
J3301	Triamcinolone acet inj NOS	6
J3302	Triamcinolone diacetate inj	2
J3303	Triamcinolone hexacetoni inj	8
J3310	Perphenazine injeciton	23
J3315	Triptorelin pamoate	1,000
J3320	Spectinomycn di-hcl inj	15
J3355	Urofollitropin, 75 iu	95
J3360	Diazepam injection	5
J3370	Vancomycin hcl injection	15
J3396	Verteporfin injection	18
J3400	Triflupromazine hcl inj	38
J3410	Hydroxyzine hcl injection	3
J3411	Thiamine hcl 100 mg	2
J3415	Pyridoxine hcl 100 mg	9
J3420	Vitamin b12 injection	3
J3430	Vitamin k phytonadione inj	8
J3465	Injection, voriconazole	15
J3470	Hyaluronidase injection	75

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J3471	Ovine, up to 999 USP units	1
J3475	Inj magnesium sulfate	2
J3480	Inj potassium chloride	2
J3485	Zidovudine	5
J3487	Zoledronic acid	610
J3488	Reclast injection	540
J3530	Nasal vaccine inhalation	60
J3535	Metered dose inhaler drug	15
J7030	Normal saline solution infus	21
J7040	Normal saline solution infus	27
J7042	5% dextrose/normal saline	20
J7050	Normal saline solution infus	23
J7060	5% dextrose/water	29
J7070	D5w infusion	27
J7120	Ringers lactate infusion	38
J7130	Hypertonic saline solution	8
J7187	Humate-P, inj	2
J7189	Factor viia	3
J7190	Factor viii	2
J7192	Factor viii recombinant	2
J7193	Factor IX non-recombinant	2
J7195	Factor IX recombinant	2
J7198	Anti-inhibitor	2
J7300	Intraut copper contraceptive	750
J7302	Levonorgestrel iu contracept	900
J7303	Contraceptive vaginal ring	63
J7304	Contraceptive hormone patch	26
J7307	Etonogestrel implant system	1,178
J7308	Aminolevulinic acid hcl top	300
J7319	Sodium Hyaluronate Injection	393
J7321	Hyalgan/supartz inj per dose	348
J7322	Synvisc inj per dose	450
J7323	Euflexxa inj per dose	338
J7324	Orthovisc inj per dose	503
J7330	Cultured chondrocytes implnt	74,063
J7341	Non-human, metabolic tissue	9
J7343	Nonmetabolic act d/e tissue	83
J7344	Nonmetabolic active tissue	144
J7345	Non-human, non-metab tissue	135
J7500	Azathioprine oral 50mg	2
J7501	Azathioprine parenteral	257
J7502	Cyclosporine oral 100 mg	10
J7506	Prednisone oral	1
J7507	Tacrolimus oral per 1 MG	7
J7509	Methylprednisolone oral	1
J7510	Prednisolone oral per 5 mg	1
J7511	Antithymocyte globuln rabbit	657
J7513	Daclizumab, parenteral	975
J7515	Cyclosporine oral 25 mg	2
J7516	Cyclosporin parenteral 250mg	41
J7517	Mycophenolate mofetil oral	6
J7518	Mycophenolic acid	5
J7520	Sirolimus, oral	14
J7525	Tacrolimus injection	756
J7602	Albuterol inh non-comp con	1
J7603	Albuterol inh non-comp u d	2
J7604	Acetylcysteine comp unit	270
J7605	Arformoterol non-comp unit	9
J7607	Levalbuterol comp con	9
J7608	Acetylcysteine non-comp unit	8

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J7609	Albuterol comp unit	1
J7610	Albuterol comp con	2
J7611	Albuterol non-comp con	1
J7612	Levalbuterol non-comp con	8
J7613	Albuterol non-comp unit	2
J7614	Levalbuterol non-comp unit	4
J7615	Levalbuterol comp unit	3
J7620	Albuterol ipratrop non-comp	6
J7624	Betamethasone comp unit	3
J7626	Budesonide non-comp unit	9
J7627	Budesonide comp unit	8
J7628	Bitolterol mesylate comp con	6
J7631	Cromolyn sodium noncomp unit	1
J7633	Budesonide non-comp con	8
J7634	Budesonide comp con	8
J7635	Atropine comp con	1
J7636	Atropine comp unit	15
J7637	Dexamethasone comp con	5
J7638	Dexamethasone comp unit	1
J7639	Dornase alfa non-comp unit	41
J7640	Formoterol comp unit	15
J7642	Glycopyrrolate comp con	1
J7643	Glycopyrrolate comp unit	1
J7644	Ipratropium bromide non-comp	6
J7645	Ipratropium bromide comp	6
J7650	Isoetharine comp unit	2
J7669	Metaproterenol non-comp unit	2
J7674	Methacholine chloride, neb	1
J7682	Tobramycin non-comp unit	108
J7685	Tobramycin comp unit	234
J8498	Antiemetic rectal/supp NOS	9
J8501	Oral aprepitant	86
J8520	Capecitabine, oral, 150 mg	8
J8521	Capecitabine, oral, 500 mg	29
J8530	Cyclophosphamide oral 25 MG	5
J8540	Oral dexamethasone	1
J8560	Etoposide oral 50 MG	146
J8597	Antiemetic drug oral NOS	8
J8600	Melphalan oral 2 MG	7
J8610	Methotrexate oral 2.5 MG	5
J8700	Temozolomide	15
J9000	Doxorubicin hcl injection	42
J9001	Doxorubicin hcl liposome inj	1,150
J9010	Alemtuzumab injection	1,488
J9015	Aldesleukin injection	2,113
J9017	Arsenic trioxide injection	858
J9020	Asparaginase injection	124
J9025	Azacitidine injection	15
J9027	Clofarabine injection	652
J9031	Bcg live intravesical vac	375
J9035	Bevacizumab injection	187
J9040	Bleomycin sulfate injection	587
J9041	Bortezomib injection	90
J9045	Carboplatin injection	390
J9050	Carmustine injection	399
J9055	Cetuximab injection	173
J9060	Cisplatin 10 MG injection	14
J9062	Cisplatin 50 MG injection	51
J9065	Inj cladribine per 1 MG	154
J9070	Cyclophosphamide 100 MG inj	18

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J9080	Cyclophosphamide 200 MG inj	20
J9090	Cyclophosphamide 500 MG inj	53
J9091	Cyclophosphamide 1.0 grm inj	87
J9092	Cyclophosphamide 2.0 grm inj	150
J9093	Cyclophosphamide lyophilized	17
J9094	Cyclophosphamide lyophilized	26
J9095	Cyclophosphamide lyophilized	75
J9096	Cyclophosphamide lyophilized	150
J9097	Cyclophosphamide lyophilized	309
J9098	Cytarabine liposome inj	1,173
J9100	Cytarabine hcl 100 MG inj	9
J9110	Cytarabine hcl 500 MG inj	38
J9120	Dactinomycin injection	1,710
J9130	Dacarbazine 100 mg inj	41
J9140	Dacarbazine 200 MG inj	72
J9150	Daunorubicin injection	192
J9151	Daunorubicin citrate inj	168
J9160	Denileukin diftitox inj	3,435
J9170	Docetaxel injection	1,017
J9175	Elliotts b solution per ml	12
J9178	Inj, epirubicin hcl, 2 mg	78
J9181	Etoposide injection	15
J9185	Fludarabine phosphate inj	862
J9190	Fluorouracil injection	11
J9200	Floxuridine injection	191
J9201	Gemcitabine hcl injection	367
J9202	Goserelin acetate implant	938
J9206	Irinotecan injection	412
J9208	Ifosfomide injection	300
J9209	Mesna injection	98
J9211	Idarubicin hcl injection	1,238
J9212	Interferon alfacon-1 inj	9
J9213	Interferon alfa-2a inj	94
J9214	Interferon alfa-2b inj	37
J9216	Interferon gamma 1-b inj	525
J9217	Leuprolide acetate suspnsion	1,087
J9218	Leuprolide acetate injeciton	44
J9219	Leuprolide acetate implant	9,000
J9225	Vantas implant	9,747
J9230	Mechlorethamine hcl inj	450
J9245	Inj melphalan hydrochl 50 MG	5,690
J9250	Methotrexate sodium inj	2
J9260	Methotrexate sodium inj	18
J9261	Nelarabine injection	321
J9263	Oxaliplatin	30
J9264	Paclitaxel protein bound	30
J9265	Paclitaxel injection	354
J9266	Pegaspargase injection	5,364
J9268	Pentostatin injection	5,649
J9280	Mitomycin 5 MG inj	270
J9290	Mitomycin 20 MG inj	750
J9291	Mitomycin 40 MG inj	1,373
J9293	Mitoxantrone hydrochl / 5 MG	965
J9300	Gemtuzumab ozogamicin inj	7,947
J9303	Panitumumab injection	259
J9305	Pemetrexed injection	138
J9310	Rituximab injection	1,402
J9320	Streptozocin injection	458
J9340	Thiotepa injection	225
J9350	Topotecan injection	2,493

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J9355	Trastuzumab injection	188
J9360	Vinblastine sulfate inj	9
J9370	Vincristine sulfate 1 MG inj	47
J9375	Vincristine sulfate 2 MG inj	86
J9380	Vincristine sulfate 5 MG inj	152
J9390	Vinorelbine tartrate inj	233
J9395	Injection, Fulvestrant	263
K0001	Standard wheelchair	626
K0002	Stnd hemi (low seat) whlchr	129
K0003	Lightweight wheelchair	141
K0004	High strength ltwt whlchr	210
K0005	Ultralightweight wheelchair	2,912
K0006	Heavy duty wheelchair	198
K0007	Extra heavy duty wheelchair	281
K0009	Other manual wheelchair/base	6,064
K0010	Stnd wt frame power whlchr	671
K0011	Stnd wt pwr whlchr w control	10,500
K0012	Ltwt portbl power whlchr	512
K0015	Detach non-adjus hght armrst	247
K0017	Detach adjust armrest base	69
K0018	Detach adjust armrst upper	39
K0019	Arm pad each	23
K0020	Fixed adjust armrest pair	63
K0037	High mount flip-up footrest	65
K0038	Leg strap each	33
K0039	Leg strap h style each	73
K0040	Adjustable angle footplate	101
K0041	Large size footplate each	72
K0042	Standard size footplate each	49
K0043	Ftrst lower extension tube	27
K0044	Ftrst upper hanger bracket	23
K0045	Footrest complete assembly	77
K0046	Elevat legrst low extension	27
K0047	Elevat legrst up hangr brack	104
K0050	Ratchet assembly	44
K0051	Cam relese assem ftrst/lgrst	71
K0052	Swingaway detach footrest	125
K0053	Elevate footrest articulate	138
K0056	Seat ht <17 or >=21 ltwt wc	150
K0065	Spoke protectors	70
K0069	Rear whl complete solid tire	157
K0070	Rear whl compl pneum tire	288
K0071	Front castr compl pneum tire	172
K0072	Frnt cstr cmpl sem-pneum tir	104
K0073	Caster pin lock each	55
K0077	Front caster assem complete	93
K0098	Drive belt power wheelchair	37
K0105	Iv hanger	157
K0195	Elevating whlchair leg rests	29
K0455	Pump uninterrupted infusion	417
K0552	Supply/ext inf pump syr type	4
K0553	Combination oral/nasal mask	390
K0601	Repl batt silver oxide 1.5 v	2
K0602	Repl batt silver oxide 3 v	10
K0603	Repl batt alkaline 1.5 v	1
K0604	Repl batt lithium 3.6 v	10
K0605	Repl batt lithium 4.5 v	23
K0606	AED garment w elec analysis	3,572
K0607	Repl batt for AED	306
K0608	Repl garment for AED	191

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K0609	Repl electrode for AED	1,270
K0672	Removable soft interface LE	137
K0730	Ctrl dose inh drug deliv sys	2,715
K0733	12-24hr sealed lead acid	41
K0734	Adj skin pro w/c cus wd<22in	450
K0735	Adj skin pro wc cus wd>=22in	573
K0736	Adj skin pro/pos wc cus<22in	454
K0737	Adj skin pro/pos wc cus>=22	574
K0738	Portable gas oxygen system	150
K0800	POV group 1 std up to 300lbs	1,755
K0801	POV group 1 hd 301-450 lbs	2,829
K0802	POV group 1 vhd 451-600 lbs	3,202
K0806	POV group 2 std up to 300lbs	2,123
K0807	POV group 2 hd 301-450 lbs	3,221
K0808	POV group 2 vhd 451-600 lbs	4,984
K0813	PWC gp 1 std port seat/back	327
K0814	PWC gp 1 std port cap chair	419
K0815	PWC gp 1 std seat/back	477
K0816	PWC gp 1 std cap chair	457
K0820	PWC gp 2 std port seat/back	350
K0821	PWC gp 2 std port cap chair	449
K0822	PWC gp 2 std seat/back	543
K0823	PWC gp 2 std cap chair	546
K0824	PWC gp 2 hd seat/back	657
K0825	PWC gp 2 hd cap chair	602
K0826	PWC gp 2 vhd seat/back	851
K0827	PWC gp vhd cap chair	724
K0828	PWC gp 2 xtra hd seat/back	938
K0829	PWC gp 2 xtra hd cap chair	861
K0835	PWC gp2 std sing pow opt s/b	551
K0836	PWC gp2 std sing pow opt cap	571
K0837	PWC gp 2 hd sing pow opt s/b	657
K0838	PWC gp 2 hd sing pow opt cap	588
K0839	PWC gp2 vhd sing pow opt s/b	851
K0840	PWC gp2 xhd sing pow opt s/b	1,289
K0841	PWC gp2 std mult pow opt s/b	586
K0842	PWC gp2 std mult pow opt cap	586
K0843	PWC gp2 hd mult pow opt s/b	706
K0848	PWC gp 3 std seat/back	717
K0849	PWC gp 3 std cap chair	690
K0850	PWC gp 3 hd seat/back	832
K0851	PWC gp 3 hd cap chair	800
K0852	PWC gp 3 vhd seat/back	961
K0853	PWC gp 3 vhd cap chair	988
K0854	PWC gp 3 xhd seat/back	1,308
K0855	PWC gp 3 xhd cap chair	1,236
K0856	PWC gp3 std sing pow opt s/b	770
K0857	PWC gp3 std sing pow opt cap	785
K0858	PWC gp3 hd sing pow opt s/b	955
K0859	PWC gp3 hd sing pow opt cap	911
K0860	PWC gp3 vhd sing pow opt s/b	1,365
K0861	PWC gp3 std mult pow opt s/b	771
K0862	PWC gp3 hd mult pow opt s/b	955
K0863	PWC gp3 vhd mult pow opt s/b	1,365
K0864	PWC gp3 xhd mult pow opt s/b	1,624
L0112	Cranial cervical orthosis	2,264
L0120	Cerv flexible non-adjustable	45
L0130	Flex thermoplastic collar mo	276
L0140	Cervical semi-rigid adjustab	108
L0150	Cerv semi-rig adj molded chn	183

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L0160	Cerv semi-rig wire occ/mand	265
L0170	Cervical collar molded to pt	1,092
L0172	Cerv col thermplas foam 2 pi	215
L0174	Cerv col foam 2 piece w thor	465
L0180	Cer post col occ/man sup adj	627
L0190	Cerv collar supp adj cerv ba	839
L0200	Cerv col supp adj bar & thor	874
L0210	Thoracic rib belt	75
L0220	Thor rib belt custom fabrica	207
L0430	Dewall posture protector	2,269
L0450	TLSO flex prefab thoracic	294
L0454	TLSO flex prefab sacrococ-T9	561
L0456	TLSO flex prefab	1,609
L0458	TLSO 2Mod symphis-xipho pre	1,443
L0460	TLSO2Mod symphysis-stern pre	1,624
L0462	TLSO 3Mod sacro-scap pre	2,020
L0464	TLSO 4Mod sacro-scap pre	2,405
L0466	TLSO rigid frame pre soft ap	633
L0468	TLSO rigid frame prefab pelv	776
L0470	TLSO rigid frame pre subclav	1,080
L0472	TLSO rigid frame hyperex pre	685
L0480	TLSO rigid plastic custom fa	2,411
L0482	TLSO rigid lined custom fab	2,626
L0484	TLSO rigid plastic cust fab	3,009
L0486	TLSO rigidlined cust fab two	3,193
L0488	TLSO rigid lined pre one pie	1,624
L0490	TLSO rigid plastic pre one	458
L0491	TLSO 2 piece rigid shell	1,242
L0492	TLSO 3 piece rigid shell	807
L0621	SIO flex pelvisacral prefab	156
L0622	SIO flex pelvisacral custom	437
L0623	SIO panel prefab	113
L0625	LO flexibl L1-below L5 pre	89
L0626	LO sag stays/panels pre-fab	126
L0627	LO sagitt rigid panel prefab	665
L0628	LO flex w/o rigid stays pre	136
L0629	LSO flex w/rigid stays cust	330
L0630	LSO post rigid panel pre	262
L0631	LSO sag-coro rigid frame pre	1,661
L0633	LSO flexion control prefab	464
L0634	LSO flexion control custom	203
L0635	LSO sagit rigid panel prefab	1,621
L0636	LSO sagittal rigid panel cus	2,399
L0637	LSO sag-coronal panel prefab	1,899
L0638	LSO sag-coronal panel custom	2,134
L0639	LSO s/c shell/panel prefab	1,899
L0640	LSO s/c shell/panel custom	1,693
L0700	CtIso a-p-l control molded	3,423
L0710	CtIso a-p-l control w/ inter	3,536
L0810	Halo cervical into jckt vest	4,368
L0820	Halo cervical into body jack	3,658
L0830	Halo cerv into milwaukee typ	5,310
L0859	MRI compatible system	2,063
L0861	Halo repl liner/interface	349
L0960	Post surgical support pads	98
L0970	TIso corset front	194
L0972	Lso corset front	174
L0974	TIso full corset	303
L0976	Lso full corset	271
L0978	Axillary crutch extension	326

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L0980	Peroneal straps pair	30
L0982	Stocking supp grips set of f	28
L0984	Protective body sock each	101
L1000	Ctlso milwauke initial model	3,438
L1005	Tension based scoliosis orth	5,178
L1010	Ctlso axilla sling	114
L1020	Kyphosis pad	146
L1025	Kyphosis pad floating	211
L1030	Lumbar bolster pad	108
L1040	Lumbar or lumbar rib pad	132
L1050	Sternal pad	141
L1060	Thoracic pad	162
L1070	Trapezius sling	152
L1080	Outrigger	94
L1085	Outrigger bil w/ vert extens	261
L1090	Lumbar sling	155
L1100	Ring flange plastic/leather	269
L1110	Ring flange plas/leather mol	432
L1120	Covers for upright each	67
L1200	Furnsh initial orthosis only	2,653
L1210	Lateral thoracic extension	443
L1220	Anterior thoracic extension	375
L1230	Milwaukee type superstructur	963
L1240	Lumbar derotation pad	131
L1250	Anterior asis pad	122
L1260	Anterior thoracic derotation	128
L1270	Abdominal pad	131
L1280	Rib gusset (elastic) each	146
L1290	Lateral trochanteric pad	133
L1300	Body jacket mold to patient	2,829
L1310	Post-operative body jacket	2,911
L1500	Thkao mobility frame	3,216
L1510	Thkao standing frame	2,035
L1520	Thkao swivel walker	3,863
L1600	Abduct hip flex frejka w cvr	218
L1610	Abduct hip flex frejka covr	74
L1620	Abduct hip flex pavlik harne	227
L1630	Abduct control hip semi-flex	287
L1640	Pelv band/spread bar thigh c	781
L1650	HO abduction hip adjustable	392
L1652	HO bi thighcuffs w sprdr bar	577
L1660	HO abduction static plastic	290
L1680	Pelvic & hip control thigh c	2,063
L1685	Post-op hip abduct custom fa	2,014
L1686	HO post-op hip abduction	1,545
L1690	Combination bilateral HO	3,128
L1700	Leg perthes orth toronto typ	2,586
L1710	Legg perthes orth newington	3,027
L1720	Legg perthes orthosis trilat	2,231
L1730	Legg perthes orth scottish r	1,916
L1755	Legg perthes patten bottom t	2,681
L1800	Knee orthoses elas w stays	113
L1810	Ko elastic with joints	167
L1815	Elastic with condylar pads	164
L1820	Ko elas w/ condyle pads & jo	220
L1825	Ko elastic knee cap	93
L1830	Ko immobilizer canvas longit	148
L1831	Knee orth pos locking joint	476
L1832	KO adj jnt pos rigid support	1,029
L1834	Ko w/0 joint rigid molded to	1,314

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L1836	Rigid KO wo joints	216
L1840	Ko derot ant cruciate custom	1,557
L1843	KO single upright custom fit	1,452
L1844	Ko w/adj jt rot cntrl molded	2,692
L1845	Ko w/ adj flex/ext rotat cus	1,384
L1846	Ko w adj flex/ext rotat mold	1,892
L1847	KO adjustable w air chambers	930
L1850	Ko swedish type	487
L1855	Ko plas doub upright jnt mol	1,787
L1858	Ko polycentric pneumatic pad	1,950
L1860	Ko supracondylar socket mold	1,817
L1880	Ko doub upright cuffs/lacers	983
L1900	Afo sprng wir drsflx calf bd	457
L1901	Prefab ankle orthosis	29
L1902	Afo ankle gauntlet	135
L1904	Afo molded ankle gauntlet	796
L1906	Afo multiligamentus ankle su	204
L1907	AFO supramalleolar custom	910
L1910	Afo sing bar clasp attach sh	453
L1920	Afo sing upright w/ adjust s	592
L1930	Afo plastic	401
L1932	Afo rig ant tib prefab TCF/=	1,444
L1940	Afo molded to patient plasti	837
L1945	Afo molded plas rig ant tib	1,567
L1950	Afo spiral molded to pt plas	1,261
L1951	AFO spiral prefabricated	1,359
L1960	Afo pos solid ank plastic mo	939
L1970	Afo plastic molded w/ankle j	1,205
L1971	AFO w/ankle joint, prefab	758
L1980	Afo sing solid stirrup calf	621
L1990	Afo doub solid stirrup calf	755
L2000	Kafo sing fre stirr thi/calf	1,717
L2005	KAFO sng/dbl mechanical act	6,631
L2010	Kafo sng solid stirrup w/o j	1,566
L2020	Kafo dbl solid stirrup band/	1,977
L2030	Kafo dbl solid stirrup w/o j	1,715
L2034	KAFO pla sin up w/wo k/a cus	3,315
L2035	KAFO plastic pediatric size	282
L2036	Kafo plas doub free knee mol	3,142
L2037	Kafo plas sing free knee mol	2,820
L2038	Kafo w/o joint multi-axis an	2,421
L2040	Hkafo torsion bil rot straps	301
L2050	Hkafo torsion cable hip pelv	807
L2060	Hkafo torsion ball bearing j	983
L2070	Hkafo torsion unilat rot str	228
L2080	Hkafo unilat torsion cable	609
L2090	Hkafo unilat torsion ball br	742
L2106	Afo tib fx cast plaster mold	1,151
L2108	Afo tib fx cast molded to pt	1,809
L2112	Afo tibial fracture soft	790
L2114	Afo tib fx semi-rigid	983
L2116	Afo tibial fracture rigid	1,205
L2126	Kafo fem fx cast thermoplas	2,028
L2128	Kafo fem fx cast molded to p	2,904
L2132	Kafo femoral fx cast soft	1,366
L2134	Kafo fem fx cast semi-rigid	1,638
L2136	Kafo femoral fx cast rigid	2,002
L2180	Plas shoe insert w ank joint	198
L2182	Drop lock knee	155
L2184	Limited motion knee joint	210

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L2186	Adj motion knee jnt lerman t	255
L2188	Quadrilateral brim	507
L2190	Waist belt	148
L2192	Pelvic band & belt thigh fla	604
L2200	Limited ankle motion ea jnt	81
L2210	Dorsiflexion assist each joi	114
L2220	Dorsi & plantar flex ass/res	139
L2230	Split flat caliper stirr & p	130
L2232	Rocker bottom, contact AFO	158
L2240	Round caliper and plate atta	142
L2250	Foot plate molded stirrup at	602
L2260	Reinforced solid stirrup	339
L2265	Long tongue stirrup	199
L2270	Varus/valgus strap padded/li	91
L2275	Plastic mod low ext pad/line	212
L2280	Molded inner boot	767
L2300	Abduction bar jointed adjust	456
L2310	Abduction bar-straight	208
L2320	Non-molded lacer	348
L2330	Lacer molded to patient mode	665
L2335	Anterior swing band	385
L2340	Pre-tibial shell molded to p	757
L2350	Prosthetic type socket molde	1,509
L2360	Extended steel shank	88
L2370	Patten bottom	435
L2375	Torsion ank & half solid sti	191
L2380	Torsion straight knee joint	208
L2385	Straight knee joint heavy du	227
L2387	Add LE poly knee custom KAFO	280
L2390	Offset knee joint each	185
L2395	Offset knee joint heavy duty	265
L2397	Suspension sleeve lower ext	190
L2405	Knee joint drop lock ea jnt	141
L2415	Knee joint cam lock each joi	197
L2425	Knee disc/dial lock/adj flex	232
L2430	Knee jnt ratchet lock ea jnt	232
L2492	Knee lift loop drop lock rin	173
L2500	Thi/glut/ischia wgt bearing	534
L2510	Th/wght bear quad-lat brim m	1,230
L2520	Th/wght bear quad-lat brim c	780
L2525	Th/wght bear nar m-l brim mo	2,064
L2526	Th/wght bear nar m-l brim cu	1,160
L2530	Thigh/wght bear lacer non-mo	398
L2540	Thigh/wght bear lacer molded	716
L2550	Thigh/wght bear high roll cu	486
L2570	Hip clevis type 2 posit jnt	807
L2580	Pelvic control pelvic sling	786
L2600	Hip clevis/thrust bearing fr	348
L2610	Hip clevis/thrust bearing lo	411
L2620	Pelvic control hip heavy dut	453
L2622	Hip joint adjustable flexion	519
L2624	Hip adj flex ext abduct cont	561
L2627	Plastic mold recipro hip & c	2,903
L2628	Metal frame recipro hip & ca	2,837
L2630	Pelvic control band & belt u	419
L2640	Pelvic control band & belt b	569
L2650	Pelv & thor control gluteal	203
L2660	Thoracic control thoracic ba	316
L2670	Thorac cont paraspinal uprig	289
L2680	Thorac cont lat support upri	265

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
L2750	Plating chrome/nickel pr bar	142
L2755	Carbon graphite lamination	211
L2760	Extension per extension per	103
L2768	Ortho sidebar disconnect	211
L2770	Low ext orthosis per bar/jnt	105
L2780	Non-corrosive finish	115
L2785	Drop lock retainer each	54
L2795	Knee control full kneecap	144
L2800	Knee cap medial or lateral p	181
L2810	Knee control condylar pad	132
L2820	Soft interface below knee se	147
L2830	Soft interface above knee se	159
L2840	Tibial length sock fx or equ	74
L2850	Femoral lgth sock fx or equa	105
L2860	Torsion mechanism knee/ankle	495
L3000	Ft insert ucb berkeley shell	508
L3001	Foot insert remov molded spe	214
L3002	Foot insert plastazote or eq	261
L3003	Foot insert silicone gel eac	282
L3010	Foot longitudinal arch suppo	282
L3020	Foot longitud/metatarsal sup	321
L3030	Foot arch support remov prem	123
L3031	Foot lamin/prepreg composite	195
L3040	Ft arch suprt premold longit	76
L3050	Foot arch supp premold metat	76
L3060	Foot arch supp longitud/meta	119
L3070	Arch suprt att to sho longit	51
L3080	Arch supp att to shoe metata	51
L3090	Arch supp att to shoe long/m	66
L3100	Hallus-valgus nght dynamic s	70
L3140	Abduction rotation bar shoe	144
L3150	Abduct rotation bar w/o shoe	132
L3170	Foot plastic heel stabilizer	82
L3201	Oxford w supinat/pronator inf	91
L3202	Oxford w/ supinat/pronator c	79
L3203	Oxford w/ supinator/pronator	87
L3204	Hightop w/ supp/pronator inf	80
L3206	Hightop w/ supp/pronator chi	93
L3208	Surgical boot each infant	60
L3209	Surgical boot each child	75
L3211	Surgical boot each junior	106
L3215	Orthopedic ftwear ladies oxf	135
L3216	Orthoped ladies shoes dpth i	173
L3219	Orthopedic mens shoes oxford	206
L3221	Orthopedic mens shoes dpth i	210
L3222	Mens shoes hightop depth inl	263
L3224	Woman's shoe oxford brace	100
L3225	Man's shoe oxford brace	115
L3230	Custom shoes depth inlay	456
L3250	Custom mold shoe remov prost	600
L3252	Shoe molded plastazote cust	450
L3253	Shoe molded plastazote cust	120
L3254	Orth foot non-stdard size/w	42
L3257	Orth foot add charge split s	82
L3260	Ambulatory surgical boot eac	45
L3265	Plastazote sandal each	37
L3300	Sho lift taper to metatarsal	84
L3310	Shoe lift elev heel/sole neo	132
L3320	Shoe lift elev heel/sole cor	162
L3330	Lifts elevation metal extens	916

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PROCEDURE CODE	DESCRIPTION	RATE
L3332	Shoe lifts tapered to one-ha	119
L3334	Shoe lifts elevation heel /i	62
L3340	Shoe wedge sach	138
L3350	Shoe heel wedge	37
L3360	Shoe sole wedge outside sole	58
L3370	Shoe sole wedge between sole	80
L3380	Shoe clubfoot wedge	80
L3390	Shoe outflare wedge	80
L3400	Shoe metatarsal bar wedge ro	66
L3410	Shoe metatarsal bar between	150
L3420	Full sole/heel wedge btween	88
L3430	Sho heel count plast reinfor	259
L3440	Heel leather reinforced	123
L3450	Shoe heel sach cushion type	171
L3455	Shoe heel new leather standa	66
L3460	Shoe heel new rubber standar	56
L3465	Shoe heel thomas with wedge	95
L3470	Shoe heel thomas extend to b	101
L3480	Shoe heel pad & depress for	101
L3485	Shoe heel pad removable for	43
L3500	Ortho shoe add leather insol	47
L3510	Orthopedic shoe add rub insl	47
L3520	O shoe add felt w leath insl	51
L3530	Ortho shoe add half sole	51
L3540	Ortho shoe add full sole	82
L3550	O shoe add standard toe tap	14
L3560	O shoe add horseshoe toe tap	37
L3570	O shoe add instep extension	138
L3580	O shoe add instep velcro clo	105
L3590	O shoe convert to sof counte	86
L3595	Ortho shoe add march bar	68
L3600	Trans shoe calip plate exist	123
L3610	Trans shoe caliper plate new	163
L3620	Trans shoe solid stirrup exi	123
L3630	Trans shoe solid stirrup new	163
L3640	Shoe dennis browne splint bo	70
L3650	Shlder fig 8 abduct restrain	98
L3651	Prefab shoulder orthosis	97
L3652	Prefab dbl shoulder orthosis	292
L3660	Abduct restrainer canvas&web	170
L3670	Acromio/clavicular canvas&we	187
L3671	SO cap design w/o jnts CF	1,327
L3672	SO airplane w/o jnts CF	1,650
L3673	SO airplane w/joint CF	1,798
L3675	Canvas vest SO	258
L3700	Elbow orthoses elas w stays	116
L3701	Prefab elbow orthosis	30
L3702	EO w/o joints CF	425
L3710	Elbow elastic with metal joi	205
L3720	Forearm/arm cuffs free motio	1,084
L3730	Forearm/arm cuffs ext/flex a	1,494
L3740	Cuffs adj lock w/ active con	1,771
L3760	EO withjoint, Prefabricated	736
L3762	Rigid EO wo joints	158
L3763	EWHO rigid w/o jnts CF	1,084
L3764	EWHO w/joint(s) CF	1,224
L3765	EWHFO rigid w/o jnts CF	1,888
L3766	EWHFO w/joint(s) CF	1,999
L3800	Whfo short opponen no attach	270
L3805	Whfo long opponens no attach	435

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PROCEDURE CODE	DESCRIPTION	RATE
L3806	WHFO w/joint(s) custom fab	669
L3807	WHFO,no joint, prefabricated	368
L3808	WHFO, rigid w/o joints	549
L3810	Whfo thumb abduction bar	108
L3820	Whfo ip ext asst w/ mp ext s	145
L3825	Whfo m.p. extension stop	97
L3830	Whfo m.p. extension assist	132
L3840	Whfo spring swivel thumb	95
L3845	Whfo thumb ip ext ass w/ mp	125
L3850	Action wrist w/ dorsiflex as	172
L3855	Whfo adj m.p. flexion contro	178
L3860	Whfo adj m.p. flex ctrl & i.	229
L3890	Torsion mechanism wrist/elbo	557
L3900	Hinge extension/flex wrist/f	2,144
L3901	Hinge ext/flex wrist finger	2,663
L3904	Whfo electric custom fitted	4,852
L3905	WHO w/nontorsion jnt(s) CF	1,460
L3906	WHO w/o joints CF	655
L3907	Whfo wrst gauntlt thmb spica	761
L3908	Wrist cock-up non-molded	99
L3909	Prefab wrist orthosis	21
L3910	Whfo swanson design	680
L3911	Prefab hand finger orthosis	36
L3912	Flex glove w/elastic finger	157
L3913	HFO w/o joints CF	399
L3915	WHO w nontor jnt(s) prefab	783
L3916	Whfo wrist extens w/ outrigg	180
L3917	Prefab metacarpl fx orthosis	156
L3918	HFO knuckle bender	111
L3919	HO w/o joints CF	399
L3921	HFO w/joint(s) CF	473
L3923	HFO w/o joints PF	144
L3924	Oppenheimer	158
L3925	FO pip/dip with joint/spring	82
L3927	FO pip/dip w/o joint/spring	51
L3928	Finger extension w/ clock sp	88
L3929	HFO nontorsion joint, prefab	130
L3930	Finger extension with wrist	98
L3931	WHFO nontorsion joint prefab	302
L3932	Safety pin spring wire	71
L3933	FO w/o joints CF	314
L3934	Safety pin modified	75
L3935	FO nontorsion joint CF	325
L3936	Palmer	128
L3938	Dorsal wrist	127
L3940	Dorsal wrist w/ outrigger at	160
L3942	Reverse knuckle bender	112
L3946	HFO composite elastic	116
L3948	Finger knuckle bender	85
L3954	Spreading hand	158
L3956	Add joint upper ext orthosis	131
L3960	Sewho airplan desig abdu pos	1,218
L3961	SEWHO cap design w/o jnts CF	2,474
L3962	Sewho erbs palsey design abd	1,189
L3964	Seo mobile arm sup att to wc	978
L3965	Arm supp att to wc rancho ty	1,561
L3966	Mobile arm supports reclinin	1,176
L3967	SEWHO airplane w/o jnts CF	2,921
L3968	Friction dampening arm supp	1,488
L3969	Monosuspension arm/hand supp	1,041

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PROCEDURE CODE	DESCRIPTION	RATE
L3970	Elevat proximal arm support	416
L3971	SEWHO cap design w/jnt(s) CF	2,772
L3972	Offset/lat rocker arm w/ ela	265
L3973	SEWHO airplane w/jnt(s) CF	2,921
L3974	Mobile arm support supinator	225
L3975	SEWHFO cap design w/o jnt CF	2,474
L3976	SEWHFO airplane w/o jnts CF	2,474
L3977	SEWHFO cap desgn w/jnt(s) CF	2,772
L3978	SEWHFO airplane w/jnt(s) CF	2,921
L3980	Upp ext fx orthosis humeral	512
L3982	Upper ext fx orthosis rad/ul	619
L3984	Upper ext fx orthosis wrist	570
L3985	Forearm hand fx orth w/ wr h	876
L3986	Humeral rad/ulna wrist fx or	750
L3995	Sock fracture or equal each	54
L4000	Repl girdle milwaukee orth	2,159
L4002	Replace strap, any orthosis	45
L4010	Replace trilateral socket br	1,136
L4020	Replace quadlat socket brim	1,458
L4030	Replace socket brim cust fit	855
L4040	Replace molded thigh lacer	691
L4045	Replace non-molded thigh lac	555
L4050	Replace molded calf lacer	699
L4055	Replace non-molded calf lace	453
L4060	Replace high roll cuff	538
L4070	Replace prox & dist upright	477
L4080	Repl met band kafo-afo prox	171
L4090	Repl met band kafo-afo calf/	153
L4100	Repl leath cuff kafo prox th	177
L4110	Repl leath cuff kafo-afo cal	144
L4130	Replace pretibial shell	840
L4205	Ortho dvc repair per 15 min	45
L4210	Orth dev repair/repl minor p	60
L4350	Ankle control orthosi prefab	151
L4360	Pneumati walking boot prefab	469
L4370	Pneumatic full leg splint	320
L4380	Pneumatic knee splint	182
L4386	Non-pneum walk boot prefab	257
L4392	Replace AFO soft interface	38
L4394	Replace foot drop spint	28
L4396	Static AFO	271
L4398	Foot drop splint recumbent	125
L5000	Sho insert w arch toe filler	911
L5010	Mold socket ank hgt w/ toe f	2,196
L5020	Tibial tubercle hgt w/ toe f	3,575
L5050	Ank symes mold sckt sach ft	4,140
L5060	Symes met fr leath socket ar	4,983
L5100	Molded socket shin sach foot	4,193
L5105	Plast socket jts/thgh lacer	6,267
L5150	Mold sckt ext knee shin sach	6,335
L5160	Mold socket bent knee shin s	6,890
L5200	Kne sing axis fric shin sach	5,959
L5210	No knee/ankle joints w/ ft b	4,377
L5220	No knee joint with artic ali	4,976
L5230	Fem focal defic constant fri	6,863
L5250	Hip canad sing axi cons fric	9,360
L5270	Tilt table locking hip sing	9,278
L5280	Hemipelvect canad sing axis	9,185
L5301	BK mold socket SACH ft endo	4,142
L5311	Knee disart, SACH ft, endo	5,950

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PROCEDURE CODE	DESCRIPTION	RATE
L5321	AK open end SACH	5,929
L5331	Hip disart canadian SACH ft	8,390
L5341	Hemipelvectomy canadian SACH	9,117
L5400	Postop dress & 1 cast chg bk	2,171
L5410	Postop dsg bk ea add cast ch	754
L5420	Postop dsg & 1 cast chg ak/d	2,742
L5430	Postop dsg ak ea add cast ch	908
L5450	Postop app non-wgt bear dsg	735
L5460	Postop app non-wgt bear dsg	984
L5500	Init bk ptb plaster direct	2,317
L5505	Init ak ischal plstr direct	3,138
L5510	Prep BK ptb plaster molded	2,626
L5520	Perp BK ptb thermopls direct	2,594
L5530	Prep BK ptb thermopls molded	3,116
L5535	Prep BK ptb open end socket	3,059
L5540	Prep BK ptb laminated socket	3,265
L5560	Prep AK ischial plast molded	3,506
L5570	Prep AK ischial direct form	3,645
L5580	Prep AK ischial thermo mold	4,256
L5585	Prep AK ischial open end	4,616
L5590	Prep AK ischial laminated	4,337
L5595	Hip disartic sach thermopls	7,264
L5600	Hip disart sach laminat mold	8,021
L5610	Above knee hydracadence	3,735
L5611	Ak 4 bar link w/fric swing	2,907
L5613	Ak 4 bar ling w/hydraul swig	4,421
L5614	4-bar link above knee w/swng	2,735
L5616	Ak univ multiplex sys frict	2,450
L5617	AK/BK self-aligning unit ea	913
L5618	Test socket symes	507
L5620	Test socket below knee	502
L5622	Test socket knee disarticula	654
L5624	Test socket above knee	656
L5626	Test socket hip disarticulat	860
L5628	Test socket hemipelvectomy	871
L5629	Below knee acrylic socket	573
L5630	Syme typ expandabl wall sckt	810
L5631	Ak/knee disartic acrylic soc	793
L5632	Symes type ptb brim design s	401
L5634	Symes type poster opening so	549
L5636	Symes type medial opening so	460
L5637	Below knee total contact	521
L5638	Below knee leather socket	878
L5639	Below knee wood socket	2,023
L5640	Knee disarticulat leather so	1,154
L5642	Above knee leather socket	1,118
L5643	Hip flex inner socket ext fr	2,808
L5644	Above knee wood socket	1,066
L5645	Bk flex inner socket ext fra	1,439
L5646	Below knee cushion socket	988
L5647	Below knee suction socket	1,435
L5648	Above knee cushion socket	1,188
L5649	Isch containmt/narrow m-l so	3,435
L5650	Tot contact ak/knee disart s	881
L5651	Ak flex inner socket ext fra	2,166
L5652	Suction susp ak/knee disart	786
L5653	Knee disart expand wall sock	1,050
L5654	Socket insert symes	598
L5655	Socket insert below knee	478
L5656	Socket insert knee articulata	669

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PROCEDURE CODE	DESCRIPTION	RATE
L5658	Socket insert above knee	656
L5661	Multi-durometer symes	1,098
L5665	Multi-durometer below knee	924
L5666	Below knee cuff suspension	126
L5668	Socket insert w/o lock lower	182
L5670	Bk molded supracondylar susp	490
L5671	BK/AK locking mechanism	897
L5672	Bk removable medial brim sus	538
L5673	Socket insert w lock mech	1,205
L5676	Bk knee joints single axis p	654
L5677	Bk knee joints polycentric p	889
L5678	Bk joint covers pair	72
L5679	Socket insert w/o lock mech	1,005
L5680	Bk thigh lacer non-molded	549
L5681	Intl custm cong/latyp insert	2,133
L5682	Bk thigh lacer glut/ischia m	1,128
L5683	Initial custom socket insert	2,133
L5684	Bk fork strap	87
L5685	Below knee sus/seal sleeve	208
L5686	Bk back check	92
L5688	Bk waist belt webbing	110
L5690	Bk waist belt padded and lin	177
L5692	Ak pelvic control belt light	240
L5694	Ak pelvic control belt pad/l	327
L5695	Ak sleeve susp neoprene/equa	294
L5696	Ak/knee disartic pelvic join	334
L5697	Ak/knee disartic pelvic band	145
L5698	Ak/knee disartic silesian ba	188
L5699	Shoulder harness	336
L5700	Replace socket below knee	4,940
L5701	Replace socket above knee	6,134
L5702	Replace socket hip	7,838
L5703	Symes ankle w/o (SACH) foot	3,774
L5704	Custom shape cover BK	950
L5705	Custom shape cover AK	1,676
L5706	Custom shape cvr knee disart	1,644
L5707	Custom shape cvr hip disart	2,232
L5710	Knee-shin exo sng axi mnl loc	649
L5711	Knee-shin exo mnl lock ultra	942
L5712	Knee-shin exo frict swg & st	777
L5714	Knee-shin exo variable frict	755
L5716	Knee-shin exo mech stance ph	1,315
L5718	Knee-shin exo frct swg & sta	1,643
L5722	Knee-shin pneum swg frct exo	1,629
L5724	Knee-shin exo fluid swing ph	2,723
L5726	Knee-shin ext jnts fld swg e	3,138
L5728	Knee-shin fluid swg & stance	4,293
L5780	Knee-shin pneum/hydra pneum	2,065
L5781	Lower limb pros vacuum pump	6,486
L5782	HD low limb pros vacuum pump	6,837
L5785	Exoskeletal bk ultraht mater	937
L5790	Exoskeletal ak ultra-light m	1,297
L5795	Exoskel hip ultra-light mate	1,937
L5810	Endoskel knee-shin mnl lock	878
L5811	Endo knee-shin mnl lck ultra	1,316
L5812	Endo knee-shin frct swg & st	1,020
L5814	Endo knee-shin hydral swg ph	6,020
L5816	Endo knee-shin polyc mch sta	1,534
L5818	Endo knee-shin frct swg & st	1,732
L5822	Endo knee-shin pneum swg frc	3,072

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PROCEDURE CODE	DESCRIPTION	RATE
L5824	Endo knee-shin fluid swing p	2,767
L5826	Miniature knee joint	5,094
L5828	Endo knee-shin fluid swg/sta	5,094
L5830	Endo knee-shin pneum/swg pha	3,423
L5840	Multi-axial knee/shin system	6,114
L5845	Knee-shin sys stance flexion	2,905
L5848	Knee-shin sys hydraul stance	1,743
L5850	Endo ak/hip knee extens assi	231
L5855	Mech hip extension assist	557
L5856	Elec knee-shin swing/stance	38,967
L5857	Elec knee-shin swing only	13,863
L5858	Stance phase only	30,125
L5910	Endo below knee alignable sy	653
L5920	Endo ak/hip alignable system	957
L5925	Above knee manual lock	606
L5930	High activity knee frame	5,491
L5940	Endo bk ultra-light material	905
L5950	Endo ak ultra-light material	1,404
L5960	Endo hip ultra-light materia	1,739
L5962	Below knee flex cover system	1,060
L5964	Above knee flex cover system	1,689
L5966	Hip flexible cover system	2,153
L5968	Multiaxial ankle w dorsiflex	5,890
L5970	Foot external keel sach foot	366
L5971	SACH foot, replacement	366
L5972	Flexible keel foot	636
L5974	Foot single axis ankle/foot	420
L5975	Combo ankle/foot prosthesis	751
L5976	Energy storing foot	1,010
L5978	Ft prosth multiaxial ankl/ft	526
L5979	Multi-axial ankle/ft prosth	4,116
L5980	Flex foot system	6,689
L5981	Flex-walk sys low ext prosth	5,196
L5982	Exoskeletal axial rotation u	1,043
L5984	Endoskeletal axial rotation	1,028
L5985	Lwr ext dynamic prosth pylon	461
L5986	Multi-axial rotation unit	1,143
L5987	Shank ft w vert load pylon	11,660
L5988	Vertical shock reducing pylo	3,238
L5990	User adjustable heel height	2,941
L5995	Lower ext pros heavyduty fea	1,275
L6000	Par hand robin-aids thum rem	2,397
L6010	Hand robin-aids little/ring	2,667
L6020	Part hand robin-aids no fing	2,487
L6025	Part hand disart myoelectric	12,971
L6050	Wrst MLd sck flx hng tri pad	3,427
L6055	Wrst mold sock w/exp interfa	4,776
L6100	Elb mold sock flex hinge pad	3,472
L6110	Elbow mold sock suspension t	3,683
L6120	Elbow mold doub splt soc ste	4,292
L6130	Elbow stump activated lock h	4,670
L6200	Elbow mold outsid lock hinge	4,921
L6205	Elbow molded w/ expand inter	6,569
L6250	Elbow inter loc elbow forarm	4,844
L6300	Shlder disart int lock elbow	6,721
L6310	Shoulder passive restor comp	5,474
L6320	Shoulder passive restor cap	3,083
L6350	Thoracic intern lock elbow	7,066
L6360	Thoracic passive restor comp	5,746
L6370	Thoracic passive restor cap	3,664

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PROCEDURE CODE	DESCRIPTION	RATE
L6380	Postop dsq cast chg wrst/elb	2,075
L6382	Postop dsq cast chg elb dis/	2,671
L6384	Postop dsq cast chg shlder/t	3,439
L6386	Postop ea cast chg & realign	724
L6388	Postop applicat rigid dsq on	793
L6400	Below elbow prosth tiss shap	4,186
L6450	Elb disart prosth tiss shap	5,562
L6500	Above elbow prosth tiss shap	5,566
L6550	Shldr disar prosth tiss shap	6,879
L6570	Scap thorac prosth tiss shap	7,896
L6580	Wrist/elbow bowden cable mol	2,820
L6582	Wrist/elbow bowden cbl dir f	2,483
L6584	Elbow fair lead cable molded	3,692
L6586	Elbow fair lead cable dir fo	3,398
L6588	Shdr fair lead cable molded	5,099
L6590	Shdr fair lead cable direct	4,746
L6600	Polycentric hinge pair	338
L6605	Single pivot hinge pair	334
L6610	Flexible metal hinge pair	300
L6611	Additional switch, ext power	667
L6615	Disconnect locking wrist uni	313
L6616	Disconnect insert locking wr	117
L6620	Flexion/extension wrist unit	547
L6621	Flex/ext wrist w/wo friction	3,708
L6623	Spring-ass rot wrst w/ latch	1,157
L6624	Flex/ext/rotation wrist unit	6,104
L6625	Rotation wrst w/ cable lock	959
L6628	Quick disconn hook adapter o	864
L6629	Lamination collar w/ couplin	264
L6630	Stainless steel any wrist	389
L6632	Latex suspension sleeve each	117
L6635	Lift assist for elbow	318
L6637	Nudge control elbow lock	662
L6638	Elec lock on manual pw elbow	4,053
L6639	Heavy duty elbow feature	2,472
L6640	Shoulder abduction joint pai	505
L6641	Excursion amplifier pulley t	289
L6642	Excursion amplifier lever ty	392
L6645	Shoulder flexion-abduction j	576
L6646	Multipo locking shoulder jnt	5,112
L6647	Shoulder lock actuator	842
L6648	Ext pwrld shlder lock/unlock	5,273
L6650	Shoulder universal joint	611
L6655	Standard control cable extra	136
L6660	Heavy duty control cable	166
L6665	Teflon or equal cable lining	83
L6670	Hook to hand cable adapter	87
L6672	Harness chest/shlder saddle	304
L6675	Harness figure of 8 sing con	217
L6676	Harness figure of 8 dual con	219
L6677	UE triple control harness	481
L6680	Test sock wrist disart/bel e	419
L6682	Test sock elbw disart/above	463
L6684	Test socket shldr disart/tho	629
L6686	Suction socket	1,065
L6687	Frame typ socket bel elbow/w	1,041
L6688	Frame typ sock above elb/dis	956
L6689	Frame typ socket shoulder di	1,216
L6690	Frame typ sock interscap-tho	1,240
L6691	Removable insert each	623

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

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(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
L6692	Silicone gel insert or equal	1,009
L6693	Lockingelbow forearm cntrbal	4,602
L6694	Elbow socket ins use w/lock	1,205
L6695	Elbow socket ins use w/o lck	1,005
L6696	Cus elbo skt in for con/atyp	2,133
L6697	Cus elbo skt in not con/atyp	2,133
L6698	Below/above elbow lock mech	897
L6703	Term dev, passive hand mitt	586
L6704	Term dev, sport/rec/work att	1,056
L6706	Term dev mech hook vol open	629
L6707	Term dev mech hook vol close	2,320
L6708	Term dev mech hand vol open	1,509
L6709	Term dev mech hand vol close	2,186
L6711	Ped term dev, hook, vol open	1,090
L6712	Ped term dev, hook, vol clos	2,006
L6713	Ped term dev, hand, vol open	2,532
L6714	Ped term dev, hand, vol clos	2,145
L6721	Hook/hand, hvy dty, vol open	3,812
L6722	Hook/hand, hvy dty, vol clos	3,287
L6805	Term dev modifier wrist unit	614
L6810	Term dev precision pinch dev	337
L6881	Term dev auto grasp feature	6,627
L6882	Microprocessor control uplmb	5,027
L6883	Replc sockt below e/w disa	2,863
L6884	Replc sockt above elbow disa	4,027
L6885	Replc sockt shldr dis/interc	5,746
L6890	Prefab glove for term device	307
L6895	Custom glove for term device	1,007
L6900	Hand restorat thumb/1 finger	2,725
L6905	Hand restoration multiple fi	2,649
L6910	Hand restoration no fingers	2,580
L6915	Hand restoration replacmnt g	1,129
L6920	Wrist disarticul switch ctrl	12,039
L6925	Wrist disart myoelectronic c	13,899
L6930	Below elbow switch control	12,114
L6935	Below elbow myoelectronic ct	14,159
L6940	Elbow disarticulation switch	15,828
L6945	Elbow disart myoelectronic c	18,414
L6950	Above elbow switch control	17,990
L6955	Above elbow myoelectronic ct	21,546
L6960	Shldr disartic switch contro	21,731
L6965	Shldr disartic myoelectronic	25,567
L6970	Interscapular-thor switch ct	26,311
L6975	Interscap-thor myoelectronic	28,828
L7007	Adult electric hand	6,208
L7008	Pediatric electric hand	9,770
L7009	Adult electric hook	6,334
L7040	Prehensile actuator	5,086
L7045	Pediatric electric hook	2,916
L7170	Electronic elbow hosmer swit	10,578
L7180	Electronic elbow sequential	58,931
L7181	Electronic elbo simultaneous	64,946
L7185	Electron elbow adolescent sw	10,711
L7186	Electron elbow child switch	15,957
L7190	Elbow adolescent myoelectron	13,628
L7191	Elbow child myoelectronic ct	16,674
L7260	Electron wrist rotator otto	3,550
L7261	Electron wrist rotator utah	6,463
L7266	Servo control steeper or equ	1,786
L7272	Analogue control unb or equa	3,642

EXHIBIT B

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FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
L7274	Proportional ctl 12 volt uta	10,361
L7360	Six volt bat otto bock/eq ea	410
L7362	Battery chrgr six volt otto	452
L7364	Twelve volt battery utah/equ	719
L7366	Battery chrgr 12 volt utah/e	968
L7367	Replacemnt lithium ionbatter	631
L7368	Lithium ion battery charger	818
L7400	Add UE prost be/wd, ultlite	497
L7401	Add UE prost a/e ultlite mat	556
L7402	Add UE prost s/d ultlite mat	601
L7403	Add UE prost b/e acrylic	597
L7404	Add UE prost a/e acrylic	901
L7405	Add UE prost s/d acrylic	1,178
L7500	Prosthetic dvc repair hourly	152
L7510	Prosthetic device repair rep	62
L7520	Repair prosthesis per 15 min	54
L7600	Prosthetic donning sleeve	135
L7611	Ped term dev, hook, vol open	908
L7612	Ped term dev, hook, vol clos	1,672
L7613	Ped term dev, hand, vol open	2,110
L7614	Ped term dev, hand, vol clos	1,787
L7621	Hook/hand, hvy dty, vol open	3,177
L7622	Hook/hand, hvy dty, vol clos	2,739
L7900	Male vacuum erection system	869
L8000	Mastectomy bra	66
L8001	Breast prosthesis bra & form	203
L8002	Brst prsth bra & bilat form	267
L8010	Mastectomy sleeve	113
L8015	Ext breastprosthesis garment	97
L8020	Mastectomy form	362
L8030	Breast prosthesis silicone/e	569
L8035	Custom breast prosthesis	5,938
L8040	Nasal prosthesis	4,015
L8041	Midfacial prosthesis	4,839
L8042	Orbital prosthesis	5,437
L8043	Upper facial prosthesis	6,089
L8044	Hemi-facial prosthesis	6,742
L8045	Auricular prosthesis	4,436
L8046	Partial facial prosthesis	4,350
L8047	Nasal septal prosthesis	2,229
L8300	Truss single w/ standard pad	152
L8310	Truss double w/ standard pad	240
L8320	Truss addition to std pad wa	96
L8330	Truss add to std pad scrotal	89
L8400	Sheath below knee	28
L8410	Sheath above knee	37
L8415	Sheath upper limb	39
L8417	Pros sheath/sock w gel cushn	122
L8420	Prosthetic sock multi ply BK	35
L8430	Prosthetic sock multi ply AK	40
L8435	Pros sock multi ply upper lm	38
L8440	Shrinker below knee	75
L8460	Shrinker above knee	120
L8465	Shrinker upper limb	88
L8470	Pros sock single ply BK	12
L8480	Pros sock single ply AK	17
L8485	Pros sock single ply upper l	20
L8500	Artificial larynx	1,191
L8501	Tracheostomy speaking valve	218
L8505	Artificial larynx, accessory	39

EXHIBIT B

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ITEMIZED CHARGES

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(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
L8507	Trach-esoph voice pros pt in	68
L8509	Trach-esoph voice pros md in	177
L8510	Voice amplifier	410
L8511	Indwelling trach insert	118
L8512	Gel cap for trach voice pros	4
L8513	Trach pros cleaning device	8
L8514	Repl trach puncture dilator	153
L8515	Gel cap app device for trach	102
L8600	Implant breast silicone/eq	1,126
L8603	Collagen imp urinary 2.5 ml	711
L8606	Synthetic implnt urinary 1ml	357
L8609	Artificial cornea	10,564
L8610	Ocular implant	1,056
L8612	Aqueous shunt prosthesis	1,097
L8613	Ossicular implant	464
L8614	Cochlear device	31,352
L8615	Coch implant headset replace	731
L8616	Coch implant microphone repl	170
L8617	Coch implant trans coil repl	149
L8618	Coch implant tran cable repl	43
L8619	Replace cochlear processor	13,458
L8621	Repl zinc air battery	1
L8622	Repl alkaline battery	1
L8623	Lith ion batt CID,non-earlvl	105
L8624	Lith ion batt CID, ear level	261
L8630	Metacarpophalangeal implant	608
L8631	MCP joint repl 2 pc or more	3,567
L8641	Metatarsal joint implant	631
L8642	Hallux implant	512
L8658	Interphalangeal joint spacer	551
L8659	Interphalangeal joint repl	3,129
L8670	Vascular graft, synthetic	904
L8680	Implt neurostim elctr each	753
L8681	Pt prgrm for implt neurostim	1,946
L8682	Implt neurostim radiofq rec	9,775
L8683	Radiofq trsmtr for implt neu	8,604
L8684	Radiofq trsmtr implt sclr neu	1,228
L8685	Implt nrostm pls gen sng rec	21,442
L8686	Implt nrostm pls gen sng non	13,681
L8687	Implt nrostm pls gen dua rec	27,904
L8688	Implt nrostm pls gen dua non	17,805
L8689	External recharg sys intern	2,797
L8690	Aud osseo dev, int/ext comp	7,713
L8691	Aud osseo dev ext snd proces	4,323
L8695	External recharg sys extern	27
M0064	Visit for drug monitoring	27
M0076	Prolotherapy	300
M0300	IV chelationtherapy	158
P2038	Blood mucoprotein	11
P3000	Screen pap by tech w md supv	23
P3001	Screening pap smear by phys	45
P7001	Culture bacterial urine	41
P9016	RBC leukocytes reduced	636
P9021	Red blood cells unit	430
P9022	Washed red blood cells unit	241
P9033	Platelets leukoreduced irradi	2,700
P9035	Platelet pheres leukoreduced	1,770
P9037	Plate pheres leukoredu irradi	2,658
P9040	RBC leukoreduced irradiated	1,040
P9041	Albumin (human),5%, 50ml	29

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(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
P9045	Albumin (human), 5%, 250 ml	84
P9047	Albumin (human), 25%, 50ml	188
P9053	Plt, pher, l/r cmv-neg, irr	2,730
P9058	RBC, l/r, cmv-neg, irradi	1,290
P9603	One-way allow prorated miles	2
P9604	One-way allow prorated trip	8
P9612	Catheterize for urine spec	45
P9615	Urine specimen collect mult	33
Q0035	Cardiokymography	33
Q0081	Infusion ther other than che	180
Q0083	Chemo by other than infusion	143
Q0084	Chemotherapy by infusion	375
Q0085	Chemo by both infusion and o	450
Q0091	Obtaining screen pap smear	29
Q0092	Set up port xray equipment	30
Q0111	Wet mounts/ w preparations	10
Q0112	Potassium hydroxide preps	10
Q0113	Pinworm examinations	12
Q0114	Fern test	16
Q0115	Post-coital mucous exam	22
Q0144	Azithromycin dihydrate, oral	33
Q0163	Diphenhydramine HCl 50mg	2
Q0164	Prochlorperazine maleate 5mg	1
Q0165	Prochlorperazine maleate 10mg	2
Q0166	Granisetron hcl 1 mg oral	95
Q0167	Dronabinol 2.5mg oral	12
Q0168	Dronabinol 5mg oral	19
Q0169	Promethazine HCl 12.5mg oral	4
Q0170	Promethazine HCl 25 mg oral	2
Q0173	Trimethobenzamide HCl 250mg	1
Q0179	Ondansetron hcl 8 mg oral	102
Q0180	Dolasetron mesylate oral	124
Q0480	Driver pneumatic vad, rep	146,022
Q0481	Microprcsr cu elec vad, rep	23,559
Q0482	Microprcsr cu combo vad, rep	7,379
Q0483	Monitor elec vad, rep	30,399
Q0484	Monitor elec or comb vad rep	5,903
Q0485	Monitor cable elec vad, rep	570
Q0486	Mon cable elec/pneum vad rep	474
Q0487	Leads any type vad, rep only	553
Q0488	Pwr pack base elec vad, rep	169
Q0489	Pwr pck base combo vad, rep	26,354
Q0490	Emr pwr source elec vad, rep	1,140
Q0491	Emr pwr source combo vad rep	1,792
Q0492	Emr pwr cbl elec vad, rep	144
Q0493	Emr pwr cbl combo vad, rep	411
Q0494	Emr hd pmp elec/combo, rep	348
Q0495	Charger elec/combo vad, rep	6,772
Q0496	Battery elec/combo vad, rep	2,431
Q0497	Bat clps elec/comb vad, rep	759
Q0498	Holster elec/combo vad, rep	833
Q0499	Belt/vest elec/combo vad rep	271
Q0500	Filters elec/combo vad, rep	50
Q0501	Shwr cov elec/combo vad, rep	828
Q0502	Mobility cart pneum vad, rep	1,054
Q0503	Battery pneum vad replacemnt	2,108
Q0504	Pwr adpt pneum vad, rep veh	1,113
Q0510	Dispens fee immunosuppressive	75
Q0511	Sup fee antiem,antica,immuno	36
Q0512	Px sup fee anti-can sub pres	24

EXHIBIT B

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PROCEDURE CODE	DESCRIPTION	RATE
Q0513	Disp fee inhal drugs/30 days	103
Q0514	Disp fee inhal drugs/90 days	127
Q0515	Sermorelin acetate injection	6
Q1003	Ntiol category 3	75
Q2009	Fosphenytoin, 50 mg	12
Q3001	Brachytherapy Radioelements	132
Q3014	Telehealth facility fee	45
Q3025	IM inj interferon beta 1-a	188
Q3026	Subc inj interferon beta-1a	69
Q4005	Cast sup long arm adult plst	63
Q4006	Cast sup long arm adult fbrg	95
Q4007	Cast sup long arm ped plster	30
Q4008	Cast sup long arm ped fbrgls	54
Q4009	Cast sup sht arm adult plstr	39
Q4010	Cast sup sht arm adult fbrgl	75
Q4011	Cast sup sht arm ped plaster	22
Q4012	Cast sup sht arm ped fbrglas	42
Q4013	Cast sup gauntlet plaster	52
Q4014	Cast sup gauntlet fiberglass	80
Q4016	Cast sup gauntlet ped fbrgls	42
Q4017	Cast sup lng arm splint plst	42
Q4018	Cast sup lng arm splint fbrg	77
Q4019	Cast sup lng arm splnt ped p	21
Q4020	Cast sup lng arm splnt ped f	45
Q4021	Cast sup sht arm splint plst	45
Q4022	Cast sup sht arm splint fbrg	68
Q4023	Cast sup sht arm splnt ped p	21
Q4024	Cast sup sht arm splnt ped f	40
Q4030	Cast sup long leg fiberglass	162
Q4031	Cast sup lng leg ped plaster	38
Q4032	Cast sup lng leg ped fbrgls	91
Q4034	Cast sup lng leg cylinder fb	143
Q4036	Cast sup lngleg cyln dr ped f	107
Q4037	Cast sup shrt leg plaster	120
Q4038	Cast sup shrt leg fiberglass	137
Q4039	Cast sup shrt leg ped plster	45
Q4040	Cast sup shrt leg ped fbrgls	75
Q4041	Cast sup lng leg splnt plstr	48
Q4042	Cast sup lng leg splnt fbrgl	112
Q4044	Cast sup lng leg splnt ped f	90
Q4045	Cast sup sht leg splnt plstr	38
Q4046	Cast sup sht leg splnt fbrgl	75
Q4048	Cast sup sht leg splnt ped f	42
Q4049	Finger splint, static	33
Q4079	Natalizumab injection	20
Q4080	Iloprost non-comp unit dose	108
Q4081	Epoetin alfa, 100 units ESRD	2
Q4082	Drug/bio NOC part B drug CAP	3,054
Q4083	Hyalgan/supartz inj per dose	300
Q4084	Synvisc inj per dose	428
Q4085	Euflexxa inj per dose	297
Q4086	Orthovisc inj per dose	450
Q4087	Octagam injection	153
Q4088	Gammagard liquid injection	144
Q4091	Flebogamma injection	105
Q4092	Gamunex injection	122
Q4093	Albuterol inh non-comp con	1
Q4094	Albuterol inh non-comp u d	2
Q4095	Reclast injection	563
Q5001	Hospice in patient home	231

EXHIBIT B

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PROCEDURE CODE	DESCRIPTION	RATE
Q5002	Hospice in assisted living	233
Q5003	Hospice in LT/non-skilled NF	11
Q5004	Hospice in SNF	197
Q5005	Hospice, inpatient hospital	926
Q5006	Hospice in hospice facility	1,026
Q5009	Hospice care, NOS	196
Q9945	LOCM <=149 mg/ml iodine, 1ml	2
Q9946	LOCM 150-199mg/ml iodine,1ml	3
Q9947	LOCM 200-249mg/ml iodine,1ml	4
Q9948	LOCM 250-299mg/ml iodine,1ml	2
Q9949	LOCM 300-349mg/ml iodine,1ml	2
Q9950	LOCM 350-399mg/ml iodine,1ml	2
Q9951	LOCM >= 400 mg/ml iodine,1ml	2
Q9952	Inj Gad-base MR contrast,1ml	9
Q9953	Inj Fe-based MR contrast,1ml	53
Q9954	Oral MR contrast, 100 ml	45
Q9956	Inj octafluoropropane mic,ml	297
Q9957	Inj perflutren lip micros,ml	148
Q9958	HOCM <=149 mg/ml iodine, 1ml	375
Q9959	HOCM 150-199mg/ml iodine,1ml	2
Q9960	HOCM 200-249mg/ml iodine,1ml	6
Q9961	HOCM 250-299mg/ml iodine,1ml	2
Q9962	HOCM 300-349mg/ml iodine,1ml	3
Q9963	HOCM 350-399mg/ml iodine,1ml	2
Q9964	HOCM>= 400mg/ml iodine, 1ml	150
Q9965	LOCM 100-199mg/ml iodine,1ml	4
Q9966	LOCM 200-299mg/ml iodine,1ml	3
Q9967	LOCM 300-399mg/ml iodine,1ml	2
R0070	Transport portable x-ray	195
R0075	Transport port x-ray multipl	105
S0020	Injection, bupivacaine hydro	15
S0023	Injection, cimetidine hydroc	5
S0028	Injection, famotidine, 20 mg	6
S0030	Injection, metronidazole	41
S0032	Injection, nafcillin sodium	32
S0034	Injection, ofloxacin, 400 mg	183
S0039	Injection, sulfamethoxazole	21
S0040	Injection, ticarcillin disod	21
S0073	Injection, aztreonam, 500 mg	27
S0077	Injection, clindamycin phosp	5
S0080	Injection, pentamidine iseth	178
S0081	Injection, piperacillin sodi	3
S0088	Imatinib 100 mg	71
S0090	Sildenafil citrate, 25 mg	18
S0091	Granisetrone 1mg	119
S0092	Hydromorphone 250 mg	125
S0109	Methadone oral 5mg	1
S0122	Inj menotropins 75 iu	117
S0126	Inj follitropin alfa 75 iu	117
S0128	Inj follitropin beta 75 iu	123
S0132	Inj ganirelix acetat 250 mcg	250
S0136	Clozapine, 25 mg	2
S0142	Colistimethate inh sol mg	24
S0143	Aztreonam, inh sol gram	146
S0145	Peg interferon alfa-2A/180	1,863
S0146	Peg interferon alfa-2b/10	150
S0155	Epoprostenol dilutant	36
S0162	Injection efalizumab	577
S0164	Injection pantoprazole	23
S0170	Anastrozole 1 mg	12

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PROCEDURE CODE	DESCRIPTION	RATE
S0171	Bumetanide 0.5 mg	1
S0180	Etonogestrel implant system	1,125
S0181	Ondansetron 4 mg	60
S0187	Tamoxifen 10 mg	3
S0189	Testosterone pellet 75 mg	48
S0190	Mifepristone, oral, 200 mg	150
S0191	Misoprostol, oral, 200 mcg	5
S0199	Med abortion inc all ex drug	945
S0201	Partial hospitalization serv	24
S0207	Paramedicintercep nonhospals	1,125
S0208	Paramed intrcept nonvol	788
S0209	WC van mileage per mi	5
S0215	Nonemerg transp mileage	3
S0220	Medical conference by physic	202
S0257	End of life counseling	30
S0260	H&P for surgery	113
S0265	Genetic counsel 15 mins	113
S0302	Completed EPSDT	15
S0315	Disease management program	214
S0316	Follow-up/reassessment	138
S0317	Disease mgmt per diem	275
S0341	Lifestyle mod 2 or 3 stage	18
S0346	Home ecg monitrng tech 24hr	398
S0347	Home ecg monitrng prof 24hr	188
S0390	Rout foot care per visit	113
S0395	Impression casting ft	95
S0500	Dispos cont lens	134
S0504	Singl prscrp lens	180
S0512	Daily cont lens	143
S0516	Safety frames	119
S0580	Polycarb lens	45
S0581	Nonstnd lens	110
S0592	Comp cont lens eval	68
S0605	Digital rectal examination,	38
S0610	Annual gynecological examina	375
S0612	Annual gynecological examina	263
S0613	Ann breast exam	68
S0618	Audiometry for hearing aid	150
S0620	Routine ophthalmological exa	63
S0621	Routine ophthalmological exa	104
S0625	Digital screening retina	525
S0630	Removal of sutures	75
S0800	Laser in situ keratomileusis	2,370
S0820	Computerized corneal topogra	300
S1001	Deluxe item	44
S1015	IV tubing extension set	38
S1016	Non-pvc intravenous administ	45
S1040	Cranial remolding orthosis	4,050
S2068	Breast DIEP or SIEA flap	37,500
S2075	Lap inc/vent hernia repair	3,876
S2077	Lap mesh implant hern rep	1,500
S2083	Adjustment gastric band	525
S2114	Arthrosc sh tenodesis biceps	3,650
S2135	Neurolysis interspace foot	518
S2140	Cord blood harvesting	375
S2900	Robotic surgical system	2,250
S3005	Eval self-assess depression	90
S3600	Stat lab	38
S3620	Newborn metabolic screening	60
S3820	Comp BRCA1/BRCA2	4,680

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PROCEDURE CODE	DESCRIPTION	RATE
S3822	Sing mutation brst/ovar	578
S3823	3 mutation brst/ovar	690
S3830	Gene test HNPCC comp	3,075
S3854	Gene profile panel breast	5,475
S3900	Surface EMG	128
S4011	IVF package	9,000
S4016	Frozen IVF case rate	3,000
S4022	Asst oocyte fert case rate	3,000
S4035	Stimulated IUI case rate	9
S4042	Ovulation mgmt per cycle	750
S4981	Insert levonorgestrel ius	225
S4989	Contracept IUD	788
S4993	Contraceptive pills for bc	42
S5010	5% dextrose and 0.45% saline	39
S5011	5% dextrose in lactated ring	20
S5013	5%dextrose/0.45%saline1000ml	32
S5100	Adult daycare services 15min	9
S5101	Adult day care per half day	10
S5102	Adult day care per diem	89
S5105	Centerbased day care per diem	120
S5110	Family homecare training 15m	15
S5111	Family homecare train/session	105
S5116	Nonfamily HC train/session	105
S5120	Chore services per 15 min	7
S5125	Attendant care service /15m	4
S5126	Attendant care service /diem	92
S5135	Adult companioncare per 15m	7
S5140	Adult foster care per diem	80
S5145	Child fostercare th per diem	74
S5150	Unskilled respite care /15m	7
S5151	Unskilled respitecare /diem	375
S5161	Emer rspns sys serv permonth	47
S5165	Home modifications per serv	151
S5170	Homedelivered prepared meal	10
S5498	HIT simple cath care	21
S5501	HIT complex cath care	30
S5502	HIT interim cath care	150
S5517	HIT declotting kit	80
S5518	HIT cath repair kit	15
S5520	HIT picc insert kit	113
S5521	HIT midline cath insert kit	180
S5522	HIT picc insert no supp	450
S5523	HIP midline cath insert kit	195
S5550	Insulin rapid 5 u	1
S5565	Insulin cartridge 150 u	1
S8037	mrcp	2,100
S8085	Fluorine-18 fluorodeoxygluco	713
S8092	Electron beam computed tomog	555
S8096	Portable peak flow meter	53
S8100	Spacer without mask	23
S8101	Spacer with mask	69
S8110	Peak expiratory flow rate (p	68
S8120	O2 contents gas cubic ft	2
S8121	O2 contents liquid lb	3
S8186	Swivel adaptor	41
S8262	Mandib ortho repos device	2,250
S8265	Haberman feeder	120
S8415	Supplies for home delivery	195
S8422	Custom grad sleeve med	225
S8423	Custom grad sleeve heavy	248

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
S8424	Ready gradient sleeve	13
S8426	Custom grad glove heavy	417
S8427	Ready gradient glove	225
S8428	Ready gradient gauntlet	83
S8429	Gradient pressure wrap	54
S8430	Padding for comprsn bdg	50
S8431	Compression bandage	16
S8450	Splint digit	24
S8451	Splint wrist or ankle	53
S8452	Splint elbow	53
S8490	100 insulin syringes	1
S8948	Low-level laser trmt 15 min	68
S8950	Complex lymphedema therapy,	61
S8990	Pt or manip for maint	75
S8999	Resuscitation bag	300
S9001	Home uterine monitor with or	120
S9061	Medical supplies and equipme	75
S9075	Smoking cessation treatment	75
S9083	Urgent care center global	195
S9088	Services provided in urgent	113
S9090	Vertebral axial decompressio	225
S9092	Canolith repositioning	135
S9097	Home visit wound care	218
S9098	Home phototherapy visit	360
S9109	CHF telemonitoring month	38
S9122	Home health aide or certifie	41
S9123	Nursing care in home RN	78
S9124	Nursing care, in the home; b	63
S9125	Respite care, in the home, p	41
S9126	Hospice care, in the home, p	242
S9127	Social work visit, in the ho	234
S9128	Speech therapy, in the home,	188
S9129	Occupational therapy, in the	188
S9131	PT in the home per diem	188
S9140	Diabetic Management Program,	234
S9141	Diabetic Management Program,	272
S9145	Insulin pump initiation	644
S9150	Evaluation by ocluarist	1
S9208	Home mgmt preterm labor	308
S9211	Home mgmt gest hypertension	128
S9212	Hm postpar hyper per diem	66
S9213	Hm preeclamp per diem	308
S9214	Hm gest dm per diem	450
S9325	HIT pain mgmt per diem	113
S9326	HIT cont pain per diem	224
S9327	HIT int pain per diem	239
S9328	HIT pain imp pump diem	83
S9329	HIT chemo per diem	188
S9330	HIT cont chem diem	195
S9331	HIT intermit chemo diem	128
S9335	HT hemodialysis diem	750
S9336	HIT cont anticoag diem	217
S9338	HIT immunotherapy diem	137
S9340	HIT enteral per diem	38
S9341	HIT enteral grav diem	30
S9342	HIT enteral pump diem	35
S9343	HIT enteral bolus nurs	34
S9345	HIT anti-hemophil diem	53
S9346	HIT alpha-1-proteinase diem	90
S9347	HIT longterm infusion diem	165

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PROCEDURE CODE	DESCRIPTION	RATE
S9348	HIT sympathomim diem	125
S9349	HIT tocolysis diem	690
S9351	HIT cont antiemetic diem	1,043
S9353	HIT cont insulin diem	630
S9355	HIT chelation diem	150
S9357	HIT enzyme replace diem	90
S9359	HIT anti-tnf per diem	225
S9361	HIT diuretic infus diem	106
S9363	HIT anti-spasmodic diem	140
S9364	HIT tpn total diem	255
S9365	HIT tpn 1 liter diem	375
S9366	HIT tpn 2 liter diem	450
S9367	HIT tpn 3 liter diem	488
S9368	HIT tpn over 3l diem	300
S9370	HT inj antiemetic diem	113
S9372	HT inj anticoag diem	104
S9373	HIT hydra total diem	128
S9374	HIT hydra 1 liter diem	132
S9375	HIT hydra 2 liter diem	158
S9376	HIT hydra 3 liter diem	188
S9377	HIT hydra over 3l diem	548
S9401	Anticoag clinic per session	38
S9430	Pharmacy comp/disp serv	30
S9434	Mod solid food suppl	14
S9435	Medical foods for inborn err	43
S9436	Lamaze class	150
S9441	Asthma education	38
S9442	Birthing class	90
S9443	Lactation class	75
S9449	Weight mgmt class	203
S9452	Nutrition class	59
S9455	Diabetic Management Program,	162
S9460	Diabetic Management Program,	234
S9465	Diabetic Management Program,	279
S9470	Nutritional counseling, diet	128
S9475	Ambulatory setting substance	188
S9480	Intensive outpatient psychia	263
S9484	Crisis intervention per hour	90
S9485	Crisis intervention mental h	732
S9490	HIT corticosteroid/diem	345
S9494	HIT antibiotic total diem	210
S9497	HIT antibiotic q3h diem	397
S9500	HIT antibiotic q24h diem	225
S9501	HIT antibiotic q12h diem	252
S9502	HIT antibiotic q8h diem	288
S9503	HIT antibiotic q6h diem	255
S9504	HIT antibiotic q4h diem	270
S9529	Venipuncture home/snf	75
S9537	HT hem horm inj diem	83
S9538	HIT blood products diem	600
S9558	HT inj growth horm diem	46
S9559	HIT inj interferon diem	128
S9560	HT inj hormone diem	599
S9562	HT inj palivizumab diem	165
S9590	HT irrigation diem	62
S9900	Christian Sci Pract visit	27
S9970	Health club membership yr	438
S9975	Transplant related per diem	123
S9981	Med record copy admin	38
S9982	Med record copy per page	1

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PROCEDURE CODE	DESCRIPTION	RATE
S9986	Not medically necessary svc	53
S9989	Services outside US	84
S9992	Transportation costs to and	44
S9996	Meals for clinical trial par	26
S9999	Sales tax	9
T1000	Private duty/independent nsg	17
T1001	Nursing assessment/evaluatr	60
T1002	RN services up to 15 minutes	12
T1003	LPN/LVN services up to 15min	15
T1004	Nsg aide service up to 15min	17
T1005	Respite care service 15 min	6
T1007	Treatment Plan Development	405
T1013	Sign Lang/Oral Interpreter	30
T1015	Clinic service	81
T1016	Case management	38
T1017	Targeted case management	50
T1018	School-based IEP ser bundled	18
T1019	Personal care ser per 15 min	6
T1020	Personal care ser per diem	182
T1021	HH Aide or cn aide per visit	14
T1023	Program intake assessment	34
T1024	Team evaluation & management	39
T1025	Ped compr care pkg, per diem	264
T1027	Family training & counseling	11
T1028	Home environment assessment	45
T1030	RN home care per diem	225
T1031	LPN home care per diem	158
T1502	Medication admin visit	23
T2001	N-et; patient attend/escort	15
T2002	N-et; per diem	2
T2003	N-et; encounter/trip	15
T2007	Non-emer transport wait time	38
T2014	Habil prevoc waiver, per d	40
T2015	Habil prevoc waiver per hr	17
T2016	Habil res waiver per diem	178
T2017	Habil res waiver 15 min	5
T2018	Habil sup empl waiver/diem	193
T2019	Habil sup empl waiver 15min	5
T2020	Day habil waiver per diem	68
T2021	Day habil waiver per 15 min	9
T2022	Case management, per month	300
T2023	Targeted case mgmt per month	253
T2024	Serv asmnt/care plan waiver	135
T2025	Waiver service, nos	45
T2031	Assist living waiver/diem	172
T2032	Res care, nos waiver/month	765
T2033	Res, nos waiver per diem	414
T2034	Crisis interven waiver/diem	134
T2038	Comm trans waiver/service	18
T2042	Hospice routine home care	270
T2043	Hospice continuous home care	69
T2044	Hospice respite care	255
T2045	Hospice general care	1,066
T2046	Hospice long term care, r&b	235
T2048	Bh ltc res r&b, per diem	21
T2049	N-ET; stretcher van, mileage	4
T4521	Adult size brief/diaper sm	2
T4522	Adult size brief/diaper med	1
T4523	Adult size brief/diaper lg	2
T4524	Adult size brief/diaper xl	2

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PROCEDURE CODE	DESCRIPTION	RATE
T4525	Adult size pull-on sm	1
T4526	Adult size pull-on med	2
T4527	Adult size pull-on lg	2
T4528	Adult size pull-on xl	2
T4529	Ped size brief/diaper sm/med	2
T4530	Ped size brief/diaper lg	2
T4531	Ped size pull-on sm/med	2
T4532	Ped size pull-on lg	1
T4533	Youth size brief/diaper	2
T4534	Youth size pull-on	2
T4535	Disposable liner/shield/pad	1
T4537	Reusable underpad bed size	30
T4541	Large disposable underpad	1
T4542	Small disposable underpad	1
T5999	Supply, nos	26
V2020	Vision svcs frames purchases	113
V2025	Eyeeglasses delux frames	162
V2100	Lens spher single plano 4.00	71
V2101	Single visn sphere 4.12-7.00	74
V2102	Singl visn sphere 7.12-20.00	105
V2103	Spherocylindr 4.00d/12-2.00d	61
V2104	Spherocylindr 4.00d/2.12-4d	68
V2105	Spherocylinder 4.00d/4.25-6d	74
V2106	Spherocylinder 4.00d/>6.00d	82
V2107	Spherocylinder 4.25d/12-2d	78
V2108	Spherocylinder 4.25d/2.12-4d	81
V2109	Spherocylinder 4.25d/4.25-6d	89
V2110	Spherocylinder 4.25d/over 6d	88
V2111	Spherocylindr 7.25d/.25-2.25	92
V2112	Spherocylindr 7.25d/2.25-4d	100
V2113	Spherocylindr 7.25d/4.25-6d	113
V2114	Spherocylinder over 12.00d	123
V2115	Lens lenticular bifocal	133
V2118	Lens aniseikonic single	132
V2121	Lenticular lens, single	137
V2200	Lens spher bifoc plano 4.00d	92
V2201	Lens sphere bifocal 4.12-7.0	101
V2202	Lens sphere bifocal 7.12-20.	119
V2203	Lens sphcyl bifocal 4.00d/.1	93
V2204	Lens sphcy bifocal 4.00d/2.1	98
V2205	Lens sphcy bifocal 4.00d/4.2	105
V2206	Lens sphcy bifocal 4.00d/ove	113
V2207	Lens sphcy bifocal 4.25-7d/.	103
V2208	Lens sphcy bifocal 4.25-7/2.	108
V2209	Lens sphcy bifocal 4.25-7/4.	116
V2210	Lens sphcy bifocal 4.25-7/ov	128
V2211	Lens sphcy bifo 7.25-12/.25-	133
V2212	Lens sphcyl bifo 7.25-12/2.2	138
V2213	Lens sphcyl bifo 7.25-12/4.2	139
V2214	Lens sphcyl bifocal over 12.	151
V2215	Lens lenticular bifocal	153
V2218	Lens aniseikonic bifocal	182
V2219	Lens bifocal seg width over	80
V2220	Lens bifocal add over 3.25d	65
V2221	Lenticular lens, bifocal	159
V2299	Lens bifocal speciality	173
V2300	Lens sphere trifocal 4.00d	118
V2301	Lens sphere trifocal 4.12-7.	139
V2302	Lens sphere trifocal 7.12-20	148
V2303	Lens sphcy trifocal 4.0/.12-	116

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PROCEDURE CODE	DESCRIPTION	RATE
V2304	Lens sphcy trifocal 4.0/2.25	121
V2305	Lens sphcy trifocal 4.0/4.25	140
V2306	Lens sphcyl trifocal 4.00/>6	145
V2307	Lens sphcy trifocal 4.25-7/.	137
V2308	Lens sphc trifocal 4.25-7/2.	144
V2309	Lens sphc trifocal 4.25-7/4.	156
V2310	Lens sphc trifocal 4.25-7/>6	154
V2311	Lens sphc trifo 7.25-12/.25-	161
V2312	Lens sphc trifo 7.25-12/2.25	162
V2313	Lens sphc trifo 7.25-12/4.25	181
V2314	Lens sphcyl trifocal over 12	194
V2315	Lens lenticular trifocal	215
V2318	Lens aniseikonic trifocal	265
V2319	Lens trifocal seg width > 28	90
V2320	Lens trifocal add over 3.25d	95
V2321	Lenticular lens, trifocal	212
V2399	Lens trifocal speciality	237
V2410	Lens variab asphericity sing	162
V2430	Lens variable asphericity bi	195
V2499	Variable asphericity lens	150
V2500	Contact lens pmma spherical	147
V2501	Cntct lens pmma-toric/prism	223
V2502	Contact lens pmma bifocal	275
V2503	Cntct lens pmma color vision	253
V2510	Cntct gas permeable sphericl	200
V2511	Cntct toric prism ballast	288
V2512	Cntct lens gas permbl bifocl	340
V2513	Contact lens extended wear	285
V2520	Contact lens hydrophilic	188
V2521	Cntct lens hydrophilic toric	328
V2522	Cntct lens hydrophil bifocl	319
V2523	Cntct lens hydrophil extend	272
V2530	Contact lens gas impermeable	402
V2531	Contact lens gas permeable	883
V2599	Contact lens/es other type	101
V2600	Hand held low vision aids	204
V2623	Plastic eye prosth custom	1,619
V2624	Polishing artificial eye	110
V2625	Enlargemnt of eye prosthesis	668
V2626	Reduction of eye prosthesis	360
V2627	Scleral cover shell	2,324
V2628	Fabrication & fitting	549
V2629	Prosthetic eye other type	1,800
V2630	Anter chamber intraocul lens	488
V2632	Post chmbr intraocular lens	579
V2700	Balance lens	79
V2702	Deluxe lens feature	19
V2710	Glass/plastic slab off prism	116
V2715	Prism lens/es	21
V2718	Fresnell prism press-on lens	52
V2730	Special base curve	38
V2744	Tint photochromatic lens/es	30
V2745	Tint, any color/solid/grad	19
V2750	Anti-reflective coating	34
V2755	UV lens/es	30
V2756	Eye glass case	5
V2760	Scratch resistant coating	29
V2761	Mirror coating	45
V2762	Polarization, any lens	97
V2770	Occluder lens/es	35

EXHIBIT B

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PROCEDURE CODE	DESCRIPTION	RATE
V2780	Oversize lens/es	23
V2781	Progressive lens per lens	158
V2782	Lens, 1.54-1.65 p/1.60-1.79g	104
V2783	Lens, >= 1.66 p/>=1.80 g	118
V2784	Lens polycarb or equal	77
V2785	Corneal tissue processing	4,725
V2786	Occupational multifocal lens	113
V2788	Presbyopia-correct function	1,793
V2797	Vis item/svc in other code	15
V5008	Hearing screening	150
V5010	Assessment for hearing aid	180
V5011	Hearing aid fitting/checking	201
V5014	Hearing aid repair/modifying	297
V5020	Conformity evaluation	143
V5030	Body-worn hearing aid air	2,700
V5050	Hearing aid monaural in ear	2,474
V5060	Behind ear hearing aid	2,400
V5090	Hearing aid dispensing fee	600
V5100	Body-worn bilat hearing aid	3,900
V5110	Hearing aid dispensing fee	600
V5130	In ear binaural hearing aid	3,300
V5140	Behind ear binaur hearing ai	3,450
V5160	Dispensing fee binaural	900
V5241	Dispensing fee, monaural	450
V5244	Hearing aid, prog, mon, cic	3,143
V5247	Hearing aid, prog, mon, bte	2,925
V5250	Hearing aid, prog, bin, cic	4,500
V5251	Hearing aid, prog, bin, itc	2,153
V5252	Hearing aid, prog, bin, ite	4,050
V5253	Hearing aid, prog, bin, bte	4,050
V5254	Hearing id, digit, mon, cic	4,200
V5255	Hearing aid, digit, mon, itc	3,150
V5256	Hearing aid, digit, mon, ite	2,655
V5257	Hearing aid, digit, mon, bte	3,375
V5258	Hearing aid, digit, bin, cic	5,700
V5259	Hearing aid, digit, bin, itc	2,985
V5260	Hearing aid, digit, bin, ite	3,000
V5261	Hearing aid, digit, bin, bte	4,425
V5264	Ear mold/insert	90
V5265	Ear mold/insert, disp	68
V5266	Battery for hearing device	2
V5267	Hearing aid supply/accessory	14
V5275	Ear impression	65
X7700	ADMINISTERED INTRAVENOUS SOT	16
X7702	ADMINISTERED INTRAVENOUS SON	9
X7704	ADMINISTERED IRRIGATION SOL,	8
X7913	ADMINISTRATION HEPATITIS B	11
X7914	ADMINISTRATION HEPATITIS B	11
Z5218	COLLECTION & HANDLING OF BL	5
Z5220	COLLECTION & HANDLING OF BL	5
Z7500	EXAMINING OR TREATMENT ROOM	30
Z7506	OPERATING ROOM OR CYSTOSCOPO	127
Z7508	OPERATING ROOM OR CYSTOSCOPO	51
Z7510	OPERATING ROOM OR CYSTOSCOPE	51
Z7512	RECOVERY ROOM USE	23
Z7514	ROOM AND BOARD, GENERAL NURO	51
Z7610	MISCELLANEOUS DRUGS AND MED	158
Z9750	GROUP EDUCATION/COUNSELING	5
Z9751	INITIAL METHODS EDUCATE/COU	16
Z9752	EDUCATION/COUNSELING (15 MI	24

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PROCEDURE CODE	DESCRIPTION	RATE
Z9753	EDUCATION/COUNSELING (30 MI	40
Z9754	EDUCATION/COUNSELING (45 MI	56
00400	ANESTH SKIN, EXT/PER/ANT TRU	47
0073T	DELIVERY, COMP IMRT	947
00840	ANESTH SURG LOWER ABDOMEN	95
00851	ANESTH TUBAL LIGATION	95
00869	ANESTHESIA FOR EXTRAPERITON	47
00920	ANESTH GENITALIA SURGERY	47
00921	ANESTH VASECTOMY	47
00940	ANESTH VAGINAL PROCEDURES	47
00952	ANESTH HYSTEROSCOPY/GRAPH	63
10021	FNA W/O IMAGE	104
10022	FNA W/IMAGE	104
10040	ACNE SURGERY	132
10060	DRAIN SKIN ABSCESS	141
10061	DRAIN SKIN ABSCESS	247
10080	DRAIN PILONIDAL CYST	145
10081	DRAIN PILONIDAL CYST	248
10120	REMOVE FOREIGN BODY	137
10121	REMOVE FOREIGN BODY	278
10140	DRAIN HEMATOMA/FLUID	180
10160	PUNCTURE DRAIN LESION	146
10180	COMPLEX DRAIN WOUND	266
11000	DEBRIDE INFECTED SKIN	49
11001	DEBRIDE INFECTED SKIN, ADD-O	25
11004	DEBRIDE GENITALIA & PERINEUM	873
11005	DEBRIDE ABDOM WALL	1,137
11006	DEBRIDE GENITAL/PER/ABDOM WA	1,081
11008	REMOVE MESH FROM ABDOM WALL	412
11010	DEBRIDE SKIN, FX	430
11011	DEBRIDE SKIN/MUSCLE, FX	457
11012	DEBRIDE SKIN/MUSCLE/BONE, FX	665
11040	DEBRIDE SKIN, PARTIAL	42
11041	DEBRIDE SKIN, FULL	53
11042	DEBRIDE SKIN/TISSUE	71
11043	DEBRIDE TISSUE/MUSCLE	357
11044	DEBRIDE TISSUE/MUSCLE/BONE	492
11055	TRIM SKIN LESION	35
11056	TRIM SKIN LESIONS, 2 TO 4	49
11057	TRIM SKIN LESIONS, OVER 4	64
11100	BIOPSY SKIN LESION	73
11101	BIOPSY SKIN, ADD-ON	38
11200	REMOVE SKIN TAGS	104
11201	REMOVE SKIN TAGS, ADD-ON	25
11300	SHAVE SKIN LESION	45
11301	SHAVE SKIN LESION	76
11302	SHAVE SKIN LESION	94
11303	SHAVE SKIN LESION	111
11305	SHAVE SKIN LESION	56
11306	SHAVE SKIN LESION	85
11307	SHAVE SKIN LESION	101
11308	SHAVE SKIN LESION	121
11310	SHAVE SKIN LESION	65
11311	SHAVE SKIN LESION	95
11312	SHAVE SKIN LESION	109
11313	SHAVE SKIN LESION	146
11400	EXC TRT-EXT BENIGN+MARG 0.5	113
11401	EXC TRT-EXT BENIGN+MARG 0.6-	150
11402	EXC TRT-EXT BENIGN+MARG 1.1-	165
11403	EXC TRT-EXT BENIGN+MARG 2.1-	210

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PROCEDURE CODE	DESCRIPTION	RATE
11404	EXC TRT-EXT BENIGN+MARG 3.1-	233
11406	EXC TRT-EXT BENIGN+MARG > 4.	344
11420	EXC H-F-NECK-SP BENIGN+MARG	122
11421	EXC H-F-NECK-SP BENIGN+MARG	164
11422	EXC H-F-NECK-SP BENIGN+MARG	199
11423	EXC H-F-NECK-SP BENIGN+MARG	230
11424	EXC H-F-NECK-SP BENIGN+MARG	264
11426	EXC H-F-NECK-SP BENIGN+MARG	400
11440	EXC FACE-MM BENIGN+MARG 0.5	148
11441	EXC FACE-MM BENIGN+MARG 0.6-	193
11442	EXC FACE-MM BENIGN+MARG 1.1-	214
11443	EXC FACE-MM BENIGN+MARG 2.1-	263
11444	EXC FACE-MM BENIGN+MARG 3.1-	335
11446	EXC FACE-MM BENIGN+MARG > 4	470
11450	REMOVE SWEAT GLAND LESION	347
11451	REMOVE SWEAT GLAND LESION	456
11462	REMOVE SWEAT GLAND LESION	335
11463	REMOVE SWEAT GLAND LESION	466
11470	REMOVE SWEAT GLAND LESION	394
11471	REMOVE SWEAT GLAND LESION	493
11600	EXC TRT-EXT MALIG+MARG 0.5 <	167
11601	EXC TRT-EXT MALIG+MARG 0.6-1	216
11602	EXC TRT-EXT MALIG+MARG 1.1-2	238
11603	EXC TRT-EXT MALIG+MARG 2.1-3	282
11604	EXC TRT-EXT MALIG+MARG 3.1-4	308
11606	EXC TRT-EXT MALIG+MARG > 4 C	453
11620	EXC H-F-NECK-SP MALIG+MARG 0	170
11621	EXC H-F-NECK-SP MALIG+MARG 0	219
11622	EXC H-F-NECK-SP MALIG+MARG 1	252
11623	EXC H-F-NECK-SP MALIG+MARG 2	309
11624	EXC H-F-NECK-SP MALIG+MARG 3	350
11626	EXC H-F-NECK-SP MALIG+MARG >	437
11640	EXCISE FACE-MM MALIG+MARG 0.	180
11641	EXCISE FACE-MM MALIG+MARG 0.	234
11642	EXCISE FACE-MM MALIG+MARG 1.	276
11643	EXCISE FACE-MM MALIG+MARG 2.	342
11644	EXCISE FACE-MM MALIG+MARG 3.	425
11646	EXCISE FACE-MM MALIG+MARG >	596
11719	TRIM NAIL(S)	14
11720	DEBRIDE NAIL, 1-5	26
11721	DEBRIDE NAIL, 6 OR MORE	44
11730	REMOVE NAIL PLATE	89
11732	REMOVE NAIL PLATE, ADD-ON	46
11740	DRAIN BLOOD FROM UNDER NAIL	49
11750	REMOVE NAIL BED	265
11752	REMOVE NAIL BED/FINGER TIP	398
11755	BIOPSY NAIL UNIT	130
11760	REPAIR NAIL BED	200
11762	RECONSTRUCT NAIL BED	302
11765	EXCISE NAIL FOLD, TOE	104
11770	REMOVE PILONIDAL LESION	264
11771	REMOVE PILONIDAL LESION	613
11772	REMOVE PILONIDAL LESION	807
11900	INJECTION INTO SKIN LESIONS	47
11901	ADDED SKIN LESIONS INJECTION	73
11920	CORRECT SKIN COLOR DEFECTS	175
11921	CORRECT SKIN COLOR DEFECTS	206
11922	CORRECT SKIN COLOR DEFECTS	46
11950	THERAPY FOR CONTOUR DEFECTS	76
11951	THERAPY FOR CONTOUR DEFECTS	106

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
11952	THERAPY FOR CONTOUR DEFECTS	154
11954	THERAPY FOR CONTOUR DEFECTS	173
11960	INSERT TISSUE EXPANDER(S)	1,384
11970	REPLACE TISSUE EXPANDER	901
11971	REMOVE TISSUE EXPANDER(S)	454
11975	INSERT CONTRACEPTIVE CAP	383
11976	REMOVE CONTRACEPTIVE CAP	146
11977	REMOVE/REINSERT CONTRA CAP	533
11980	IMPLANT HORMONE PELLET(S)	123
11981	INSERT DRUG IMPLANT DEVICE	130
11982	REMOVE DRUG IMPLANT DEVICE	159
11983	REMOVE/INSERT DRUG IMPLANT	291
12001	REPAIR SUPERFICIAL WOUND(S)	152
12002	REPAIR SUPERFICIAL WOUND(S)	170
12004	REPAIR SUPERFICIAL WOUND(S)	199
12005	REPAIR SUPERFICIAL WOUND(S)	247
12006	REPAIR SUPERFICIAL WOUND(S)	311
12007	REPAIR SUPERFICIAL WOUND(S)	357
12011	REPAIR SUPERFICIAL WOUND(S)	158
12013	REPAIR SUPERFICIAL WOUND(S)	180
12014	REPAIR SUPERFICIAL WOUND(S)	216
12015	REPAIR SUPERFICIAL WOUND(S)	270
12016	REPAIR SUPERFICIAL WOUND(S)	329
12017	REPAIR SUPERFICIAL WOUND(S)	391
12018	REPAIR SUPERFICIAL WOUND(S)	488
12020	CLOSE SPLIT WOUND	281
12021	CLOSE SPLIT WOUND	205
12031	INTERMED WOUND REPAIR S/TRT/	236
12032	INTERMED WOUND REPAIR S/TRT/	293
12034	INTERMED WOUND REPAIR S/TRT/	302
12035	INTERMED WOUND REPAIR S/TRT/	354
12036	INTERMED WOUND REPAIR S/TRT/	407
12037	INTERMED WOUND REPAIR S/TRT/	475
12041	INTERMED WOUND REPAIR N-HF/G	252
12042	INTERMED WOUND REPAIR N-HG/G	295
12044	INTERMED WOUND REPAIR N-HG/G	316
12045	INTERMED WOUND REPAIR N-HG/G	367
12046	INTERMED WOUND REPAIR N-HG/G	432
12047	INTERMED WOUND REPAIR N-HG/G	473
12051	INTERMED WOUND REPAIR FACE/M	271
12052	INTERMED WOUND REPAIR FACE/M	319
12053	INTERMED WOUND REPAIR FACE/M	321
12054	INTERMED WOUND REPAIR FACE/M	339
12055	INTERMED WOUND REPAIR FACE/M	411
12056	INTERMED WOUND REPAIR FACE/M	504
12057	INTERMED WOUND REPAIR FACE/M	577
13100	REPAIR WOUND OR LESION	355
13101	REPAIR WOUND OR LESION	430
13102	REPAIR WOUND/LESION, ADD-ON	113
13120	REPAIR WOUND OR LESION	371
13121	REPAIR WOUND OR LESION	489
13122	REPAIR WOUND/LESION, ADD-ON	129
13131	REPAIR WOUND OR LESION	418
13132	REPAIR WOUND OR LESION	703
13133	REPAIR WOUND/LESION, ADD-ON	201
13150	REPAIR WOUND OR LESION	415
13151	REPAIR WOUND OR LESION	483
13152	REPAIR WOUND OR LESION	646
13153	REPAIR WOUND/LESION, ADD-ON	217
13160	LATE CLOSE WOUND	1,210

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
14000	SKIN TISSUE REARRANGEMENT	755
14001	SKIN TISSUE REARRANGEMENT	997
14020	SKIN TISSUE REARRANGEMENT	865
14021	SKIN TISSUE REARRANGEMENT	1,112
14040	SKIN TISSUE REARRANGEMENT	978
14041	SKIN TISSUE REARRANGEMENT	1,206
14060	SKIN TISSUE REARRANGEMENT	1,031
14061	SKIN TISSUE REARRANGEMENT	1,287
14300	SKIN TISSUE REARRANGEMENT	1,432
14350	SKIN TISSUE REARRANGEMENT	1,127
15002	WOUND PREP, TRUNK/ARM/LEG	342
15003	WOUND PREP, ADDED 100 CM	68
15004	WOUND PREP, F/N/HF/G	427
15005	WOUND PREP, F/N/HF/G, ADDED	135
15040	HARVEST CULTURED SKIN GRAFT	193
15050	SKIN PINCH GRAFT	662
15100	SKIN SPLIT GRAFT, TRUNK/ARM/	1,073
15101	SKIN SPLIT GRAFT T/A/L, ADD-	170
15110	EPIDERMAL AUTOGRAFT TRUNK/AR	1,095
15111	EPIDERMAL AUTOGRAFT T/A/L, A	162
15115	EPIDERMAL A-GRAFT FACE/NECK/	1,135
15116	EPIDERMAL A-GRAFT F/N/HF/G A	224
15120	SKIN SPLIT A-GRAFT FAC/NECK/	1,173
15121	SKIN SPLIT A-GRAFT F/N/HF/G	260
15130	DERM AUTOGRAFT, TRUNK/ARM/LE	841
15131	DERM AUTOGRAFT T/A/L, ADD-ON	133
15135	DERM AUTOGRAFT FACE/NECK/HF/	1,148
15136	DERM AUTOGRAFT, F/N/HF/G ADD	125
15150	CULT EPIDERMAL GRAFT T/ARM/L	952
15151	CULT EPIDERMAL GRAFT T/A/L A	175
15152	CULT EPIDERMAL GRAFT T/A/L +	232
15155	CULT EPIDERMAL GRAFT, F/N/HF	1,019
15156	CULT EPIDERMAL GRAFT F/N/HFG	251
15157	CULT EPIDERMAL GRAFT F/N/HFG	273
15170	ACELLULAR GRAFT TRUNK/ARMS/L	541
15171	ACELLULAR GRAFT T/ARM/LEG, A	133
15175	ACELLULAR GRAFT, F/N/HF/G	714
15176	ACELLULAR GRAFT, F/N/HF/G, A	210
15200	SKIN FULL GRAFT, TRUNK	982
15201	SKIN FULL GRAFT TRUNK, ADD-O	120
15220	SKIN FULL GRAFT SCALP/ARM/LE	935
15221	SKIN FULL GRAFT, ADD-ON	110
15240	SKIN FULL GRAFT FACE/GENITAL	1,195
15241	SKIN FULL GRAFT, ADD-ON	172
15260	SKIN FULL GRAFT EEN & LIPS	1,291
15261	SKIN FULL GRAFT, ADD-ON	218
15300	APPLY SKIN ALLOGRAFT, T/ARM/	432
15301	APPLY SKIN ALLOGRAFT T/A/L A	87
15320	APPLY SKIN ALLOGRAFT F/N/HF/	487
15321	APPLY SKIN ALLOGRAFT F/N/HFG	131
15330	APPLY ACELLULAR ALLOGRAFT T/	394
15331	APPLY ACELLULAR GRAFT T/A/L,	88
15335	APPLY ACELLULAR GRAFT, F/N/H	419
15336	APPLY ACELLULAR GRAFT F/N/HF	120
15340	APPLY CULT SKIN SUBSTITUTE	407
15341	APPLY CULT SKIN SUB, ADD-ON	41
15360	APPLY CULT DERM SUB, T/A/L	461
15361	APPLY CULT DERM SUB T/A/L AD	95
15365	APPLY CULT DERM SUB F/N/HF/G	457
15366	APPLY CULT DERM F/HF/G ADD	119

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COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

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(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
15400	APPLY SKIN XENOGRAFT, T/A/L	534
15401	APPLY SKIN XENOGRAFT T/A/L A	86
15420	APPLY SKIN XENOGRAFT, F/N/HF	592
15421	APPLY SKIN XENOGRAFT F/N/HF/	129
15430	APPLY ACELLULAR XENOGRAFT	760
15570	FORM SKIN PEDICLE FLAP	1,069
15572	FORM SKIN PEDICLE FLAP	1,085
15574	FORM SKIN PEDICLE FLAP	1,146
15576	FORM SKIN PEDICLE FLAP	1,007
15600	SKIN GRAFT	308
15610	SKIN GRAFT	363
15620	SKIN GRAFT	478
15630	SKIN GRAFT	522
15650	TRANSFER SKIN PEDICLE FLAP	586
15731	FOREHEAD FLAP W/VASC PEDICLE	1,525
15732	MUSCLE-SKIN GRAFT, HEAD/NECK	1,969
15734	MUSCLE-SKIN GRAFT, TRUNK	2,025
15736	MUSCLE-SKIN GRAFT, ARM	1,749
15738	MUSCLE-SKIN GRAFT, LEG	1,900
15740	ISLAND PEDICLE FLAP GRAFT	1,299
15750	NEUROVASCULAR PEDICLE GRAFT	1,371
15756	FREE MYO/SKIN FLAP MICROVASC	3,574
15757	FREE SKIN FLAP, MICROVASC	3,532
15758	FREE FASCIAL FLAP, MICROVASC	3,538
15760	COMPOSITE SKIN GRAFT	1,062
15770	DERMA-FAT-FASCIA GRAFT	986
15775	HAIR TRANSPLANT PUNCH GRAFTS	350
15776	HAIR TRANSPLANT PUNCH GRAFTS	502
15780	ABRASION TREAT SKIN	975
15781	ABRASION TREAT SKIN	650
15782	ABRASION TREAT SKIN	628
15783	ABRASION TREAT SKIN	562
15786	ABRASION, LESION, SING	206
15787	ABRASION, LESIONS, ADD-ON	28
15788	CHEMICAL PEEL, FACE, EPIDERM	365
15789	CHEMICAL PEEL, FACE, DERMAL	648
15792	CHEMICAL PEEL, NONFACIAL	406
15793	CHEMICAL PEEL, NONFACIAL	540
15819	PLASTIC SURGERY, NECK	1,102
15820	REVISE LOWER EYELID	720
15821	REVISE LOWER EYELID	761
15822	REVISE UPPER EYELID	553
15823	REVISE UPPER EYELID	901
15824	REMOVE FOREHEAD WRINKLES	1,521
15825	REMOVE NECK WRINKLES	1,316
15826	REMOVE BROW WRINKLES	1,098
15828	REMOVE FACE WRINKLES	3,738
15829	REMOVE SKIN WRINKLES	3,738
15830	EXCISE SKIN ABD	1,751
15832	EXCISE EXCESSIVE SKIN TISSUE	1,333
15833	EXCISE EXCESSIVE SKIN TISSUE	1,260
15834	EXCISE EXCESSIVE SKIN TISSUE	1,250
15835	EXCISE EXCESSIVE SKIN TISSUE	1,321
15836	EXCISE EXCESSIVE SKIN TISSUE	1,104
15837	EXCISE EXCESSIVE SKIN TISSUE	1,000
15838	EXCISE EXCESSIVE SKIN TISSUE	862
15839	EXCISE EXCESSIVE SKIN TISSUE	1,081
15840	GRAFT FOR FACE NERVE PALSY	1,514
15841	GRAFT FOR FACE NERVE PALSY	2,521
15842	FLAP FOR FACE NERVE PALSY	3,979

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
15845	SKIN & MUSCLE REPAIR FACE	1,418
15850	REMOVE SUTURES	152
15851	REMOVE SUTURES	68
15852	DRESSING CHANGE NOT FOR BURN	72
15860	TEST FOR BLOOD FLOW IN GRAFT	169
15876	SUCTION ASSISTED LIPECTOMY	902
15877	SUCTION ASSISTED LIPECTOMY	2,205
15878	SUCTION ASSISTED LIPECTOMY	902
15879	SUCTION ASSISTED LIPECTOMY	1,611
15920	REMOVE TAIL BONE ULCER	876
15922	REMOVE TAIL BONE ULCER	1,114
15931	REMOVE SACRUM PRESSURE SORE	990
15933	REMOVE SACRUM PRESSURE SORE	1,226
15934	REMOVE SACRUM PRESSURE SORE	1,360
15935	REMOVE SACRUM PRESSURE SORE	1,625
15936	REMOVE SACRUM PRESSURE SORE	1,320
15937	REMOVE SACRUM PRESSURE SORE	1,546
15940	REMOVE HIP PRESSURE SORE	1,019
15941	REMOVE HIP PRESSURE SORE	1,335
15944	REMOVE HIP PRESSURE SORE	1,312
15945	REMOVE HIP PRESSURE SORE	1,458
15946	REMOVE HIP PRESSURE SORE	2,426
15950	REMOVE THIGH PRESSURE SORE	850
15951	REMOVE THIGH PRESSURE SORE	1,210
15952	REMOVE THIGH PRESSURE SORE	1,271
15953	REMOVE THIGH PRESSURE SORE	1,417
15956	REMOVE THIGH PRESSURE SORE	1,700
15958	REMOVE THIGH PRESSURE SORE	1,739
16000	INITIAL TREAT BURN(S)	70
16020	DRESS/DEBRIDE P-THICK BURN,	86
16025	DRESS/DEBRIDE P-THICK BURN,	173
16030	DRESS/DEBRIDE P-THICK BURN,	197
16035	INCISE BURN SCAB, INITIAL	321
16036	ESCHAROTOMY; ADDED INCISE	128
17000	DESTROY PREMALIGNANT LESION	83
17003	DESTROY PREMALIGNANT LES, 2-14	7
17004	DESTROY PREMALIGNANT LESIONS 15+	205
17106	DESTROY SKIN LESIONS	425
17107	DESTROY SKIN LESIONS	563
17108	DESTROY SKIN LESIONS	731
17110	DESTROY B9 LESION, 1-14	104
17111	DESTROY LESION, 15 OR MORE	129
17250	CHEMICAL CAUTERY, TISSUE	55
17260	DESTROY SKIN LESIONS	101
17261	DESTROY SKIN LESIONS	137
17262	DESTROY SKIN LESIONS	175
17263	DESTROY SKIN LESIONS	193
17264	DESTROY SKIN LESIONS	206
17266	DESTROY SKIN LESIONS	239
17270	DESTROY SKIN LESIONS	148
17271	DESTROY SKIN LESIONS	167
17272	DESTROY SKIN LESIONS	193
17273	DESTROY SKIN LESIONS	217
17274	DESTROY SKIN LESIONS	265
17276	DESTROY SKIN LESIONS	318
17280	DESTROY SKIN LESIONS	135
17281	DESTROY SKIN LESIONS	187
17282	DESTROY SKIN LESIONS	217
17283	DESTROY SKIN LESIONS	271
17284	DESTROY SKIN LESIONS	322

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

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PROCEDURE CODE	DESCRIPTION	RATE
17286	DESTROY SKIN LESIONS	432
17311	MOHS, 1 STAGE, H/N/HF/G	576
17312	MOHS ADDED STAGE	306
17313	MOHS, 1 STAGE, T/A/L	517
17314	MOHS, ADDED STAGE, T/A/L	284
17315	MOHS SURG, ADDED BLOCK	81
17340	CRYOTHERAPY SKIN	69
17360	SKIN PEEL THERAPY	151
17380	HAIR REMOVE BY ELECTROLYSIS	99
19000	DRAIN BREAST LESION	71
19001	DRAIN BREAST LESION, ADD-ON	35
19020	INCISE BREAST LESION	426
19030	INJECTION FOR BREAST X-RAY	128
19100	BIOPSY BREAST PERCUT W/O IMA	103
19101	BIOPSY BREAST, OPEN	319
19102	BIOPSY BREAST PERCUT W/IMAGE	167
19103	BIOPSY BREAST PERCUT W/DEVIC	306
19105	CRYOSURG ABLATE FA, EACH	307
19110	NIPPLE EXPLORE	480
19112	EXCISE BREAST DUCT FISTULA	433
19120	REMOVE BREAST LESION	583
19125	EXCISE BREAST LESION	645
19126	EXCISE ADDED BREAST LESION	238
19260	REMOVE CHEST WALL LESION	1,785
19271	REVISE CHEST WALL	2,448
19272	EXTENSIVE CHEST WALL SURGERY	2,706
19290	PLACE NEEDLE WIRE, BREAST	106
19291	PLACE NEEDLE WIRE, BREAST	52
19295	PLACE BREAST CLIP, PERCUT	156
19296	PLACE PO BREAST CATH FOR RAD	308
19297	PLACE BREAST CATH FOR RAD	138
19298	PLACE BREAST RAD TUBE/CATHS	507
19300	REMOVE BREAST TISSUE	571
19301	PARTIAL MASTECTOMY	891
19302	PART MASTECTOMY W/AXILLARY L	1,281
19303	MASTECTOMY SIMPLE, COMPLETE	1,376
19304	MASTECTOMY SUBCUT	812
19305	MASTECTOMY RADICAL	1,598
19306	MASTECTOMY RAD, URBAN TYPE	1,678
19307	MASTECTOMY MOD RAD	1,687
19316	SUSPEND BREAST	1,162
19318	REDUCE LARGE BREAST	1,714
19324	ENLARGE BREAST	710
19325	ENLARGE BREAST W/IMPLANT	970
19328	REMOVE BREAST IMPLANT	733
19330	REMOVE IMPLANT MATERIAL	940
19340	IMMEDIATE BREAST PROSTHESIS	600
19342	DELAYED BREAST PROSTHESIS	1,381
19350	BREAST RECONSTRUCTION	1,019
19355	CORRECT INVERTED NIPPLE(S)	832
19357	BREAST RECONSTRUCTION	2,323
19361	BREAST RECONSTRUCT W/LAT FLA	2,483
19364	BREAST RECONSTRUCTION	4,207
19366	BREAST RECONSTRUCTION	2,067
19367	BREAST RECONSTRUCTION	2,731
19368	BREAST RECONSTRUCTION	3,377
19369	BREAST RECONSTRUCTION	3,074
19370	SURGERY BREAST CAPSULE	1,020
19371	REMOVE BREAST CAPSULE	1,176
19380	REVISE BREAST RECONSTRUCTION	1,150

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
19396	DESIGN CUSTOM BREAST IMPLANT	200
20000	INCISE ABSCESS	236
20005	INCISE DEEP ABSCESS	359
20100	EXPLORE WOUND, NECK	878
20101	EXPLORE WOUND, CHEST	304
20102	EXPLORE WOUND, ABDOMEN	370
20103	EXPLORE WOUND, EXTREMITY	531
20150	EXCISE EPIPHYSEAL BAR	1,449
20200	MUSCLE BIOPSY	141
20205	DEEP MUSCLE BIOPSY	224
20206	NEEDLE BIOPSY MUSCLE	99
20220	BONE BIOPSY TROCAR/NEEDLE	123
20225	BONE BIOPSY TROCAR/NEEDLE	188
20240	BONE BIOPSY EXCISEAL	347
20245	BONE BIOPSY EXCISEAL	949
20250	OPEN BONE BIOPSY	572
20251	OPEN BONE BIOPSY	635
20500	INJECTION SINUS TRACT	146
20501	INJECT SINUS TRACT FOR X-RAY	64
20520	REMOVE FOREIGN BODY	216
20525	REMOVE FOREIGN BODY	376
20526	THERAPEUTIC INJECTION, CARP	88
20550	INJECT TENDON SHEATH/LIGAMEN	64
20551	INJECT TENDON ORIGIN/INSERT	66
20552	INJECT TRIGGER POINT, 1/2 MU	55
20553	INJECT TRIGGER POINTS, =/> 3	61
20555	PLACE NEEDLE MUSC/TISS FOR R	511
20600	DRAIN/INJ, JOINT/BURSA	62
20605	DRAIN/INJ, JOINT/BURSA	64
20610	DRAIN/INJ, JOINT/BURSA	77
20612	ASPIRATE/INJECT GANGLION CYS	66
20615	TREAT BONE CYST	242
20650	INSERT & REMOVE BONE PIN	238
20660	APPLY, REM FIXATION DEVICE	357
20661	APPLY HEAD BRACE	714
20662	APPLY PELVIS BRACE	729
20663	APPLY THIGH BRACE	676
20664	HALO BRACE APPLY	1,153
20665	REMOVE FIXATION DEVICE	155
20670	REMOVE SUPPORT IMPLANT	229
20680	REMOVE SUPPORT IMPLANT	624
20690	APPLY BONE FIXATION DEVICE	811
20692	APPLY BONE FIXATION DEVICE	1,519
20693	ADJUST BONE FIXATION DEVICE	699
20694	REMOVE BONE FIXATION DEVICE	513
20696	COMP MULTIPLANE EXT FIXATION	1,627
20697	COMP EXT FIXATE STRUT CHANGE	1
20802	REPLANT ARM, COMPLETE	3,688
20805	REPLANT FOREARM, COMPLETE	4,527
20808	REPLANT HAND, COMPLETE	6,208
20816	REPLANT DIGIT, COMPLETE	3,468
20822	REPLANT DIGIT, COMPLETE	2,947
20824	REPLANT THUMB, COMPLETE	3,453
20827	REPLANT THUMB, COMPLETE	3,067
20838	REPLANT FOOT, COMPLETE	3,730
20900	REMOVE BONE FOR GRAFT	411
20902	REMOVE BONE FOR GRAFT	563
20910	REMOVE CARTILAGE FOR GRAFT	660
20912	REMOVE CARTILAGE FOR GRAFT	736
20920	REMOVE FASCIA FOR GRAFT	620

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
20922	REMOVE FASCIA FOR GRAFT	758
20924	REMOVE TENDON FOR GRAFT	769
20926	REMOVE TISSUE FOR GRAFT	664
20930	SP BONE ALLOGRAFT MORSEL, AD	738
20931	SP BONE ALLOGRAFT STRUCT, AD	172
20936	SP BONE ALLOGRAFT LOCAL, ADD	906
20937	SP BONE ALLOGRAFT MORSEL, AD	262
20938	SP BONE ALLOGRAFT STRUCT, AD	285
20950	FLUID PRESSURE, MUSCLE	139
20955	FIBULA BONE GRAFT, MICROVASC	3,875
20956	ILIAC BONE GRAFT, MICROVASC	4,053
20957	MT BONE GRAFT, MICROVASC	3,829
20962	OTHER BONE GRAFT, MICROVASC	3,982
20969	BONE/SKIN GRAFT, MICROVASC	4,283
20970	BONE/SKIN GRAFT, ILIAC CREST	4,316
20972	BONE/SKIN GRAFT, METATARSAL	3,895
20973	BONE/SKIN GRAFT, GREAT TOE	4,081
20974	ELECTRICAL BONE STIMULATION	74
20975	ELECTRICAL BONE STIMULATION	273
20979	US BONE STIMULATION	55
20982	ABLATE BONE TUMOR(S) PERCUT	632
20985	COMPUTER-ASSIST DIR MS PX	232
21010	INCISE JAW JOINT	1,095
21015	RESECT FACIAL TUMOR	647
21025	EXCISE BONE, LOWER JAW	1,136
21026	EXCISE FACIAL BONE(S)	739
21029	CONTOUR FACE BONE LESION	951
21030	EXCISE MAX/ZYGOMA B9 TUMOR	612
21031	REMOVE EXOSTOSIS, MANDIBLE	440
21032	REMOVE EXOSTOSIS, MAXILLA	433
21034	EXCISE MAX/ZYGOMA MALIG TUMO	1,771
21040	EXCISE MANDIBLE LESION	608
21044	REMOVE JAW BONE LESION	1,328
21045	EXTENSIVE JAW SURGERY	1,845
21046	REMOVE MANDIBLE CYST COMPLEX	1,655
21047	EXCISE LOWER JAW CYST W/REPA	1,966
21048	REMOVE MAXILLA CYST COMPLEX	1,673
21049	EXCISE UPPER JAW CYST W/REPA	1,903
21050	REMOVE JAW JOINT	1,313
21060	REMOVE JAW JOINT CARTILAGE	1,195
21070	REMOVE CORONOID PROCESS	975
21073	MANIPULATE TMJ W/ANESTH	361
21076	PREPARE FACE/ORAL PROSTHESIS	1,260
21077	PREPARE FACE/ORAL PROSTHESIS	3,188
21079	PREPARE FACE/ORAL PROSTHESIS	2,111
21080	PREPARE FACE/ORAL PROSTHESIS	2,375
21081	PREPARE FACE/ORAL PROSTHESIS	2,162
21082	PREPARE FACE/ORAL PROSTHESIS	2,007
21083	PREPARE FACE/ORAL PROSTHESIS	1,858
21084	PREPARE FACE/ORAL PROSTHESIS	2,125
21085	PREPARE FACE/ORAL PROSTHESIS	858
21086	PREPARE FACE/ORAL PROSTHESIS	2,334
21087	PREPARE FACE/ORAL PROSTHESIS	2,325
21088	PREPARE FACE/ORAL PROSTHESIS	2,208
21100	MAXILLOFACIAL FIXATION	609
21110	INTERDENTAL FIXATION	977
21116	INJECTION, JAW JOINT X-RAY	65
21120	RECONSTRUCT CHIN	762
21121	RECONSTRUCT CHIN	997
21122	RECONSTRUCT CHIN	1,098

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
21123	RECONSTRUCT CHIN	1,302
21125	AUGMENT LOWER JAW BONE	1,128
21127	AUGMENT LOWER JAW BONE	1,321
21137	REDUCE FOREHEAD	1,089
21138	REDUCE FOREHEAD	1,358
21139	REDUCE FOREHEAD	1,517
21141	RECONSTRUCT MIDFACE, LEFORT	2,043
21142	RECONSTRUCT MIDFACE, LEFORT	2,007
21143	RECONSTRUCT MIDFACE, LEFORT	2,084
21145	RECONSTRUCT MIDFACE, LEFORT	2,329
21146	RECONSTRUCT MIDFACE, LEFORT	2,496
21147	RECONSTRUCT MIDFACE, LEFORT	2,559
21150	RECONSTRUCT MIDFACE, LEFORT	2,542
21151	RECONSTRUCT MIDFACE, LEFORT	3,106
21154	RECONSTRUCT MIDFACE, LEFORT	3,112
21155	RECONSTRUCT MIDFACE, LEFORT	3,527
21159	RECONSTRUCT MIDFACE, LEFORT	4,259
21160	RECONSTRUCT MIDFACE, LEFORT	4,351
21172	RECONSTRUCT ORBIT/FOREHEAD	2,685
21175	RECONSTRUCT ORBIT/FOREHEAD	3,248
21179	RECONSTRUCT ENTIRE FOREHEAD	2,231
21180	RECONSTRUCT ENTIRE FOREHEAD	2,546
21181	CONTOUR CRANIAL BONE LESION	1,070
21182	RECONSTRUCT CRANIAL BONE	3,079
21183	RECONSTRUCT CRANIAL BONE	3,452
21184	RECONSTRUCT CRANIAL BONE	3,684
21188	RECONSTRUCT MIDFACE	2,477
21193	RECONST LOWER JAW W/O GRAFT	1,876
21194	RECONST LOWER JAW W/GRAFT	2,140
21195	RECONST LOWER JAW W/O FIXATI	2,029
21196	RECONST LOWER JAW W/FIXATION	2,211
21198	RECONST LOWER JAW SEGMENT	1,748
21199	RECONST LOWER JAW W/ADVANCE	1,549
21206	RECONSTRUCT UPPER JAW BONE	1,720
21208	AUGMENT FACIAL BONES	1,252
21209	REDUCE FACIAL BONES	974
21210	FACE BONE GRAFT	1,247
21215	LOWER JAW BONE GRAFT	1,300
21230	RIB CARTILAGE GRAFT	1,158
21235	EAR CARTILAGE GRAFT	858
21240	RECONSTRUCT JAW JOINT	1,677
21242	RECONSTRUCT JAW JOINT	1,538
21243	RECONSTRUCT JAW JOINT	2,519
21244	RECONSTRUCT LOWER JAW	1,590
21245	RECONSTRUCT JAW	1,386
21246	RECONSTRUCT JAW	1,285
21247	RECONSTRUCT LOWER JAW BONE	2,442
21248	RECONSTRUCT JAW	1,327
21249	RECONSTRUCT JAW	1,874
21255	RECONSTRUCT LOWER JAW BONE	2,201
21256	RECONSTRUCT ORBIT	1,764
21260	REVISE EYE SOCKETS	2,013
21261	REVISE EYE SOCKETS	3,398
21263	REVISE EYE SOCKETS	3,055
21267	REVISE EYE SOCKETS	2,353
21268	REVISE EYE SOCKETS	2,903
21270	AUGMENT CHEEK BONE	1,051
21275	REVISE ORBITOFACIAL BONES	1,217
21280	REVISE EYELID	793
21282	REVISE EYELID	530

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
21295	REVISE JAW MUSCLE/BONE	268
21296	REVISE JAW MUSCLE/BONE	648
21310	TREAT NOSE FX	43
21315	TREAT NOSE FX	225
21320	TREAT NOSE FX	208
21325	TREAT NOSE FX	726
21330	TREAT NOSE FX	882
21335	TREAT NOSE FX	1,122
21336	TREAT NASAL SEPTAL FX	983
21337	TREAT NASAL SEPTAL FX	433
21338	TREAT NASOETHMOID FX	1,134
21339	TREAT NASOETHMOID FX	1,254
21340	TREAT NOSE FX	1,216
21343	TREAT SINUS FX	1,751
21344	TREAT SINUS FX	2,267
21345	TREAT NOSE/JAW FX	991
21346	TREAT NOSE/JAW FX	1,455
21347	TREAT NOSE/JAW FX	1,683
21348	TREAT NOSE/JAW FX	1,747
21355	TREAT CHEEK BONE FX	489
21356	TREAT CHEEK BONE FX	565
21360	TREAT CHEEK BONE FX	800
21365	TREAT CHEEK BONE FX	1,656
21366	TREAT CHEEK BONE FX	1,838
21385	TREAT EYE SOCKET FX	1,080
21386	TREAT EYE SOCKET FX	1,000
21387	TREAT EYE SOCKET FX	1,125
21390	TREAT EYE SOCKET FX	1,156
21395	TREAT EYE SOCKET FX	1,451
21400	TREAT EYE SOCKET FX	221
21401	TREAT EYE SOCKET FX	446
21406	TREAT EYE SOCKET FX	815
21407	TREAT EYE SOCKET FX	962
21408	TREAT EYE SOCKET FX	1,318
21421	TREAT MOUTH ROOF FX	950
21422	TREAT MOUTH ROOF FX	1,015
21423	TREAT MOUTH ROOF FX	1,201
21431	TREAT CRANIOFACIAL FX	1,128
21432	TREAT CRANIOFACIAL FX	1,010
21433	TREAT CRANIOFACIAL FX	2,553
21435	TREAT CRANIOFACIAL FX	2,021
21436	TREAT CRANIOFACIAL FX	2,967
21440	TREAT DENTAL RIDGE FX	680
21445	TREAT DENTAL RIDGE FX	945
21450	TREAT LOWER JAW FX	712
21451	TREAT LOWER JAW FX	950
21452	TREAT LOWER JAW FX	517
21453	TREAT LOWER JAW FX	1,148
21454	TREAT LOWER JAW FX	835
21461	TREAT LOWER JAW FX	1,406
21462	TREAT LOWER JAW FX	1,549
21465	TREAT LOWER JAW FX	1,373
21470	TREAT LOWER JAW FX	1,787
21480	RESET DISLOCATED JAW	49
21485	RESET DISLOCATED JAW	855
21490	REPAIR DISLOCATED JAW	1,395
21495	TREAT HYOID BONE FX	1,047
21497	INTERDENTAL WIRING	867
21501	DRAIN NECK/CHEST LESION	477
21502	DRAIN CHEST LESION	785

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
21510	DRAIN BONE LESION	700
21550	BIOPSY NECK/CHEST	241
21555	REMOVE LESION, NECK/CHEST	499
21556	REMOVE LESION, NECK/CHEST	622
21557	REMOVE TUMOR, NECK/CHEST	870
21600	PARTIAL REMOVE RIB	838
21610	PARTIAL REMOVE RIB	1,607
21615	REMOVE RIB	1,012
21616	REMOVE RIB & NERVES	1,299
21620	PARTIAL REMOVE STERNUM	792
21627	STERNAL DEBRIDEMENT	836
21630	EXTENSIVE STERNUM SURGERY	1,920
21632	EXTENSIVE STERNUM SURGERY	1,890
21685	HYOID MYOTOMY & SUSPENSION	1,498
21700	REVISE NECK MUSCLE	638
21705	REVISE NECK MUSCLE/RIB	976
21720	REVISE NECK MUSCLE	618
21725	REVISE NECK MUSCLE	806
21740	RECONSTRUCT STERNUM	1,640
21750	REPAIR STERNUM SEPARATION	1,091
21800	TREAT RIB FX	151
21805	TREAT RIB FX	394
21810	TREAT RIB FX(S)	755
21820	TREAT STERNUM FX	200
21825	TREAT STERNUM FX	860
21920	BIOPSY SOFT TISSUE BACK	241
21925	BIOPSY SOFT TISSUE BACK	506
21930	REMOVE LESION, BACK OR FLANK	560
21935	REMOVE TUMOR, BACK	1,741
22010	I & D, POST SPINE, C/T/CERV-	1,360
22015	I & D, POST SPINE, L/S/LS	1,352
22100	REMOVE PART NECK VERTEBRA	1,233
22101	REMOVE PART, THORAX VERTEBRA	1,229
22102	REMOVE PART, LUMBAR VERTEBRA	1,224
22103	REMOVE EXTRA SPINE SEGMENT	219
22110	REMOVE PART NECK VERTEBRA	1,528
22112	REMOVE PART, THORAX VERTEBRA	1,474
22114	REMOVE PART, LUMBAR VERTEBRA	1,516
22116	REMOVE EXTRA SPINE SEGMENT	218
22206	CUT SPINE 3 COL, THOR	3,590
22207	CUT SPINE 3 COL, LUMBAR	3,544
22208	CUT SPINE 3 COL, ADDED SEGME	899
22210	REVISE NECK SPINE	2,660
22212	REVISE THORAX SPINE	2,202
22214	REVISE LUMBAR SPINE	2,216
22216	REVISE, EXTRA SPINE SEGMENT	572
22220	REVISE NECK SPINE	2,394
22222	REVISE THORAX SPINE	2,160
22224	REVISE LUMBAR SPINE	2,367
22226	REVISE, EXTRA SPINE SEGMENT	569
22305	TREAT SPINE PROCESS FX	257
22310	TREAT SPINE FX	397
22315	TREAT SPINE FX	1,134
22318	TREAT ODONTOID FX W/O GRAFT	2,393
22319	TREAT ODONTOID FX W/GRAFT	2,625
22325	TREAT SPINE FX	2,098
22326	TREAT NECK SPINE FX	2,184
22327	TREAT THORAX SPINE FX	2,168
22328	TREAT EACH ADD SPINE FX	431
22505	MANIPULATE SPINE	185

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
22520	PERCUT VERTEBROPLASTY THOR	888
22521	PERCUT VERTEBROPLASTY LUMBAR	838
22522	PERCUT VERTEBROPLASTY ADDED	389
22523	PERCUT KYPHOPLASTY, THOR	934
22524	PERCUT KYPHOPLASTY, LUMBAR	895
22525	PERCUT KYPHOPLASTY, ADD-ON	415
22526	IDET, SING LEVEL	519
22527	IDET, 1 OR MORE LEVELS	234
22532	LAT THORAX SPINE FUSION	2,598
22533	LAT LUMBAR SPINE FUSION	2,446
22534	LAT THOR/LUMBAR, ADDED SEGME	564
22548	NECK SPINE FUSION	2,771
22554	NECK SPINE FUSION	1,928
22556	THORAX SPINE FUSION	2,479
22558	LUMBAR SPINE FUSION	2,270
22585	ADDITIONAL SPINAL FUSION	521
22590	SPINE & SKULL SPINAL FUSION	2,311
22595	NECK SPINAL FUSION	2,195
22600	NECK SPINE FUSION	1,885
22610	THORAX SPINE FUSION	1,860
22612	LUMBAR SPINE FUSION	2,394
22614	SPINE FUSION, EXTRA SEGMENT	608
22630	LUMBAR SPINE FUSION	2,308
22632	SPINE FUSION, EXTRA SEGMENT	494
22800	FUSE SPINE	2,040
22802	FUSE SPINE	3,231
22804	FUSE SPINE	3,727
22808	FUSE SPINE	2,747
22810	FUSE SPINE	3,055
22812	FUSE SPINE	3,347
22818	KYPHECTOMY, 1-2 SEGMENTS	3,373
22819	KYPHECTOMY, 3 OR MORE	3,887
22830	EXPLORE SPINAL FUSION	1,221
22840	INSERT SPINE FIXATION DEVICE	1,188
22841	INSERT SPINE FIXATION DEVICE	2,012
22842	INSERT SPINE FIXATION DEVICE	1,190
22843	INSERT SPINE FIXATION DEVICE	1,266
22844	INSERT SPINE FIXATION DEVICE	1,553
22845	INSERT SPINE FIXATION DEVICE	1,136
22846	INSERT SPINE FIXATION DEVICE	1,180
22847	INSERT SPINE FIXATION DEVICE	1,301
22848	INSERT PELVIC FIXATION DEVIC	566
22849	REINSERT SPINAL FIXATION	1,968
22850	REMOVE SPINE FIXATION DEVICE	1,081
22851	APPLY SPINE PROSTH DEVICE	633
22852	REMOVE SPINE FIXATION DEVICE	1,034
22855	REMOVE SPINE FIXATION DEVICE	1,670
22856	CERVICAL ARTIFICIAL DISKCTO	2,494
22857	LUMBAR ARTIFICIAL DISKCTOMY	2,583
22861	REVISE CERVICAL ARTIFICIAL D	3,006
22862	REVISE LUMBAR ARTIFICIAL DIS	2,969
22864	REMOVE CERVICAL ARTIFICIAL D	2,763
22865	REMOVE LUMBAR ARTIFICIAL DIS	3,210
22900	REMOVE ABDOMINAL WALL LESION	612
23000	REMOVE CALCIUM DEPOSITS	542
23020	RELEASE SHOULDER JOINT	1,045
23030	DRAIN SHOULDER LESION	388
23031	DRAIN SHOULDER BURSA	323
23035	DRAIN SHOULDER BONE LESION	1,038
23040	EXPLORATORY SHOULDER SURGERY	1,088

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
23044	EXPLORATORY SHOULDER SURGERY	864
23065	BIOPSY SHOULDER TISSUES	251
23066	BIOPSY SHOULDER TISSUES	512
23075	REMOVE SHOULDER LESION	267
23076	REMOVE SHOULDER LESION	847
23077	REMOVE TUMOR SHOULDER	1,781
23100	BIOPSY SHOULDER JOINT	738
23101	SHOULDER JOINT SURGERY	678
23105	REMOVE SHOULDER JOINT LINING	963
23106	INCISE COLLARBONE JOINT	719
23107	EXPLORE TREAT SHOULDER JOINT	1,000
23120	PARTIAL REMOVE COLLAR BONE	869
23125	REMOVE COLLAR BONE	1,062
23130	REMOVE SHOULDER BONE, PART	914
23140	REMOVE BONE LESION	772
23145	REMOVE BONE LESION	1,043
23146	REMOVE BONE LESION	907
23150	REMOVE HUMERUS LESION	987
23155	REMOVE HUMERUS LESION	1,195
23156	REMOVE HUMERUS LESION	1,017
23170	REMOVE COLLAR BONE LESION	798
23172	REMOVE SHOULDER BLADE LESION	820
23174	REMOVE HUMERUS LESION	1,139
23180	REMOVE COLLAR BONE LESION	1,038
23182	REMOVE SHOULDER BLADE LESION	1,002
23184	REMOVE HUMERUS LESION	1,130
23190	PARTIAL REMOVE SCAPULA	840
23195	REMOVE HEAD HUMERUS	1,137
23200	REMOVE COLLAR BONE	1,335
23210	REMOVE SHOULDER BLADE	1,398
23220	PARTIAL REMOVE HUMERUS	1,618
23221	PARTIAL REMOVE HUMERUS	1,884
23222	PARTIAL REMOVE HUMERUS	2,561
23330	REMOVE SHOULDER FOREIGN BODY	224
23331	REMOVE SHOULDER FOREIGN BODY	889
23332	REMOVE SHOULDER FOREIGN BODY	1,342
23350	INJECTION FOR SHOULDER X-RAY	83
23395	MUSCLE TRANSFER, SHOULDER/AR	1,950
23397	MUSCLE TRANSFERS	1,744
23400	FIXATE SHOULDER BLADE	1,482
23405	INCISE TENDON & MUSCLE	957
23406	INCISE TENDON(S) & MUSCLE(S)	1,192
23410	REPAIR ROTATOR CUFF, ACUTE	1,268
23412	REPAIR ROTATOR CUFF, CHRONIC	1,325
23415	RELEASE SHOULDER LIGAMENT	1,059
23420	REPAIR SHOULDER	1,484
23430	REPAIR BICEPS TENDON	1,123
23440	REMOVE/TRANSPLANT TENDON	1,157
23450	REPAIR SHOULDER CAPSULE	1,448
23455	REPAIR SHOULDER CAPSULE	1,544
23460	REPAIR SHOULDER CAPSULE	1,672
23462	REPAIR SHOULDER CAPSULE	1,638
23465	REPAIR SHOULDER CAPSULE	1,710
23466	REPAIR SHOULDER CAPSULE	1,690
23470	RECONSTRUCT SHOULDER JOINT	1,859
23472	RECONSTRUCT SHOULDER JOINT	2,297
23480	REVISE COLLAR BONE	1,247
23485	REVISE COLLAR BONE	1,470
23490	REINFORCE CLAVICLE	1,269
23491	REINFORCE SHOULDER BONES	1,549

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
23500	TREAT CLAVICLE FX	309
23505	TREAT CLAVICLE FX	482
23515	TREAT CLAVICLE FX	1,060
23520	TREAT CLAVICLE DISLOCATION	325
23525	TREAT CLAVICLE DISLOCATION	465
23530	TREAT CLAVICLE DISLOCATION	811
23532	TREAT CLAVICLE DISLOCATION	938
23540	TREAT CLAVICLE DISLOCATION	313
23545	TREAT CLAVICLE DISLOCATION	421
23550	TREAT CLAVICLE DISLOCATION	865
23552	TREAT CLAVICLE DISLOCATION	995
23570	TREAT SHOULDER BLADE FX	338
23575	TREAT SHOULDER BLADE FX	532
23585	TREAT SCAPULA FX	1,427
23600	TREAT HUMERUS FX	430
23605	TREAT HUMERUS FX	630
23615	TREAT HUMERUS FX	1,314
23616	TREAT HUMERUS FX	1,962
23620	TREAT HUMERUS FX	362
23625	TREAT HUMERUS FX	520
23630	TREAT HUMERUS FX	1,129
23650	TREAT SHOULDER DISLOCATION	390
23655	TREAT SHOULDER DISLOCATION	570
23660	TREAT SHOULDER DISLOCATION	877
23665	TREAT DISLOCATION/FX	579
23670	TREAT DISLOCATION/FX	1,263
23675	TREAT DISLOCATION/FX	742
23680	TREAT DISLOCATION/FX	1,369
23700	FIXATE SHOULDER	295
23800	FUSE SHOULDER JOINT	1,558
23802	FUSE SHOULDER JOINT	1,887
23900	AMPUTATE ARM & GIRDLE	2,002
23920	AMPUTATION AT SHOULDER JOINT	1,629
23921	AMPUTATION FOLLOW-UP SURGERY	592
23930	DRAIN ARM LESION	325
23931	DRAIN ARM BURSA	238
23935	DRAIN ARM/ELBOW BONE LESION	749
24000	EXPLORATORY ELBOW SURGERY	712
24006	RELEASE ELBOW JOINT	1,073
24065	BIOPSY ARM/ELBOW SOFT TISSUE	252
24066	BIOPSY ARM/ELBOW SOFT TISSUE	597
24075	REMOVE ARM/ELBOW LESION	469
24076	REMOVE ARM/ELBOW LESION	712
24077	REMOVE TUMOR ARM/ELBOW	1,223
24100	BIOPSY ELBOW JOINT LINING	609
24101	EXPLORE/TREAT ELBOW JOINT	750
24102	REMOVE ELBOW JOINT LINING	926
24105	REMOVE ELBOW BURSA	508
24110	REMOVE HUMERUS LESION	879
24115	REMOVE/GRAFT BONE LESION	1,104
24116	REMOVE/GRAFT BONE LESION	1,309
24120	REMOVE ELBOW LESION	786
24125	REMOVE/GRAFT BONE LESION	906
24126	REMOVE/GRAFT BONE LESION	962
24130	REMOVE HEAD RADIUS	761
24134	REMOVE ARM BONE LESION	1,139
24136	REMOVE RADIUS BONE LESION	897
24138	REMOVE ELBOW BONE LESION	1,000
24140	PARTIAL REMOVE ARM BONE	1,087
24145	PARTIAL REMOVE RADIUS	913

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
24147	PARTIAL REMOVE ELBOW	952
24149	RADICAL RESECT ELBOW	1,744
24150	EXTENSIVE HUMERUS SURGERY	1,476
24151	EXTENSIVE HUMERUS SURGERY	1,693
24152	EXTENSIVE RADIUS SURGERY	1,110
24153	EXTENSIVE RADIUS SURGERY	1,181
24155	REMOVE ELBOW JOINT	1,284
24160	REMOVE ELBOW JOINT IMPLANT	913
24164	REMOVE RADIUS HEAD IMPLANT	747
24200	REMOVE ARM FOREIGN BODY	203
24201	REMOVE ARM FOREIGN BODY	547
24220	INJECTION FOR ELBOW X-RAY	110
24300	MANIPULATE ELBOW W/ANESTH	596
24301	MUSCLE/TENDON TRANSFER	1,139
24305	ARM TENDON LENGTHENING	873
24310	REVISE ARM TENDON	715
24320	REPAIR ARM TENDON	1,172
24330	REVISE ARM MUSCLES	1,083
24331	REVISE ARM MUSCLES	1,197
24332	TENOLYSIS, TRICEPS	911
24340	REPAIR BICEPS TENDON	926
24341	REPAIR ARM TENDON/MUSCLE	1,092
24342	REPAIR RUPTURED TENDON	1,190
24343	REPAIR ELBOW LAT LIGAMENT W/	1,061
24344	RECONSTRUCT ELBOW LAT LIGAME	1,646
24345	REPAIR ELBOW MED LIGAMENT W/	1,053
24346	RECONSTRUCT ELBOW MED LIGAME	1,650
24357	REPAIR ELBOW, PERC	667
24358	REPAIR ELBOW W/DEB, OPEN	785
24359	REPAIR ELBOW DEB/ATTACH OPEN	982
24360	RECONSTRUCT ELBOW JOINT	1,367
24361	RECONSTRUCT ELBOW JOINT	1,530
24362	RECONSTRUCT ELBOW JOINT	1,618
24363	REPLACE ELBOW JOINT	2,258
24365	RECONSTRUCT HEAD RADIUS	967
24366	RECONSTRUCT HEAD RADIUS	1,035
24400	REVISE HUMERUS	1,250
24410	REVISE HUMERUS	1,590
24420	REVISE HUMERUS	1,498
24430	REPAIR HUMERUS	1,585
24435	REPAIR HUMERUS W/GRAFT	1,614
24470	REVISE ELBOW JOINT	949
24495	DECOMPRESS FOREARM	997
24498	REINFORCE HUMERUS	1,325
24500	TREAT HUMERUS FX	458
24505	TREAT HUMERUS FX	668
24515	TREAT HUMERUS FX	1,330
24516	TREAT HUMERUS FX	1,313
24530	TREAT HUMERUS FX	493
24535	TREAT HUMERUS FX	849
24538	TREAT HUMERUS FX	1,127
24545	TREAT HUMERUS FX	1,378
24546	TREAT HUMERUS FX	1,606
24560	TREAT HUMERUS FX	403
24565	TREAT HUMERUS FX	694
24566	TREAT HUMERUS FX	1,057
24575	TREAT HUMERUS FX	1,118
24576	TREAT HUMERUS FX	431
24577	TREAT HUMERUS FX	720
24579	TREAT HUMERUS FX	1,267

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
24582	TREAT HUMERUS FX	1,179
24586	TREAT ELBOW FX	1,667
24587	TREAT ELBOW FX	1,659
24600	TREAT ELBOW DISLOCATION	478
24605	TREAT ELBOW DISLOCATION	686
24615	TREAT ELBOW DISLOCATION	1,084
24620	TREAT ELBOW FX	824
24635	TREAT ELBOW FX	1,155
24640	TREAT ELBOW DISLOCATION	126
24650	TREAT RADIUS FX	335
24655	TREAT RADIUS FX	582
24665	TREAT RADIUS FX	980
24666	TREAT RADIUS FX	1,109
24670	TREAT ULNAR FX	373
24675	TREAT ULNAR FX	617
24685	TREAT ULNAR FX	985
24800	FUSE ELBOW JOINT	1,197
24802	FUSION/GRAFT ELBOW JOINT	1,518
24900	AMPUTATE UPPER ARM	1,083
24920	AMPUTATE UPPER ARM	1,076
24925	AMPUTATION FOLLOW-UP SURGERY	841
24930	AMPUTATION FOLLOW-UP SURGERY	1,140
24931	AMPUTATE UPPER ARM & IMPLANT	1,260
24935	REVISE AMPUTATION	1,528
24940	REVISE UPPER ARM	2,504
25000	INCISE TENDON SHEATH	532
25001	INCISE FLEXOR CARPI RADIALIS	499
25020	DECOMPRESS FOREARM 1 SPACE	878
25023	DECOMPRESS FOREARM 1 SPACE	1,668
25024	DECOMPRESS FOREARM 2 SPACES	1,155
25025	DECOMPRESS FOREARM 2 SPACES	1,767
25028	DRAIN FOREARM LESION	782
25031	DRAIN FOREARM BURSA	572
25035	TREAT FOREARM BONE LESION	987
25040	EXPLORE/TREAT WRIST JOINT	865
25065	BIOPSY FOREARM SOFT TISSUES	249
25066	BIOPSY FOREARM SOFT TISSUES	573
25075	REMOVE FOREARM LESION SUBCUT	501
25076	REMOVE FOREARM LESION DEEP	678
25077	REMOVE TUMOR, FOREARM/WRIST	1,134
25085	INCISE WRIST CAPSULE	701
25100	BIOPSY WRIST JOINT	523
25101	EXPLORE/TREAT WRIST JOINT	615
25105	REMOVE WRIST JOINT LINING	746
25107	REMOVE WRIST JOINT CARTILAGE	926
25109	EXCISE TENDON FOREARM/WRIST	786
25110	REMOVE WRIST TENDON LESION	550
25111	REMOVE WRIST TENDON LESION	477
25112	REREMOVE WRIST TENDON LESION	579
25115	REMOVE WRIST/FOREARM LESION	1,221
25116	REMOVE WRIST/FOREARM LESION	994
25118	EXCISE WRIST TENDON SHEATH	582
25119	PARTIAL REMOVE ULNA	768
25120	REMOVE FOREARM LESION	850
25125	REMOVE/GRAFT FOREARM LESION	985
25126	REMOVE/GRAFT FOREARM LESION	995
25130	REMOVE WRIST LESION	682
25135	REMOVE & GRAFT WRIST LESION	848
25136	REMOVE & GRAFT WRIST LESION	751
25145	REMOVE FOREARM BONE LESION	871

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
25150	PARTIAL REMOVE ULNA	879
25151	PARTIAL REMOVE RADIUS	977
25170	EXTENSIVE FOREARM SURGERY	1,352
25210	REMOVE WRIST BONE	745
25215	REMOVE WRIST BONES	957
25230	PARTIAL REMOVE RADIUS	660
25240	PARTIAL REMOVE ULNA	671
25246	INJECTION FOR WRIST X-RAY	121
25248	REMOVE FOREARM FOREIGN BODY	668
25250	REMOVE WRIST PROSTHESIS	789
25251	REMOVE WRIST PROSTHESIS	1,072
25259	MANIPULATE WRIST W/ANESTH	598
25260	REPAIR FOREARM TENDON/MUSCLE	1,038
25263	REPAIR FOREARM TENDON/MUSCLE	1,036
25265	REPAIR FOREARM TENDON/MUSCLE	1,224
25270	REPAIR FOREARM TENDON/MUSCLE	837
25272	REPAIR FOREARM TENDON/MUSCLE	939
25274	REPAIR FOREARM TENDON/MUSCLE	1,108
25275	REPAIR FOREARM TENDON SHEATH	1,013
25280	REVISE WRIST/FOREARM TENDON	950
25290	INCISE WRIST/FOREARM TENDON	814
25295	RELEASE WRIST/FOREARM TENDON	886
25300	FUSE TENDONS AT WRIST	1,033
25301	FUSE TENDONS AT WRIST	984
25310	TRANSPLANT FOREARM TENDON	1,028
25312	TRANSPLANT FOREARM TENDON	1,185
25315	REVISE PALSY HAND TENDON(S)	1,269
25316	REVISE PALSY HAND TENDON(S)	1,461
25320	REPAIR/REVISE WRIST JOINT	1,456
25332	REVISE WRIST JOINT	1,279
25335	REALIGN HAND	1,451
25337	RECONSTRUCT ULNA/RADIOULNAR	1,340
25350	REVISE RADIUS	1,129
25355	REVISE RADIUS	1,266
25360	REVISE ULNA	1,097
25365	REVISE RADIUS & ULNA	1,482
25370	REVISE RADIUS OR ULNA	1,615
25375	REVISE RADIUS & ULNA	1,559
25390	SHORTEN RADIUS OR ULNA	1,273
25391	LENGTHEN RADIUS OR ULNA	1,610
25392	SHORTEN RADIUS & ULNA	1,633
25393	LENGTHEN RADIUS & ULNA	1,833
25394	REPAIR CARPAL BONE, SHORTEN	1,174
25400	REPAIR RADIUS OR ULNA	1,334
25405	REPAIR/GRAFT RADIUS OR ULNA	1,689
25415	REPAIR RADIUS & ULNA	1,590
25420	REPAIR/GRAFT RADIUS & ULNA	1,886
25425	REPAIR/GRAFT RADIUS OR ULNA	1,642
25426	REPAIR/GRAFT RADIUS & ULNA	1,696
25430	VASC GRAFT INTO CARPAL BONE	1,073
25431	REPAIR NONUNION CARPAL BONE	1,186
25440	REPAIR/GRAFT WRIST BONE	1,181
25441	RECONSTRUCT WRIST JOINT	1,427
25442	RECONSTRUCT WRIST JOINT	1,218
25443	RECONSTRUCT WRIST JOINT	1,169
25444	RECONSTRUCT WRIST JOINT	1,246
25445	RECONSTRUCT WRIST JOINT	1,092
25446	WRIST REPLACE	1,787
25447	REPAIR WRIST JOINT(S)	1,233
25449	REMOVE WRIST JOINT IMPLANT	1,568

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
25450	REVISE WRIST JOINT	918
25455	REVISE WRIST JOINT	1,041
25490	REINFORCE RADIUS	1,158
25491	REINFORCE ULNA	1,224
25492	REINFORCE RADIUS & ULNA	1,470
25500	TREAT FX RADIUS	344
25505	TREAT FX RADIUS	678
25515	TREAT FX RADIUS	1,011
25520	TREAT FX RADIUS	768
25525	TREAT FX RADIUS	1,223
25526	TREAT FX RADIUS	1,499
25530	TREAT FX ULNA	331
25535	TREAT FX ULNA	667
25545	TREAT FX ULNA	949
25560	TREAT FX RADIUS & ULNA	342
25565	TREAT FX RADIUS & ULNA	702
25574	TREAT FX RADIUS & ULNA	993
25575	TREAT FX RADIUS/ULNA	1,348
25600	TREAT FX RADIUS/ULNA	377
25605	TREAT FX RADIUS/ULNA	851
25606	TREAT FX DISTAL RADIAL	1,000
25607	TREAT FX RADIAL EXTRA-ARTICU	1,074
25608	TREAT FX RADIAL INTRA-ARTICU	1,223
25609	TREAT FX RADIAL 3+ FRAG	1,559
25622	TREAT WRIST BONE FX	386
25624	TREAT WRIST BONE FX	617
25628	TREAT WRIST BONE FX	1,078
25630	TREAT WRIST BONE FX	395
25635	TREAT WRIST BONE FX	569
25645	TREAT WRIST BONE FX	852
25650	TREAT WRIST BONE FX	420
25651	PIN ULNAR STYLOID FX	709
25652	TREAT FX ULNAR STYLOID	929
25660	TREAT WRIST DISLOCATION	591
25670	TREAT WRIST DISLOCATION	919
25671	PIN RADIOULNAR DISLOCATION	780
25675	TREAT WRIST DISLOCATION	576
25676	TREAT WRIST DISLOCATION	952
25680	TREAT WRIST FX	678
25685	TREAT WRIST FX	1,103
25690	TREAT WRIST DISLOCATION	691
25695	TREAT WRIST DISLOCATION	953
25800	FUSE WRIST JOINT	1,128
25805	FUSION/GRAFT WRIST JOINT	1,299
25810	FUSION/GRAFT WRIST JOINT	1,311
25820	FUSE HAND BONES	929
25825	FUSE HAND BONES W/GRAFT	1,141
25830	FUSION, RADIOULNAR JOINT/ULN	1,440
25900	AMPUTATE FOREARM	1,138
25905	AMPUTATE FOREARM	1,124
25907	AMPUTATION FOLLOW-UP SURGERY	984
25909	AMPUTATION FOLLOW-UP SURGERY	1,106
25915	AMPUTATE FOREARM	1,922
25920	AMPUTATE HAND AT WRIST	1,037
25922	AMPUTATE HAND AT WRIST	876
25924	AMPUTATION FOLLOW-UP SURGERY	1,013
25927	AMPUTATE HAND	1,190
25929	AMPUTATION FOLLOW-UP SURGERY	843
25931	AMPUTATION FOLLOW-UP SURGERY	1,087
26010	DRAIN FINGER ABSCESS	198

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
26011	DRAIN FINGER ABSCESS	277
26020	DRAIN HAND TENDON SHEATH	640
26025	DRAIN PALM BURSA	624
26030	DRAIN PALM BURSA(S)	734
26034	TREAT HAND BONE LESION	798
26035	DECOMPRESS FINGERS/HAND	1,232
26037	DECOMPRESS FINGERS/HAND	854
26040	RELEASE PALM CONTRACTURE	461
26045	RELEASE PALM CONTRACTURE	698
26055	INCISE FINGER TENDON SHEATH	444
26060	INCISE FINGER TENDON	395
26070	EXPLORE/TREAT HAND JOINT	444
26075	EXPLORE/TREAT FINGER JOINT	472
26080	EXPLORE/TREAT FINGER JOINT	572
26100	BIOPSY HAND JOINT LINING	480
26105	BIOPSY FINGER JOINT LINING	492
26110	BIOPSY FINGER JOINT LINING	473
26115	REMOVE HAND LESION SUBCUT	537
26116	REMOVE HAND LESION, DEEP	720
26117	REMOVE TUMOR, HAND/FINGER	972
26121	RELEASE PALM CONTRACTURE	897
26123	RELEASE PALM CONTRACTURE	1,226
26125	RELEASE PALM CONTRACTURE	430
26130	REMOVE WRIST JOINT LINING	682
26135	REVISE FINGER JOINT, EACH	827
26140	REVISE FINGER JOINT, EACH	753
26145	TENDON EXCISE PALM/FINGER	765
26160	REMOVE TENDON SHEATH LESION	482
26170	REMOVE PALM TENDON, EACH	604
26180	REMOVE FINGER TENDON	660
26185	REMOVE FINGER BONE	789
26200	REMOVE HAND BONE LESION	676
26205	REMOVE/GRAFT BONE LESION	905
26210	REMOVE FINGER LESION	657
26215	REMOVE/GRAFT FINGER LESION	830
26230	PARTIAL REMOVE HAND BONE	755
26235	PARTIAL REMOVE FINGER BONE	742
26236	PARTIAL REMOVE FINGER BONE	659
26250	EXTENSIVE HAND SURGERY	874
26255	EXTENSIVE HAND SURGERY	1,317
26260	EXTENSIVE FINGER SURGERY	819
26261	EXTENSIVE FINGER SURGERY	1,010
26262	PARTIAL REMOVE FINGER	686
26320	REMOVE IMPLANT FROM HAND	515
26340	MANIPULATE FINGER W/ANESTH	473
26350	REPAIR FINGER/HAND TENDON	1,095
26352	REPAIR/GRAFT HAND TENDON	1,236
26356	REPAIR FINGER/HAND TENDON	1,615
26357	REPAIR FINGER/HAND TENDON	1,324
26358	REPAIR/GRAFT HAND TENDON	1,400
26370	REPAIR FINGER/HAND TENDON	1,180
26372	REPAIR/GRAFT HAND TENDON	1,361
26373	REPAIR FINGER/HAND TENDON	1,296
26390	REVISE HAND/FINGER TENDON	1,259
26392	REPAIR/GRAFT HAND TENDON	1,478
26410	REPAIR HAND TENDON	873
26412	REPAIR/GRAFT HAND TENDON	1,052
26415	EXCISE HAND/FINGER TENDON	1,089
26416	GRAFT HAND OR FINGER TENDON	1,162
26418	REPAIR FINGER TENDON	880

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES**FISCAL YEAR 2010-11**

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
26420	REPAIR/GRAFT FINGER TENDON	1,091
26426	REPAIR FINGER/HAND TENDON	871
26428	REPAIR/GRAFT FINGER TENDON	1,146
26432	REPAIR FINGER TENDON	763
26433	REPAIR FINGER TENDON	816
26434	REPAIR/GRAFT FINGER TENDON	973
26437	REALIGN TENDONS	950
26440	RELEASE PALM/FINGER TENDON	963
26442	RELEASE PALM & FINGER TENDON	1,439
26445	RELEASE HAND/FINGER TENDON	897
26449	RELEASE FOREARM/HAND TENDON	1,148
26450	INCISE PALM TENDON	614
26455	INCISE FINGER TENDON	610
26460	INCISE HAND/FINGER TENDON	593
26471	FUSE FINGER TENDONS	936
26474	FUSE FINGER TENDONS	899
26476	TENDON LENGTHENING	876
26477	TENDON SHORTENING	884
26478	LENGTHEN HAND TENDON	958
26479	SHORTEN HAND TENDON	947
26480	TRANSPLANT HAND TENDON	1,155
26483	TRANSPLANT/GRAFT HAND TENDON	1,297
26485	TRANSPLANT PALM TENDON	1,245
26489	TRANSPLANT/GRAFT PALM TENDON	1,332
26490	REVISE THUMB TENDON	1,193
26492	TENDON TRANSFER W/GRAFT	1,327
26494	HAND TENDON/MUSCLE TRANSFER	1,208
26496	REVISE THUMB TENDON	1,306
26497	FINGER TENDON TRANSFER	1,307
26498	FINGER TENDON TRANSFER	1,734
26499	REVISE FINGER	1,251
26500	HAND TENDON RECONSTRUCTION	954
26502	HAND TENDON RECONSTRUCTION	1,073
26508	RELEASE THUMB CONTRACTURE	959
26510	THUMB TENDON TRANSFER	912
26516	FUSE KNUCKLE JOINT	1,070
26517	FUSE KNUCKLE JOINTS	1,255
26518	FUSE KNUCKLE JOINTS	1,265
26520	RELEASE KNUCKLE CONTRACTURE	1,006
26525	RELEASE FINGER CONTRACTURE	1,010
26530	REVISE KNUCKLE JOINT	802
26531	REVISE KNUCKLE W/IMPLANT	933
26535	REVISE FINGER JOINT	599
26536	REVISE/IMPLANT FINGER JOINT	1,024
26540	REPAIR HAND JOINT	1,007
26541	REPAIR HAND JOINT W/GRAFT	1,223
26542	REPAIR HAND JOINT W/GRAFT	1,040
26545	RECONSTRUCT FINGER JOINT	1,058
26546	REPAIR NONUNION HAND	1,479
26548	RECONSTRUCT FINGER JOINT	1,161
26550	CONSTRUCT THUMB REPLACE	2,229
26551	GREAT TOE-HAND TRANSFER	4,839
26553	SING TRANSFER, TOE-HAND	4,176
26554	DOUBLE TRANSFER, TOE-HAND	5,521
26555	POSITIONAL CHANGE FINGER	2,078
26556	TOE JOINT TRANSFER	4,315
26560	REPAIR WEB FINGER	869
26561	REPAIR WEB FINGER	1,370
26562	REPAIR WEB FINGER	1,990
26565	CORRECT METACARPAL FLAW	1,030

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

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(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
26567	CORRECT FINGER DEFORMITY	1,040
26568	LENGTHEN METACARPAL/FINGER	1,369
26580	REPAIR HAND DEFORMITY	2,092
26587	RECONSTRUCT EXTRA FINGER	1,422
26590	REPAIR FINGER DEFORMITY	1,896
26591	REPAIR MUSCLES HAND	674
26593	RELEASE MUSCLES HAND	911
26596	EXCISE CONSTRICTING TISSUE	1,105
26600	TREAT METACARPAL FX	370
26605	TREAT METACARPAL FX	421
26607	TREAT METACARPAL FX	653
26608	TREAT METACARPAL FX	712
26615	TREAT METACARPAL FX	820
26641	TREAT THUMB DISLOCATION	478
26645	TREAT THUMB FX	553
26650	TREAT THUMB FX	715
26665	TREAT THUMB FX	909
26670	TREAT HAND DISLOCATION	424
26675	TREAT HAND DISLOCATION	592
26676	PIN HAND DISLOCATION	747
26685	TREAT HAND DISLOCATION	843
26686	TREAT HAND DISLOCATION	930
26700	TREAT KNUCKLE DISLOCATION	417
26705	TREAT KNUCKLE DISLOCATION	540
26706	PIN KNUCKLE DISLOCATION	644
26715	TREAT KNUCKLE DISLOCATION	821
26720	TREAT FINGER FX, EACH	254
26725	TREAT FINGER FX, EACH	442
26727	TREAT FINGER FX, EACH	700
26735	TREAT FINGER FX, EACH	854
26740	TREAT FINGER FX, EACH	304
26742	TREAT FINGER FX, EACH	489
26746	TREAT FINGER FX, EACH	1,039
26750	TREAT FINGER FX, EACH	252
26755	TREAT FINGER FX, EACH	393
26756	PIN FINGER FX, EACH	619
26765	TREAT FINGER FX, EACH	697
26770	TREAT FINGER DISLOCATION	348
26775	TREAT FINGER DISLOCATION	494
26776	PIN FINGER DISLOCATION	658
26785	TREAT FINGER DISLOCATION	758
26820	THUMB FUSION W/GRAFT	1,197
26841	FUSE THUMB	1,113
26842	THUMB FUSION W/GRAFT	1,204
26843	FUSE HAND JOINT	1,116
26844	FUSION/GRAFT HAND JOINT	1,241
26850	FUSE KNUCKLE	1,060
26852	FUSE KNUCKLE W/GRAFT	1,209
26860	FUSE FINGER JOINT	859
26861	FUSE FINGER JOINT, ADD-ON	162
26862	FUSION/GRAFT FINGER JOINT	1,104
26863	FUSE/GRAFT ADDED JOINT	361
26910	AMPUTATE METACARPAL BONE	1,083
26951	AMPUTATE FINGER/THUMB	944
26952	AMPUTATE FINGER/THUMB	987
26990	DRAIN PELVIS LESION	931
26991	DRAIN PELVIS BURSA	782
26992	DRAIN BONE LESION	1,456
27000	INCISE HIP TENDON	676
27001	INCISE HIP TENDON	818

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
27003	INCISE HIP TENDON	877
27005	INCISE HIP TENDON	1,105
27006	INCISE HIP TENDONS	1,118
27025	INCISE HIP/THIGH FASCIA	1,348
27027	BUTTOCK FASCIOTOMY	1,310
27030	DRAIN HIP JOINT	1,438
27033	EXPLORE HIP JOINT	1,489
27035	DENERVATION HIP JOINT	1,650
27036	EXCISE HIP JOINT/MUSCLE	1,524
27040	BIOPSY SOFT TISSUES	306
27041	BIOPSY SOFT TISSUES	1,037
27047	REMOVE HIP/PELVIS LESION	774
27048	REMOVE HIP/PELVIS LESION	716
27049	REMOVE TUMOR, HIP/PELVIS	1,503
27050	BIOPSY SACROILIAC JOINT	525
27052	BIOPSY HIP JOINT	839
27054	REMOVE HIP JOINT LINING	1,029
27057	BUTTOCK FASCIOTOMY W/DEBRIDE	1,449
27060	REMOVE ISCHIAL BURSA	647
27062	REMOVE FEMUR LESION/BURSA	679
27065	REMOVE HIP BONE LESION	757
27066	REMOVE HIP BONE LESION	1,224
27067	REMOVE/GRAFT HIP BONE LESION	1,548
27070	PARTIAL REMOVE HIP BONE	1,284
27071	PARTIAL REMOVE HIP BONE	1,378
27075	EXTENSIVE HIP SURGERY	3,497
27076	EXTENSIVE HIP SURGERY	2,424
27077	EXTENSIVE HIP SURGERY	4,042
27078	EXTENSIVE HIP SURGERY	1,540
27079	EXTENSIVE HIP SURGERY	1,464
27080	REMOVE TAIL BONE	742
27086	REMOVE HIP FOREIGN BODY	224
27087	REMOVE HIP FOREIGN BODY	955
27090	REMOVE HIP PROSTHESIS	1,264
27091	REMOVE HIP PROSTHESIS	2,432
27093	INJECTION FOR HIP X-RAY	112
27095	INJECTION FOR HIP X-RAY	128
27096	INJECT SACROILIAC JOINT	106
27097	REVISE HIP TENDON	1,008
27098	TRANSFER TENDON TO PELVIS	935
27100	TRANSFER ABDOMINAL MUSCLE	1,244
27105	TRANSFER SPINAL MUSCLE	1,301
27110	TRANSFER ILIOPSOAS MUSCLE	1,450
27111	TRANSFER ILIOPSOAS MUSCLE	1,290
27120	RECONSTRUCT HIP SOCKET	1,960
27122	RECONSTRUCT HIP SOCKET	1,683
27125	PARTIAL HIP REPLACE	1,711
27130	TOTAL HIP ARTHROPLASTY	2,203
27132	TOTAL HIP ARTHROPLASTY	2,573
27134	REVISE HIP JOINT REPLACE	2,979
27137	REVISE HIP JOINT REPLACE	2,274
27138	REVISE HIP JOINT REPLACE	2,367
27140	TRANSPLANT FEMUR RIDGE	1,369
27146	INCISE HIP BONE	1,922
27147	REVISE HIP BONE	2,239
27151	INCISE HIP BONES	2,321
27156	REVISE HIP BONES	2,607
27158	REVISE PELVIS	2,096
27161	INCISE NECK FEMUR	1,862
27165	INCISE/FIXATE FEMUR	2,078

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
27170	REPAIR/GRAFT FEMUR HEAD/NECK	1,799
27175	TREAT SLIPPED EPIPHYSIS	1,004
27176	TREAT SLIPPED EPIPHYSIS	1,389
27177	TREAT SLIPPED EPIPHYSIS	1,691
27178	TREAT SLIPPED EPIPHYSIS	1,373
27179	REVISE HEAD/NECK FEMUR	1,478
27181	TREAT SLIPPED EPIPHYSIS	1,641
27185	REVISE FEMUR EPIPHYSIS	1,045
27187	REINFORCE HIP BONES	1,517
27193	TREAT PELVIC RING FX	705
27194	TREAT PELVIC RING FX	1,081
27200	TREAT TAIL BONE FX	263
27202	TREAT TAIL BONE FX	980
27215	TREAT PELVIC FX(S)	3,065
27216	TREAT PELVIC RING FX	4,713
27217	TREAT PELVIC RING FX	5,396
27218	TREAT PELVIC RING FX	6,642
27220	TREAT HIP SOCKET FX	782
27222	TREAT HIP SOCKET FX	1,485
27226	TREAT HIP WALL FX	1,574
27227	TREAT HIP FX(S)	2,549
27228	TREAT HIP FX(S)	2,917
27230	TREAT THIGH FX	694
27232	TREAT THIGH FX	1,174
27235	TREAT THIGH FX	1,387
27236	TREAT THIGH FX	1,809
27238	TREAT THIGH FX	679
27240	TREAT THIGH FX	1,449
27244	TREAT THIGH FX	1,860
27245	TREAT THIGH FX	1,935
27246	TREAT THIGH FX	576
27248	TREAT THIGH FX	1,146
27250	TREAT HIP DISLOCATION	356
27252	TREAT HIP DISLOCATION	1,143
27253	TREAT HIP DISLOCATION	1,440
27254	TREAT HIP DISLOCATION	1,941
27256	TREAT HIP DISLOCATION	364
27257	TREAT HIP DISLOCATION	505
27258	TREAT HIP DISLOCATION	1,687
27259	TREAT HIP DISLOCATION	2,361
27265	TREAT HIP DISLOCATION	586
27266	TREAT HIP DISLOCATION	875
27267	CLOSED TREAT THIGH FX	625
27268	CLOSED TREAT THIGH FX W/MANI	771
27269	OPEN TREAT THIGH FX	1,839
27275	MANIPULATE HIP JOINT	273
27280	FUSE SACROILIAC JOINT	1,564
27282	FUSE PUBIC BONES	1,222
27284	FUSE HIP JOINT	2,351
27286	FUSE HIP JOINT	2,499
27290	AMPUTATE LEG AT HIP	2,380
27295	AMPUTATE LEG AT HIP	1,924
27301	DRAIN THIGH/KNEE LESION	744
27303	DRAIN BONE LESION	966
27305	INCISE THIGH TENDON & FASCIA	705
27306	INCISE THIGH TENDON	573
27307	INCISE THIGH TENDONS	704
27310	EXPLORE KNEE JOINT	1,100
27323	BIOPSY THIGH SOFT TISSUES	269
27324	BIOPSY THIGH SOFT TISSUES	575

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
27325	NEURECTOMY HAMSTRING	794
27326	NEURECTOMY POPLITEAL	734
27327	REMOVE THIGH LESION	525
27328	REMOVE THIGH LESION	632
27329	REMOVE TUMOR THIGH/KNEE	1,562
27330	BIOPSY KNEE JOINT LINING	604
27331	EXPLORE/TREAT KNEE JOINT	714
27332	REMOVE KNEE CARTILAGE	966
27333	REMOVE KNEE CARTILAGE	876
27334	REMOVE KNEE JOINT LINING	1,026
27335	REMOVE KNEE JOINT LINING	1,160
27340	REMOVE KNEECAP BURSA	549
27345	REMOVE KNEE CYST	723
27347	REMOVE KNEE CYST	774
27350	REMOVE KNEECAP	982
27355	REMOVE FEMUR LESION	911
27356	REMOVE FEMUR LESION/GRAFT	1,114
27357	REMOVE FEMUR LESION/GRAFT	1,236
27358	REMOVE FEMUR LESION/FIXATION	444
27360	PARTIAL REMOVE LEG BONE(S)	1,288
27365	EXTENSIVE LEG SURGERY	1,864
27370	INJECTION FOR KNEE X-RAY	81
27372	REMOVE FOREIGN BODY	609
27380	REPAIR KNEECAP TENDON	895
27381	REPAIR/GRAFT KNEECAP TENDON	1,216
27385	REPAIR THIGH MUSCLE	958
27386	REPAIR/GRAFT THIGH MUSCLE	1,261
27390	INCISE THIGH TENDON	664
27391	INCISE THIGH TENDONS	863
27392	INCISE THIGH TENDONS	1,060
27393	LENGTHEN THIGH TENDON	765
27394	LENGTHEN THIGH TENDONS	987
27395	LENGTHEN THIGH TENDONS	1,334
27396	TRANSPLANT THIGH TENDON	929
27397	TRANSPLANTS THIGH TENDONS	1,363
27400	REVISE THIGH MUSCLES/TENDONS	1,032
27403	REPAIR KNEE CARTILAGE	971
27405	REPAIR KNEE LIGAMENT	1,024
27407	REPAIR KNEE LIGAMENT	1,165
27409	REPAIR KNEE LIGAMENTS	1,465
27412	AUTOCHONDROCYTE IMPLANT KNEE	2,527
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	2,123
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	1,464
27418	REPAIR DEGENERATED KNEECAP	1,266
27420	REVISE UNSTABLE KNEECAP	1,134
27422	REVISE UNSTABLE KNEECAP	1,130
27424	REVISION/REMOVE KNEECAP	1,133
27425	LAT RETINACULAR RELEASE OPEN	666
27427	RECONSTRUCT KNEE	1,088
27428	RECONSTRUCT KNEE	1,672
27429	RECONSTRUCT KNEE	1,872
27430	REVISE THIGH MUSCLES	1,122
27435	INCISE KNEE JOINT	1,205
27437	REVISE KNEECAP	999
27438	REVISE KNEECAP W/IMPLANT	1,276
27440	REVISE KNEE JOINT	1,164
27441	REVISE KNEE JOINT	1,201
27442	REVISE KNEE JOINT	1,321
27443	REVISE KNEE JOINT	1,239
27445	REVISE KNEE JOINT	1,923

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
27446	REVISE KNEE JOINT	1,707
27447	TOTAL KNEE ARTHROPLASTY	2,360
27448	INCISE THIGH	1,247
27450	INCISE THIGH	1,553
27454	REALIGN THIGH BONE	1,953
27455	REALIGN KNEE	1,436
27457	REALIGN KNEE	1,477
27465	SHORTEN THIGH BONE	1,852
27466	LENGTHEN THIGH BONE	1,803
27468	SHORTEN/LENGTHEN THIGHS	2,039
27470	REPAIR THIGH	1,799
27472	REPAIR/GRAFT THIGH	1,943
27475	SURGERY TO STOP LEG GROWTH	993
27477	SURGERY TO STOP LEG GROWTH	1,112
27479	SURGERY TO STOP LEG GROWTH	1,432
27485	SURGERY TO STOP LEG GROWTH	1,017
27486	REVISE/REPLACE KNEE JOINT	2,154
27487	REVISE/REPLACE KNEE JOINT	2,713
27488	REMOVE KNEE PROSTHESIS	1,825
27495	REINFORCE THIGH	1,729
27496	DECOMPRESS THIGH/KNEE	758
27497	DECOMPRESS THIGH/KNEE	819
27498	DECOMPRESS THIGH/KNEE	891
27499	DECOMPRESS THIGH/KNEE	991
27500	TREAT THIGH FX	712
27501	TREAT THIGH FX	742
27502	TREAT THIGH FX	1,192
27503	TREAT THIGH FX	1,216
27506	TREAT THIGH FX	2,027
27507	TREAT THIGH FX	1,502
27508	TREAT THIGH FX	731
27509	TREAT THIGH FX	975
27510	TREAT THIGH FX	1,056
27511	TREAT THIGH FX	1,555
27513	TREAT THIGH FX	1,953
27514	TREAT THIGH FX	1,578
27516	TREAT THIGH FX GROWTH PLATE	685
27517	TREAT THIGH FX GROWTH PLATE	1,016
27519	TREAT THIGH FX GROWTH PLATE	1,427
27520	TREAT KNEECAP FX	418
27524	TREAT KNEECAP FX	1,146
27530	TREAT KNEE FX	538
27532	TREAT KNEE FX	867
27535	TREAT KNEE FX	1,389
27536	TREAT KNEE FX	1,808
27538	TREAT KNEE FX(S)	647
27540	TREAT KNEE FX	1,268
27550	TREAT KNEE DISLOCATION	674
27552	TREAT KNEE DISLOCATION	937
27556	TREAT KNEE DISLOCATION	1,403
27557	TREAT KNEE DISLOCATION	1,676
27558	TREAT KNEE DISLOCATION	1,875
27560	TREAT KNEECAP DISLOCATION	483
27562	TREAT KNEECAP DISLOCATION	692
27566	TREAT KNEECAP DISLOCATION	1,361
27570	FIXATE KNEE JOINT	224
27580	FUSE KNEE	2,202
27590	AMPUTATE LEG AT THIGH	1,247
27591	AMPUTATE LEG AT THIGH	1,391
27592	AMPUTATE LEG AT THIGH	1,062

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
27594	AMPUTATION FOLLOW-UP SURGERY	775
27596	AMPUTATION FOLLOW-UP SURGERY	1,115
27598	AMPUTATE LOWER LEG AT KNEE	1,136
27600	DECOMPRESS LOWER LEG	644
27601	DECOMPRESS LOWER LEG	670
27602	DECOMPRESS LOWER LEG	785
27603	DRAIN LOWER LEG LESION	586
27604	DRAIN LOWER LEG BURSA	516
27605	INCISE ACHILLES TENDON	307
27606	INCISE ACHILLES TENDON	453
27607	TREAT LOWER LEG BONE LESION	933
27610	EXPLORE/TREAT ANKLE JOINT	996
27612	EXPLORE ANKLE JOINT	868
27613	BIOPSY LOWER LEG SOFT TISSUE	253
27614	BIOPSY LOWER LEG SOFT TISSUE	623
27615	REMOVE TUMOR LOWER LEG	1,334
27618	REMOVE LOWER LEG LESION	579
27619	REMOVE LOWER LEG LESION	893
27620	EXPLORE/TREAT ANKLE JOINT	704
27625	REMOVE ANKLE JOINT LINING	905
27626	REMOVE ANKLE JOINT LINING	978
27630	REMOVE TENDON LESION	566
27635	REMOVE LOWER LEG BONE LESION	904
27637	REMOVE/GRAFT LEG BONE LESION	1,145
27638	REMOVE/GRAFT LEG BONE LESION	1,191
27640	PARTIAL REMOVE TIBIA	1,319
27641	PARTIAL REMOVE FIBULA	1,057
27645	EXTENSIVE LOWER LEG SURGERY	1,599
27646	EXTENSIVE LOWER LEG SURGERY	1,413
27647	EXTENSIVE ANKLE/HEEL SURGERY	1,238
27648	INJECTION FOR ANKLE X-RAY	81
27650	REPAIR ACHILLES TENDON	1,033
27652	REPAIR/GRAFT ACHILLES TENDON	1,131
27654	REPAIR ACHILLES TENDON	1,105
27656	REPAIR LEG FASCIA DEFECT	535
27658	REPAIR LEG TENDON, EACH	587
27659	REPAIR LEG TENDON, EACH	767
27664	REPAIR LEG TENDON, EACH	561
27665	REPAIR LEG TENDON, EACH	641
27675	REPAIR LOWER LEG TENDONS	781
27676	REPAIR LOWER LEG TENDONS	949
27680	RELEASE LOWER LEG TENDON	664
27681	RELEASE LOWER LEG TENDONS	791
27685	REVISE LOWER LEG TENDON	731
27686	REVISE LOWER LEG TENDONS	863
27687	REVISE CALF TENDON	710
27690	REVISE LOWER LEG TENDON	975
27691	REVISE LOWER LEG TENDON	1,146
27692	REVISE ADDITIONAL LEG TENDON	172
27695	REPAIR ANKLE LIGAMENT	757
27696	REPAIR ANKLE LIGAMENTS	898
27698	REPAIR ANKLE LIGAMENT	1,009
27700	REVISE ANKLE JOINT	948
27702	RECONSTRUCT ANKLE JOINT	1,525
27703	RECONSTRUCT ANKLE JOINT	1,762
27704	REMOVE ANKLE IMPLANT	867
27705	INCISE TIBIA	1,172
27707	INCISE FIBULA	603
27709	INCISE TIBIA & FIBULA	1,695
27712	REALIGN LOWER LEG	1,668

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
27715	REVISE LOWER LEG	1,628
27720	REPAIR TIBIA	1,342
27722	REPAIR/GRAFT TIBIA	1,338
27724	REPAIR/GRAFT TIBIA	1,960
27725	REPAIR LOWER LEG	1,830
27726	REPAIR FIBULA NONUNION	1,383
27727	REPAIR LOWER LEG	1,478
27730	REPAIR TIBIA EPIPHYSIS	898
27732	REPAIR FIBULA EPIPHYSIS	608
27734	REPAIR LOWER LEG EPIPHYSES	906
27740	REPAIR LEG EPIPHYSES	1,007
27742	REPAIR LEG EPIPHYSES	1,055
27745	REINFORCE TIBIA	1,152
27750	TREAT TIBIA FX	457
27752	TREAT TIBIA FX	742
27756	TREAT TIBIA FX	861
27758	TREAT TIBIA FX	1,352
27759	TREAT TIBIA FX	1,530
27760	CLOSED TREAT MEDIAL ANKLE FX	436
27762	CLOSED TREAT MED ANKLE FX W/	659
27766	OPEN TREAT MEDIAL ANKLE FX	928
27767	CLOSED TREAT POST ANKLE FX	385
27768	CLOSED TREAT POST ANKLE FX W	608
27769	OPEN TREAT POST ANKLE FX	1,046
27780	TREAT FIBULA FX	390
27781	TREAT FIBULA FX	578
27784	TREAT FIBULA FX	1,046
27786	TREAT ANKLE FX	410
27788	TREAT ANKLE FX	576
27792	TREAT ANKLE FX	1,058
27808	TREAT ANKLE FX	429
27810	TREAT ANKLE FX	643
27814	TREAT ANKLE FX	1,183
27816	TREAT ANKLE FX	405
27818	TREAT ANKLE FX	654
27822	TREAT ANKLE FX	1,300
27823	TREAT ANKLE FX	1,477
27824	TREAT LOWER LEG FX	435
27825	TREAT LOWER LEG FX	749
27826	TREAT LOWER LEG FX	1,244
27827	TREAT LOWER LEG FX	1,658
27828	TREAT LOWER LEG FX	1,975
27829	TREAT LOWER LEG JOINT	994
27830	TREAT LOWER LEG DISLOCATION	490
27831	TREAT LOWER LEG DISLOCATION	570
27832	TREAT LOWER LEG DISLOCATION	1,063
27840	TREAT ANKLE DISLOCATION	521
27842	TREAT ANKLE DISLOCATION	731
27846	TREAT ANKLE DISLOCATION	1,127
27848	TREAT ANKLE DISLOCATION	1,275
27860	FIXATE ANKLE JOINT	273
27870	FUSE ANKLE JOINT, OPEN	1,602
27871	FUSE TIBIOFIBULAR JOINT	1,058
27880	AMPUTATE LOWER LEG	1,397
27881	AMPUTATE LOWER LEG	1,362
27882	AMPUTATE LOWER LEG	957
27884	AMPUTATION FOLLOW-UP SURGERY	893
27886	AMPUTATION FOLLOW-UP SURGERY	1,018
27888	AMPUTATE FOOT AT ANKLE	1,079
27889	AMPUTATE FOOT AT ANKLE	1,046

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
27892	DECOMPRESS LEG	828
27893	DECOMPRESS LEG	840
27894	DECOMPRESS LEG	1,285
28001	DRAIN BURSA FOOT	281
28002	TREAT FOOT INFECTION	592
28003	TREAT FOOT INFECTION	868
28005	TREAT FOOT BONE LESION	950
28008	INCISE FOOT FASCIA	476
28010	INCISE TOE TENDON	332
28011	INCISE TOE TENDONS	467
28020	EXPLORE FOOT JOINT	561
28022	EXPLORE FOOT JOINT	519
28024	EXPLORE TOE JOINT	493
28035	DECOMPRESS TIBIA NERVE	566
28043	EXCISE FOOT LESION	408
28045	EXCISE FOOT LESION	516
28046	RESECT TUMOR FOOT	1,047
28050	BIOPSY FOOT JOINT LINING	490
28052	BIOPSY FOOT JOINT LINING	445
28054	BIOPSY TOE JOINT LINING	407
28055	NEURECTOMY FOOT	615
28060	PARTIAL REMOVE FOOT FASCIA	568
28062	REMOVE FOOT FASCIA	662
28070	REMOVE FOOT JOINT LINING	556
28072	REMOVE FOOT JOINT LINING	542
28080	REMOVE FOOT LESION	547
28086	EXCISE FOOT TENDON SHEATH	566
28088	EXCISE FOOT TENDON SHEATH	472
28090	REMOVE FOOT LESION	490
28092	REMOVE TOE LESIONS	433
28100	REMOVE ANKLE/HEEL LESION	637
28102	REMOVE/GRAFT FOOT LESION	870
28103	REMOVE/GRAFT FOOT LESION	700
28104	REMOVE FOOT LESION	556
28106	REMOVE/GRAFT FOOT LESION	736
28107	REMOVE/GRAFT FOOT LESION	607
28108	REMOVE TOE LESIONS	460
28110	PART REMOVE METATARSAL	460
28111	PART REMOVE METATARSAL	535
28112	PART REMOVE METATARSAL	502
28113	PART REMOVE METATARSAL	657
28114	REMOVE METATARSAL HEADS	1,268
28116	REVISE FOOT	892
28118	REMOVE HEEL BONE	651
28119	REMOVE HEEL SPUR	574
28120	PART REMOVE ANKLE/HEEL	620
28122	PARTIAL REMOVE FOOT BONE	792
28124	PARTIAL REMOVE TOE	531
28126	PARTIAL REMOVE TOE	400
28130	REMOVE ANKLE BONE	986
28140	REMOVE METATARSAL	720
28150	REMOVE TOE	456
28153	PARTIAL REMOVE TOE	416
28160	PARTIAL REMOVE TOE	434
28171	EXTENSIVE FOOT SURGERY	959
28173	EXTENSIVE FOOT SURGERY	874
28175	EXTENSIVE FOOT SURGERY	618
28190	REMOVE FOOT FOREIGN BODY	211
28192	REMOVE FOOT FOREIGN BODY	507
28193	REMOVE FOOT FOREIGN BODY	600

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
28200	REPAIR FOOT TENDON	506
28202	REPAIR/GRAFT FOOT TENDON	701
28208	REPAIR FOOT TENDON	486
28210	REPAIR/GRAFT FOOT TENDON	656
28220	RELEASE FOOT TENDON	489
28222	RELEASE FOOT TENDONS	581
28225	RELEASE FOOT TENDON	407
28226	RELEASE FOOT TENDONS	508
28230	INCISE FOOT TENDON(S)	466
28232	INCISE TOE TENDON	399
28234	INCISE FOOT TENDON	419
28238	REVISE FOOT TENDON	787
28240	RELEASE BIG TOE	478
28250	REVISE FOOT FASCIA	634
28260	RELEASE MIDFOOT JOINT	814
28261	REVISE FOOT TENDON	1,233
28262	REVISE FOOT & ANKLE	1,740
28264	RELEASE MIDFOOT JOINT	1,095
28270	RELEASE FOOT CONTRACTURE	530
28272	RELEASE TOE JOINT, EACH	413
28280	FUSE TOES	577
28285	REPAIR HAMMERTOES	509
28286	REPAIR HAMMERTOES	487
28288	PARTIAL REMOVE FOOT BONE	666
28289	REPAIR HALLUX RIGIDUS	860
28290	CORRECT BUNION	631
28292	CORRECT BUNION	926
28293	CORRECT BUNION	1,114
28294	CORRECT BUNION	848
28296	CORRECT BUNION	848
28297	CORRECT BUNION	951
28298	CORRECT BUNION	809
28299	CORRECT BUNION	1,089
28300	INCISE HEEL BONE	1,031
28302	INCISE ANKLE BONE	1,020
28304	INCISE MIDFOOT BONES	933
28305	INCISE/GRAFT MIDFOOT BONES	1,073
28306	INCISE METATARSAL	636
28307	INCISE METATARSAL	720
28308	INCISE METATARSAL	583
28309	INCISE METATARSALS	1,381
28310	REVISE BIG TOE	566
28312	REVISE TOE	508
28313	REPAIR DEFORMITY TOE	584
28315	REMOVE SESAMOID BONE	517
28320	REPAIR FOOT BONES	973
28322	REPAIR METATARSALS	900
28340	RESECT ENLARGED TOE TISSUE	697
28341	RESECT ENLARGED TOE	822
28344	REPAIR EXTRA TOE(S)	496
28345	REPAIR WEBBED TOE(S)	644
28360	RECONSTRUCT CLEFT FOOT	1,494
28400	TREAT HEEL FX	334
28405	TREAT HEEL FX	547
28406	TREAT HEEL FX	804
28415	TREAT HEEL FX	1,750
28420	TREAT/GRAFT HEEL FX	1,838
28430	TREAT ANKLE FX	302
28435	TREAT ANKLE FX	440
28436	TREAT ANKLE FX	648

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
28445	TREAT ANKLE FX	1,645
28446	OSTEOCHONDRAL TALUS AUTOGRAF	1,798
28450	TREAT MIDFOOT FX, EACH	281
28455	TREAT MIDFOOT FX, EACH	403
28456	TREAT MIDFOOT FX	419
28465	TREAT MIDFOOT FX, EACH	938
28470	TREAT METATARSAL FX	282
28475	TREAT METATARSAL FX	363
28476	TREAT METATARSAL FX	519
28485	TREAT METATARSAL FX	811
28490	TREAT BIG TOE FX	178
28495	TREAT BIG TOE FX	226
28496	TREAT BIG TOE FX	347
28505	TREAT BIG TOE FX	739
28510	TREAT TOE FX	173
28515	TREAT TOE FX	212
28525	TREAT TOE FX	591
28530	TREAT SESAMOID BONE FX	156
28531	TREAT SESAMOID BONE FX	295
28540	TREAT FOOT DISLOCATION	279
28545	TREAT FOOT DISLOCATION	338
28546	TREAT FOOT DISLOCATION	458
28555	REPAIR FOOT DISLOCATION	997
28570	TREAT FOOT DISLOCATION	232
28575	TREAT FOOT DISLOCATION	462
28576	TREAT FOOT DISLOCATION	537
28585	REPAIR FOOT DISLOCATION	1,118
28600	TREAT FOOT DISLOCATION	281
28605	TREAT FOOT DISLOCATION	376
28606	TREAT FOOT DISLOCATION	594
28615	REPAIR FOOT DISLOCATION	1,185
28630	TREAT TOE DISLOCATION	167
28635	TREAT TOE DISLOCATION	211
28636	TREAT TOE DISLOCATION	315
28645	REPAIR TOE DISLOCATION	720
28660	TREAT TOE DISLOCATION	128
28665	TREAT TOE DISLOCATION	210
28666	TREAT TOE DISLOCATION	301
28675	REPAIR TOE DISLOCATION	607
28705	FUSE FOOT BONES	2,019
28715	FUSE FOOT BONES	1,500
28725	FUSE FOOT BONES	1,233
28730	FUSE FOOT BONES	1,294
28735	FUSE FOOT BONES	1,233
28737	REVISE FOOT BONES	1,092
28740	FUSE FOOT BONES	971
28750	FUSE BIG TOE JOINT	927
28755	FUSE BIG TOE JOINT	527
28760	FUSE BIG TOE JOINT	906
28800	AMPUTATE MIDFOOT	883
28805	AMPUTATION THRU METATARSAL	1,150
28810	AMPUTATION TOE & METATARSAL	682
28820	AMPUTATE TOE	541
28825	PARTIAL AMPUTATE TOE	613
28890	HIGH ENERGY ESWT, PLANTAR F	350
29000	APPLY BODY CAST	261
29010	APPLY BODY CAST	241
29015	APPLY BODY CAST	244
29020	APPLY BODY CAST	220
29025	APPLY BODY CAST	270

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
29035	APPLY BODY CAST	215
29040	APPLY BODY CAST	237
29044	APPLY BODY CAST	249
29046	APPLY BODY CAST	286
29049	APPLY FIGURE EIGHT	92
29055	APPLY SHOULDER CAST	205
29058	APPLY SHOULDER CAST	125
29065	APPLY LONG ARM CAST	103
29075	APPLY FOREARM CAST	93
29085	APPLY HAND/WRIST CAST	100
29086	APPLY FINGER CAST	74
29105	APPLY LONG ARM SPLINT	89
29125	APPLY FOREARM SPLINT	64
29126	APPLY FOREARM SPLINT	78
29130	APPLY FINGER SPLINT	43
29131	APPLY FINGER SPLINT	49
29200	STRAP CHEST	61
29220	STRAP LOW BACK	64
29240	STRAP SHOULDER	68
29260	STRAP ELBOW OR WRIST	56
29280	STRAP HAND OR FINGER	53
29305	APPLY HIP CAST	240
29325	APPLY HIP CASTS	271
29345	APPLY LONG LEG CAST	155
29355	APPLY LONG LEG CAST	164
29358	APPLY LONG LEG CAST BRACE	158
29365	APPLY LONG LEG CAST	135
29405	APPLY SHORT LEG CAST	99
29425	APPLY SHORT LEG CAST	108
29435	APPLY SHORT LEG CAST	131
29440	ADD WALKER TO CAST	53
29445	APPLY RIGID LEG CAST	172
29450	APPLY LEG CAST	191
29505	APPLY LONG LEG SPLINT	72
29515	APPLY LOWER LEG SPLINT	76
29520	STRAP HIP	56
29530	STRAP KNEE	57
29540	STRAP ANKLE AND/OR FT	51
29550	STRAP TOES	48
29580	APPLY PASTE BOOT	57
29590	APPLY FOOT SPLINT	65
29700	REMOVE/REVISE CAST	53
29705	REMOVE/REVISE CAST	74
29710	REMOVE/REVISE CAST	126
29715	REMOVE/REVISE CAST	86
29720	REPAIR BODY CAST	68
29730	WINDOW CAST	71
29740	WEDGE CAST	103
29750	WEDGE CLUBFOOT CAST	118
29800	JAW ARTHROSCOPY/SURGERY	786
29804	JAW ARTHROSCOPY/SURGERY	972
29805	SHOULDER ARTHROSCOPY, DIAG	713
29806	SHOULDER ARTHROSCOPY/SURGERY	1,619
29807	SHOULDER ARTHROSCOPY/SURGERY	1,578
29819	SHOULDER ARTHROSCOPY/SURGERY	892
29820	SHOULDER ARTHROSCOPY/SURGERY	823
29821	SHOULDER ARTHROSCOPY/SURGERY	898
29822	SHOULDER ARTHROSCOPY/SURGERY	873
29823	SHOULDER ARTHROSCOPY/SURGERY	955
29824	SHOULDER ARTHROSCOPY/SURGERY	1,017

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
29825	SHOULDER ARTHROSCOPY/SURGERY	890
29826	SHOULDER ARTHROSCOPY/SURGERY	1,019
29827	ARTHROSCOPY ROTATOR CUFF REP	1,659
29828	ARTHROSCOPY BICEPS TENODESIS	1,387
29830	ELBOW ARTHROSCOPY	687
29834	ELBOW ARTHROSCOPY/SURGERY	749
29835	ELBOW ARTHROSCOPY/SURGERY	768
29836	ELBOW ARTHROSCOPY/SURGERY	882
29837	ELBOW ARTHROSCOPY/SURGERY	805
29838	ELBOW ARTHROSCOPY/SURGERY	899
29840	WRIST ARTHROSCOPY	675
29843	WRIST ARTHROSCOPY/SURGERY	725
29844	WRIST ARTHROSCOPY/SURGERY	751
29845	WRIST ARTHROSCOPY/SURGERY	856
29846	WRIST ARTHROSCOPY/SURGERY	790
29847	WRIST ARTHROSCOPY/SURGERY	820
29848	WRIST ENDOSCOPY/SURGERY	749
29850	KNEE ARTHROSCOPY/SURGERY	862
29851	KNEE ARTHROSCOPY/SURGERY	1,425
29855	TIBIAL ARTHROSCOPY/SURGERY	1,197
29856	TIBIAL ARTHROSCOPY/SURGERY	1,527
29860	HIP ARTHROSCOPY, DIAG	984
29861	HIP ARTHROSCOPY/SURGERY	1,091
29862	HIP ARTHROSCOPY/SURGERY	1,220
29863	HIP ARTHROSCOPY/SURGERY	1,206
29866	AUTOGRAFT IMPLANT, KNEE W/SC	1,589
29867	ALLOGRAFT IMPLANT, KNEE W/SC	1,920
29868	MENISCAL TRANSPLANT, KNEE W/	2,562
29870	KNEE ARTHROSCOPY, DIAG	619
29871	KNEE ARTHROSCOPY/DRAIN	777
29873	KNEE ARTHROSCOPY/SURGERY	781
29874	KNEE ARTHROSCOPY/SURGERY	813
29875	KNEE ARTHROSCOPY/SURGERY	752
29876	KNEE ARTHROSCOPY/SURGERY	984
29877	KNEE ARTHROSCOPY/SURGERY	932
29879	KNEE ARTHROSCOPY/SURGERY	996
29880	KNEE ARTHROSCOPY/SURGERY	1,040
29881	KNEE ARTHROSCOPY/SURGERY	970
29882	KNEE ARTHROSCOPY/SURGERY	1,049
29883	KNEE ARTHROSCOPY/SURGERY	1,280
29884	KNEE ARTHROSCOPY/SURGERY	929
29885	KNEE ARTHROSCOPY/SURGERY	1,126
29886	KNEE ARTHROSCOPY/SURGERY	950
29887	KNEE ARTHROSCOPY/SURGERY	1,119
29888	KNEE ARTHROSCOPY/SURGERY	1,513
29889	KNEE ARTHROSCOPY/SURGERY	1,850
29891	ANKLE ARTHROSCOPY/SURGERY	1,055
29892	ANKLE ARTHROSCOPY/SURGERY	1,074
29893	SCOPE, PLANTAR FASCIOTOMY	662
29894	ANKLE ARTHROSCOPY/SURGERY	790
29895	ANKLE ARTHROSCOPY/SURGERY	764
29897	ANKLE ARTHROSCOPY/SURGERY	802
29898	ANKLE ARTHROSCOPY/SURGERY	893
29899	ANKLE ARTHROSCOPY/SURGERY	1,606
29900	MCP JOINT ARTHROSCOPY, DIAG	694
29901	MCP JOINT ARTHROSCOPY, SURG	759
29902	MCP JOINT ARTHROSCOPY, SURG	810
29904	SUBTALAR ARTHRO W/FOR BODY R	936
29905	SUBTALAR ARTHRO W/EXCISE	1,009
29906	SUBTALAR ARTHRO W/DEB	1,063

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COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
29907	SUBTALAR ARTHRO W/FUSION	1,299
30000	DRAIN NOSE LESION	178
30020	DRAIN NOSE LESION	180
30100	INTRANASAL BIOPSY	108
30110	REMOVE NOSE POLYP(S)	198
30115	REMOVE NOSE POLYP(S)	657
30117	REMOVE INTRANASAL LESION	512
30118	REMOVE INTRANASAL LESION	1,168
30120	REVISE NOSE	684
30124	REMOVE NOSE LESION	412
30125	REMOVE NOSE LESION	938
30130	EXCISE INFERIOR TURBINATE	578
30140	RESECT INFERIOR TURBINATE	665
30150	PARTIAL REMOVE NOSE	1,202
30160	REMOVE NOSE	1,204
30200	INJECTION TREAT NOSE	92
30210	NASAL SINUS THERAPY	151
30220	INSERT NASAL SEPTAL BUTTON	191
30300	REMOVE NASAL FOREIGN BODY	187
30310	REMOVE NASAL FOREIGN BODY	314
30320	REMOVE NASAL FOREIGN BODY	691
30400	RECONSTRUCT NOSE	1,590
30410	RECONSTRUCT NOSE	1,873
30420	RECONSTRUCT NOSE	2,093
30430	REVISE NOSE	1,404
30435	REVISE NOSE	1,833
30450	REVISE NOSE	2,406
30460	REVISE NOSE	1,156
30462	REVISE NOSE	2,329
30465	REPAIR NASAL STENOSIS	1,489
30520	REPAIR NASAL SEPTUM	917
30540	REPAIR NASAL DEFECT	1,022
30545	REPAIR NASAL DEFECT	1,476
30560	RELEASE NASAL ADHESIONS	212
30580	REPAIR UPPER JAW FISTULA	757
30600	REPAIR MOUTH/NOSE FISTULA	671
30620	INTRANASAL RECONSTRUCTION	945
30630	REPAIR NASAL SEPTUM DEFECT	950
30801	ABLATE INF TURBINATE, SUPERF	204
30802	CAUTERIZATION, INNER NOSE	287
30901	CONTROL NOSEBLEED	94
30903	CONTROL NOSEBLEED	123
30905	CONTROL NOSEBLEED	158
30906	REPEAT CONTROL NOSEBLEED	208
30915	LIGATE NASAL SINUS ARTERY	875
30920	LIGATE UPPER JAW ARTERY	1,256
30930	THERAPEUTIC FX, NASAL INF TU	186
31000	IRRIGATE MAXILLARY SINUS	160
31002	IRRIGATE SPHENOID SINUS	309
31020	EXPLORE MAXILLARY SINUS	542
31030	EXPLORE MAXILLARY SINUS	797
31032	EXPLORE SINUS, REMOVE POLYPS	869
31040	EXPLORE BEHIND UPPER JAW	1,135
31050	EXPLORE SPHENOID SINUS	754
31051	SPHENOID SINUS SURGERY	984
31070	EXPLORE FRONTAL SINUS	666
31075	EXPLORE FRONTAL SINUS	1,194
31080	REMOVE FRONTAL SINUS	1,538
31081	REMOVE FRONTAL SINUS	1,893
31084	REMOVE FRONTAL SINUS	1,796

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COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
31085	REMOVE FRONTAL SINUS	1,900
31086	REMOVE FRONTAL SINUS	1,698
31087	REMOVE FRONTAL SINUS	1,678
31090	EXPLORE SINUSES	1,529
31200	REMOVE ETHMOID SINUS	822
31201	REMOVE ETHMOID SINUS	1,116
31205	REMOVE ETHMOID SINUS	1,303
31225	REMOVE UPPER JAW	2,769
31230	REMOVE UPPER JAW	3,095
31231	NASAL ENDOSCOPY, DIAG	120
31233	NASAL/SINUS ENDOSCOPY, DIAG	214
31235	NASAL/SINUS ENDOSCOPY, DIAG	255
31237	NASAL/SINUS ENDOSCOPY, SURG	283
31238	NASAL/SINUS ENDOSCOPY, SURG	307
31239	NASAL/SINUS ENDOSCOPY, SURG	1,011
31240	NASAL/SINUS ENDOSCOPY, SURG	252
31254	REVISE ETHMOID SINUS	430
31255	REMOVE ETHMOID SINUS	634
31256	EXPLORE MAXILLARY SINUS	312
31267	ENDOSCOPY, MAXILLARY SINUS	501
31276	SINUS ENDOSCOPY, SURGICAL	798
31287	NASAL/SINUS ENDOSCOPY, SURG	366
31288	NASAL/SINUS ENDOSCOPY, SURG	425
31290	NASAL/SINUS ENDOSCOPY, SURG	1,773
31291	NASAL/SINUS ENDOSCOPY, SURG	1,869
31292	NASAL/SINUS ENDOSCOPY, SURG	1,537
31293	NASAL/SINUS ENDOSCOPY, SURG	1,673
31294	NASAL/SINUS ENDOSCOPY, SURG	1,918
31300	REMOVE LARYNX LESION	1,922
31320	DIAGNOSTIC INCISE LARYNX	1,003
31360	REMOVE LARYNX	3,024
31365	REMOVE LARYNX	3,770
31367	PARTIAL REMOVE LARYNX	3,286
31368	PARTIAL REMOVE LARYNX	3,671
31370	PARTIAL REMOVE LARYNX	3,103
31375	PARTIAL REMOVE LARYNX	2,936
31380	PARTIAL REMOVE LARYNX	2,894
31382	PARTIAL REMOVE LARYNX	3,164
31390	REMOVE LARYNX & PHARYNX	4,208
31395	RECONSTRUCT LARYNX & PHARYNX	4,478
31400	REVISE LARYNX	1,539
31420	REMOVE EPIGLOTTIS	1,273
31500	INSERT EMERGENCY AIRWAY	169
31502	CHANGE WINDPIPE AIRWAY	55
31505	DIAGNOSTIC LARYNGOSCOPY	76
31510	LARYNGOSCOPY W/BIOPSY	188
31511	REMOVE FOREIGN BODY, LARYNX	201
31512	REMOVE LARYNX LESION	203
31513	INJECTION INTO VOCAL CORD	207
31515	LARYNGOSCOPY FOR ASPIRATION	171
31520	DIAG LARYNGOSCOPY, NEWBORN	239
31525	DIAG LARYNGOSCOPY EXCL NB	249
31526	DIAG LARYNGOSCOPY W/OP SCOPE	247
31527	LARYNGOSCOPY FOR TREAT	301
31528	LARYNGOSCOPY & DILATION	225
31529	LARYNGOSCOPY & DILATION	254
31530	LARYNGOSCOPY W/FOR BODY REMO	310
31531	LARYNGOSCOPY W/FOR BODY & OP	334
31535	LARYNGOSCOPY W/BIOPSY	297
31536	LARYNGOSCOPY W/BIOPSY & OP S	332

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

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PROCEDURE CODE	DESCRIPTION	RATE
31540	LARYNGOSCOPY W/EXCISE TUMOR	381
31541	LARYNGOSCOPY W/TUMOR EXCISE	416
31545	REMOVE VC LESION W/SCOPE	562
31546	REMOVE VC LESION SCOPE/GRAFT	854
31560	LARYNGOSCOPY W/ARYTENOIDECTO	492
31561	LARYNGOSCOPY, REMOVE CART +	539
31570	LARYNGOSCOPE W/VC INJECT	357
31571	LARYNGOSCOPY W/VC INJ + SCOP	393
31575	DIAGNOSTIC LARYNGOSCOPY	120
31576	LARYNGOSCOPY W/BIOPSY	193
31577	REMOVE FOREIGN BODY, LARYNX	233
31578	REMOVE LARYNX LESION	265
31579	DIAGNOSTIC LARYNGOSCOPY	219
31580	REVISE LARYNX	1,841
31582	REVISE LARYNX	2,928
31584	TREAT LARYNX FX	2,322
31587	REVISE LARYNX	1,498
31588	REVISE LARYNX	1,726
31590	REINNERVATE LARYNX	1,389
31595	LARYNX NERVE SURGERY	1,179
31600	INCISE WINDPIPE	612
31601	INCISE WINDPIPE	408
31603	INCISE WINDPIPE	344
31605	INCISE WINDPIPE	282
31610	INCISE WINDPIPE	1,084
31611	SURGERY/SPEECH PROSTHESIS	823
31612	PUNCTURE/CLEAR WINDPIPE	74
31613	REPAIR WINDPIPE OPENING	684
31614	REPAIR WINDPIPE OPENING	1,127
31615	VISUALIZATION WINDPIPE	198
31620	ENDOBONCHIAL US, ADD-ON	110
31622	DIAG BRONCHOSCOPE/WASH	228
31623	DIAG BRONCHOSCOPE/BRUSH	230
31624	DIAG BRONCHOSCOPE/LAVAGE	231
31625	BRONCHOSCOPY W/BIOPSY(S)	269
31628	BRONCHOSCOPY/LUNG BIOPSY, EA	299
31629	BRONCHOSCOPY/NEEDLE BIOPSY,	320
31630	BRONCHOSCOPY DILATE/FX REPAI	323
31631	BRONCHOSCOPY, DILATE W/STENT	363
31632	BRONCHOSCOPY/LUNG BIOPSY, AD	83
31633	BRONCHOSCOPY/NEEDLE BIOPSY A	104
31635	BRONCHOSCOPY W/FOR BODY REMO	299
31636	BRONCHOSCOPY, BRONCH STENTS	354
31637	BRONCHOSCOPY, STENT, ADD-ON	125
31638	BRONCHOSCOPY, REVISE STENT	397
31640	BRONCHOSCOPY W/TUMOR EXCISE	412
31641	BRONCHOSCOPY, TREAT BLOCKAGE	406
31643	DIAG BRONCHOSCOPE/CATHETER	278
31645	BRONCHOSCOPY, CLEAR AIRWAYS	253
31646	BRONCHOSCOPY, RECLEAR AIRWAY	219
31656	BRONCHOSCOPY, INJ FOR X-RAY	178
31715	INJECTION FOR BRONCHUS X-RAY	87
31717	BRONCHIAL BRUSH BIOPSY	175
31720	CLEAR AIRWAYS	82
31725	CLEAR AIRWAYS	147
31730	INTRODUCE WINDPIPE WIRE/TUBE	227
31750	REPAIR WINDPIPE	2,065
31755	REPAIR WINDPIPE	2,639
31760	REPAIR WINDPIPE	2,157
31766	RECONSTRUCT WINDPIPE	2,804

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PROCEDURE CODE	DESCRIPTION	RATE
31770	REPAIR/GRAFT BRONCHUS	2,077
31775	RECONSTRUCT BRONCHUS	2,145
31780	RECONSTRUCT WINDPIPE	1,825
31781	RECONSTRUCT WINDPIPE	2,203
31785	REMOVE WINDPIPE LESION	1,668
31786	REMOVE WINDPIPE LESION	2,321
31800	REPAIR WINDPIPE INJURY	1,080
31805	REPAIR WINDPIPE INJURY	1,286
31820	CLOSE WINDPIPE LESION	500
31825	REPAIR WINDPIPE DEFECT	736
31830	REVISE WINDPIPE SCAR	521
32035	EXPLORE CHEST	1,096
32036	EXPLORE CHEST	1,189
32095	BIOPSY THROUGH CHEST WALL	975
32100	EXPLORE/BIOPSY CHEST	1,501
32110	EXPLORE/REPAIR CHEST	2,252
32120	RE-EXPLORE CHEST	1,347
32124	EXPLORE CHEST FREE ADHESIONS	1,430
32140	REMOVE LUNG LESION(S)	1,529
32141	REMOVE/TREAT LUNG LESIONS	2,287
32150	REMOVE LUNG LESION(S)	1,540
32151	REMOVE LUNG FOREIGN BODY	1,578
32160	OPEN CHEST HEART MASSAGE	1,181
32200	DRAIN, OPEN, LUNG LESION	1,732
32201	DRAIN, PERCUT, LUNG LESION	335
32215	TREAT CHEST LINING	1,246
32220	RELEASE LUNG	2,484
32225	PARTIAL RELEASE LUNG	1,543
32310	REMOVE CHEST LINING	1,425
32320	FREE/REMOVE CHEST LINING	2,482
32400	NEEDLE BIOPSY CHEST LINING	143
32402	OPEN BIOPSY CHEST LINING	880
32405	BIOPSY LUNG OR MEDIASTINUM	162
32420	PUNCTURE/CLEAR LUNG	178
32421	THORACENTESIS FOR ASPIRATION	123
32422	THORACENTESIS W/TUBE INSERT	201
32440	REMOVE LUNG	2,481
32442	SLEEVE PNEUMONECTOMY	4,548
32445	REMOVE LUNG	5,173
32480	PARTIAL REMOVE LUNG	2,340
32482	BILOBECTOMY	2,498
32484	SEGMENTECTOMY	2,252
32486	SLEEVE LOBECTOMY	3,568
32488	COMPLETION PNEUMONECTOMY	3,620
32491	LUNG VOLUME REDUCTION	2,329
32500	PARTIAL REMOVE LUNG	2,267
32501	REPAIR BRONCHUS, ADD-ON	391
32503	RESECT APICAL LUNG TUMOR	2,854
32504	RESECT APICAL LUNG TUMOR/CHE	3,277
32540	REMOVE LUNG LESION	2,579
32550	INSERT PLEURAL CATH	362
32551	INSERT CHEST TUBE	279
32560	TREAT LUNG LINING CHEMICALLY	176
32601	THORACOSCOPY, DIAGNOSTIC	491
32602	THORACOSCOPY, DIAGNOSTIC	532
32603	THORACOSCOPY, DIAGNOSTIC	688
32604	THORACOSCOPY, DIAGNOSTIC	773
32605	THORACOSCOPY, DIAGNOSTIC	610
32606	THORACOSCOPY, DIAGNOSTIC	738
32650	THORACOSCOPY, SURGICAL	1,060

EXHIBIT B

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PROCEDURE CODE	DESCRIPTION	RATE
32651	THORACOSCOPY, SURGICAL	1,656
32652	THORACOSCOPY, SURGICAL	2,508
32653	THORACOSCOPY, SURGICAL	1,605
32654	THORACOSCOPY, SURGICAL	1,769
32655	THORACOSCOPY, SURGICAL	1,470
32656	THORACOSCOPY, SURGICAL	1,266
32657	THORACOSCOPY, SURGICAL	1,251
32658	THORACOSCOPY, SURGICAL	1,144
32659	THORACOSCOPY, SURGICAL	1,163
32660	THORACOSCOPY, SURGICAL	1,631
32661	THORACOSCOPY, SURGICAL	1,275
32662	THORACOSCOPY, SURGICAL	1,427
32663	THORACOSCOPY, SURGICAL	2,180
32664	THORACOSCOPY, SURGICAL	1,355
32665	THORACOSCOPY, SURGICAL	1,885
32800	REPAIR LUNG HERNIA	1,454
32810	CLOSE CHEST AFTER DRAIN	1,409
32815	CLOSE BRONCHIAL FISTULA	4,108
32820	RECONSTRUCT INJURED CHEST	2,097
32850	DONOR PNEUMONECTOMY	2,924
32851	LUNG TRANSPLANT, SING	4,081
32852	LUNG TRANSPLANT W/BYPASS	4,525
32853	LUNG TRANSPLANT, DOUBLE	4,863
32854	LUNG TRANSPLANT W/BYPASS	5,303
32900	REMOVE RIB(S)	2,129
32905	REVISE & REPAIR CHEST WALL	2,102
32906	REVISE & REPAIR CHEST WALL	2,606
32940	REVISE LUNG	1,926
32960	THERAPEUTIC PNEUMOTHORAX	158
32997	TOTAL LUNG LAVAGE	559
32998	PERCUT RF ABLATE TX, PULMONA	491
33010	DRAIN HEART SAC	199
33011	REPEAT DRAIN HEART SAC	194
33015	INCISE HEART SAC	854
33020	INCISE HEART SAC	1,366
33025	INCISE HEART SAC	1,262
33030	PARTIAL REMOVE HEART SAC	2,015
33031	PARTIAL REMOVE HEART SAC	2,245
33050	REMOVE HEART SAC LESION	1,561
33120	REMOVE HEART LESION	2,458
33130	REMOVE HEART LESION	2,165
33140	HEART REVASCULARIZE (TMR)	2,462
33141	HEART TMR W/OTHER PROCEDURE	241
33202	INSERT EPICARD ELECTRODE, OP	1,233
33203	INSERT EPICARD ELECTRODE, EN	1,300
33206	INSERT HEART PACEMAKER	764
33207	INSERT HEART PACEMAKER	816
33208	INSERT HEART PACEMAKER	878
33210	INSERT HEART ELECTRODE	298
33211	INSERT HEART ELECTRODE	299
33212	INSERT PULSE GENERATOR	570
33213	INSERT PULSE GENERATOR	650
33214	UPGRADE PACEMAKER SYSTEM	807
33215	REPOSITION PACING-DEFIB LEAD	517
33216	INSERT LEAD PACE-DEFIB, ONE	639
33217	INSERT LEAD PACE-DEFIB, DUAL	633
33218	REPAIR LEAD PACE-DEFIB, ONE	661
33220	REPAIR LEAD PACE-DEFIB, DUAL	667
33222	REVISE POCKET, PACEMAKER	585
33223	REVISE POCKET, PACING-DEFIB	703

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COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
33224	INSERT PACING LEAD & CONNECT	846
33225	LEFT VENT PACING LEAD, ADD-O	761
33226	REPOSITION L VENTRICLE LEAD	818
33233	REMOVE PACEMAKER SYSTEM	411
33234	REMOVE PACEMAKER SYSTEM	820
33235	REMOVE PACEMAKER ELECTRODE	1,063
33236	REMOVE ELECTRODE/THORACOTOMY	1,243
33237	REMOVE ELECTRODE/THORACOTOMY	1,376
33238	REMOVE ELECTRODE/THORACOTOMY	1,480
33240	INSERT PULSE GENERATOR	783
33241	REMOVE PULSE GENERATOR	388
33243	REMOVE ELECTRODE/THORACOTOMY	2,167
33244	REMOVE ELECTRODE, TRANSVENOU	1,441
33249	ELECTRODE/INSERT PACE-DEFIB	1,521
33250	ABLATE HEART DYSRHYTHM FOCUS	2,312
33251	ABLATE HEART DYSRHYTHM FOCUS	2,560
33254	ABLATE ATRIA, LIMITED	2,162
33255	ABLATE ATRIA W/O BYPASS, EXT	2,644
33256	ABLATE ATRIA W/BYPASS, EXTEN	3,150
33257	ABLATE ATRIA, LIMITED, ADD-O	916
33258	ABLATE ATRIA, X10SV, ADD-ON	1,033
33259	ABLATE ATRIA W/BYPASS, ADD-O	1,350
33261	ABLATE HEART DYSRHYTHM FOCUS	2,546
33265	ABLATE ATRIA, LIMITED, ENDO	2,156
33266	ABLATE ATRIA, X10SV, ENDO	2,953
33282	IMPLANT PAT-ACTIVE HT RECORD	550
33284	REMOVE PAT-ACTIVE HT RECORD	400
33300	REPAIR HEART WOUND	3,611
33305	REPAIR HEART WOUND	6,005
33310	EXPLORATORY HEART SURGERY	1,848
33315	EXPLORATORY HEART SURGERY	2,346
33320	REPAIR MAJOR BLOOD VESSEL(S)	1,674
33321	REPAIR MAJOR VESSEL	1,889
33322	REPAIR MAJOR BLOOD VESSEL(S)	2,191
33330	INSERT MAJOR VESSEL GRAFT	2,204
33332	INSERT MAJOR VESSEL GRAFT	2,209
33335	INSERT MAJOR VESSEL GRAFT	2,975
33400	REPAIR AORTIC VALVE	3,578
33401	VALVULOPLASTY, OPEN	2,397
33403	VALVULOPLASTY, W/CP BYPASS	2,399
33404	PREPARE HEART-AORTA CONDUIT	2,830
33405	REPLACE AORTIC VALVE	3,662
33406	REPLACE AORTIC VALVE	4,501
33410	REPLACE AORTIC VALVE	3,973
33411	REPLACE AORTIC VALVE	5,172
33412	REPLACE AORTIC VALVE	3,959
33413	REPLACE AORTIC VALVE	5,112
33414	REPAIR AORTIC VALVE	3,423
33415	REVISE SUBVALVULAR TISSUE	3,165
33416	REVISE VENTRICLE MUSCLE	3,189
33417	REPAIR AORTIC VALVE	2,672
33420	REVISE MITRAL VALVE	2,148
33422	REVISE MITRAL VALVE	2,679
33425	REPAIR MITRAL VALVE	4,138
33426	REPAIR MITRAL VALVE	3,776
33427	REPAIR MITRAL VALVE	3,943
33430	REPLACE MITRAL VALVE	4,360
33460	REVISE TRICUSPID VALVE	3,679
33463	VALVULOPLASTY, TRICUSPID	4,643
33464	VALVULOPLASTY, TRICUSPID	3,754

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
33465	REPLACE TRICUSPID VALVE	4,194
33468	REVISE TRICUSPID VALVE	2,988
33470	REVISE PULMONARY VALVE	1,882
33471	VALVOTOMY, PULMONARY VALVE	2,107
33472	REVISE PULMONARY VALVE	2,129
33474	REVISE PULMONARY VALVE	3,225
33475	REPLACE PULMONARY VALVE	3,653
33476	REVISE HEART CHAMBER	2,316
33478	REVISE HEART CHAMBER	2,501
33496	REPAIR PROSTH VALVE CLOT	2,671
33500	REPAIR HEART VESSEL FISTULA	2,507
33501	REPAIR HEART VESSEL FISTULA	1,739
33502	CORONARY ARTERY CORRECT	2,017
33503	CORONARY ARTERY GRAFT	2,173
33504	CORONARY ARTERY GRAFT	2,297
33505	REPAIR ARTERY W/TUNNEL	3,121
33506	REPAIR ARTERY, TRANSLOCATION	3,255
33507	REPAIR ART, INTRAMURAL	2,761
33508	ENDOSCOPIC VEIN HARVEST	26
33510	CABG, VEIN, SING	3,116
33511	CABG, VEIN, TWO	3,398
33512	CABG, VEIN, THREE	3,820
33513	CABG, VEIN, FOUR	3,896
33514	CABG, VEIN, FIVE	4,130
33516	CABG, VEIN, SIX OR MORE	4,296
33517	CABG, ARTERY-VEIN, SING	293
33518	CABG, ARTERY-VEIN, TWO	633
33519	CABG, ARTERY-VEIN, THREE	846
33521	CABG, ARTERY-VEIN, FOUR	1,025
33522	CABG, ARTERY-VEIN, FIVE	1,168
33523	CABG, ART-VEIN, SIX OR MORE	1,334
33530	CORONARY ARTERY, BYPASS/REOP	805
33533	CABG, ARTERIAL, SING	3,038
33534	CABG, ARTERIAL, TWO	3,525
33535	CABG, ARTERIAL, THREE	3,908
33536	CABG, ARTERIAL, FOUR OR MORE	4,182
33542	REMOVE HEART LESION	4,013
33545	REPAIR HEART DAMAGE	4,732
33548	RESTORE/REMODEL, VENTRICLE	4,665
33572	OPEN CORONARY ENDARTERECTOMY	374
33600	CLOSE VALVE	2,719
33602	CLOSE VALVE	2,585
33606	ANASTOMOSIS/ARTERY-AORTA	2,821
33608	REPAIR ANOMALY W/CONDUIT	2,902
33610	REPAIR BY ENLARGEMENT	2,828
33611	REPAIR DOUBLE VENTRICLE	3,095
33612	REPAIR DOUBLE VENTRICLE	3,197
33615	REPAIR MODIFIED FONTAN	3,195
33617	REPAIR SING VENTRICLE	3,420
33619	REPAIR SING VENTRICLE	4,180
33641	REPAIR HEART SEPTUM DEFECT	2,541
33645	REVISE HEART VEINS	2,515
33647	REPAIR HEART SEPTUM DEFECTS	2,681
33660	REPAIR HEART DEFECTS	2,795
33665	REPAIR HEART DEFECTS	3,021
33670	REPAIR HEART CHAMBERS	3,136
33675	CLOSE MULT VSD	3,137
33676	CLOSE MULT VSD W/RESECTION	3,270
33677	CLOSE MULT VSD W/REM PULM BA	3,398
33681	REPAIR HEART SEPTUM DEFECT	2,913

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
33684	REPAIR HEART SEPTUM DEFECT	2,957
33688	REPAIR HEART SEPTUM DEFECT	2,965
33690	REINFORCE PULMONARY ARTERY	1,837
33692	REPAIR HEART DEFECTS	2,807
33694	REPAIR HEART DEFECTS	3,160
33697	REPAIR HEART DEFECTS	3,414
33702	REPAIR HEART DEFECTS	2,436
33710	REPAIR HEART DEFECTS	2,980
33720	REPAIR HEART DEFECT	2,473
33722	REPAIR HEART DEFECT	2,439
33724	REPAIR VENOUS ANOMALY	2,510
33726	REPAIR PULMONARY VENOUS STEN	3,266
33730	REPAIR HEART-VEIN DEFECT(S)	3,103
33732	REPAIR HEART-VEIN DEFECT	2,606
33735	REVISE HEART CHAMBER	1,985
33736	REVISE HEART CHAMBER	2,217
33737	REVISE HEART CHAMBER	2,070
33750	MAJOR VESSEL SHUNT	2,093
33755	MAJOR VESSEL SHUNT	2,055
33762	MAJOR VESSEL SHUNT	2,051
33764	MAJOR VESSEL SHUNT & GRAFT	2,017
33766	MAJOR VESSEL SHUNT	2,237
33767	MAJOR VESSEL SHUNT	2,244
33768	CAVOPULMONARY SHUNTING	680
33770	REPAIR GREAT VESSELS DEFECT	3,402
33771	REPAIR GREAT VESSELS DEFECT	3,480
33774	REPAIR GREAT VESSELS DEFECT	2,885
33775	REPAIR GREAT VESSELS DEFECT	3,002
33776	REPAIR GREAT VESSELS DEFECT	3,159
33777	REPAIR GREAT VESSELS DEFECT	3,092
33778	REPAIR GREAT VESSELS DEFECT	3,788
33779	REPAIR GREAT VESSELS DEFECT	3,610
33780	REPAIR GREAT VESSELS DEFECT	3,764
33781	REPAIR GREAT VESSELS DEFECT	3,697
33786	REPAIR ARTERIAL TRUNK	3,644
33788	REVISE PULMONARY ARTERY	2,471
33800	AORTIC SUSPENSION	1,549
33802	REPAIR VESSEL DEFECT	1,669
33803	REPAIR VESSEL DEFECT	1,811
33813	REPAIR SEPTAL DEFECT	2,075
33814	REPAIR SEPTAL DEFECT	2,428
33820	REVISE MAJOR VESSEL	1,559
33822	REVISE MAJOR VESSEL	1,655
33824	REVISE MAJOR VESSEL	1,869
33840	REMOVE AORTA CONSTRICTION	1,880
33845	REMOVE AORTA CONSTRICTION	2,189
33851	REMOVE AORTA CONSTRICTION	2,001
33852	REPAIR SEPTAL DEFECT	2,168
33853	REPAIR SEPTAL DEFECT	3,004
33860	ASCENDING AORTIC GRAFT	4,953
33861	ASCENDING AORTIC GRAFT	3,884
33863	ASCENDING AORTIC GRAFT	4,955
33864	ASCENDING AORTIC GRAFT	5,097
33870	TRANSVERSE AORTIC ARCH GRAFT	4,053
33875	THORACIC AORTIC GRAFT	3,145
33877	THORACOABDOMINAL GRAFT	5,533
33880	ENDOVASC TAA REPAIR INC SUBC	2,878
33881	ENDOVASC TAA REPAIR W/O SUBC	2,472
33883	INSERT ENDOVASC PROSTH, TAA	1,811
33884	ENDOVASC PROSTH, TAA, ADD-ON	656

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
33886	ENDOVASC PROSTH, DELAYED	1,557
33889	ARTERY TRANSPOSE/ENDOVASC TA	1,290
33891	CAR-CAR BP GRAFT/ENDOVASC TA	1,613
33910	REMOVE LUNG ARTERY EMBOLI	2,636
33915	REMOVE LUNG ARTERY EMBOLI	2,095
33916	SURGERY GREAT VESSEL	2,655
33917	REPAIR PULMONARY ARTERY	2,408
33920	REPAIR PULMONARY ATRESIA	2,882
33922	TRANSECT PULMONARY ARTERY	2,187
33924	REMOVE PULMONARY SHUNT	458
33925	REPAIR PULMON ART UNIFOCAL W	2,810
33926	REPAIR PULMON ART, UNIFOCAL	3,703
33930	REMOVE DONOR HEART/LUNG	5,325
33935	TRANSPLANT HEART/LUNG	5,527
33940	REMOVE DONOR HEART	4,661
33945	TRANSPLANT HEART	7,275
33960	EXTERNAL CIRCULATION ASSIST	1,587
33961	EXTERNAL CIRCULATION ASSIST	883
33967	INSERT IA PERCUT DEVICE	441
33968	REMOVE AORTIC ASSIST DEVICE	56
33970	AORTIC CIRCULATION ASSIST	589
33971	AORTIC CIRCULATION ASSIST	1,143
33973	INSERT BALLOON DEVICE	859
33974	REMOVE INTRA-AORTIC BALLOON	1,459
33975	IMPLANT VENTRICULAR DEVICE	1,768
33976	IMPLANT VENTRICULAR DEVICE	1,968
33977	REMOVE VENTRICULAR DEVICE	1,929
33978	REMOVE VENTRICULAR DEVICE	2,119
33979	INSERT INTRACORPOREAL DEVICE	3,877
33980	REMOVE INTRACORPOREAL DEVICE	5,730
34001	REMOVE ARTERY CLOT	1,535
34051	REMOVE ARTERY CLOT	1,549
34101	REMOVE ARTERY CLOT	983
34111	REMOVE ARM ARTERY CLOT	982
34151	REMOVE ARTERY CLOT	2,260
34201	REMOVE ARTERY CLOT	1,585
34203	REMOVE LEG ARTERY CLOT	1,567
34401	REMOVE VEIN CLOT	2,340
34421	REMOVE VEIN CLOT	1,189
34451	REMOVE VEIN CLOT	2,442
34471	REMOVE VEIN CLOT	1,699
34490	REMOVE VEIN CLOT	989
34501	REPAIR VALVE, FEMORAL VEIN	1,533
34502	RECONSTRUCT VENA CAVA	2,474
34510	TRANSPOSE VEIN VALVE	1,733
34520	CROSS-OVER VEIN GRAFT	1,664
34530	LEG VEIN FUSION	1,566
34800	ENDOVASC AAA REPAIR W/SM TUB	1,860
34802	ENDOVASC AAA REPAIR W/2-P PA	2,028
34803	ENDOVASC AAA REPAIR W/3-P PA	2,070
34804	ENDOVASC AAA REPAIR W/1-P PA	2,026
34805	ENDOVASC AAA REPAIR W/LONG T	1,900
34806	ANEURYSM PRESS SENSOR, ADD-O	171
34808	ENDOVASC ILIAC A DEVICE ADD-	337
34812	EXPOSE FOR ENDOPROSTH, FEMOR	557
34813	FEMORAL ENDOVASC GRAFT, ADD-	386
34820	EXPOSE FOR ENDOPROSTH, ILIAC	800
34825	ENDOVASC EXTEND PROSTH, INIT	1,142
34826	ENDOVASC EXTENS PROSTH, ADDE	334
34830	OPEN AORTIC TUBE PROSTH REPA	2,961

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
34831	OPEN AORTOILIAC PROSTH REPAI	3,130
34832	OPEN AORTOFEMORAL PROSTH REP	3,180
34833	EXPOSE FOR ENDOPROSTH, ILIAC	997
34834	EXPOSE, ENDOPROSTH, BRACHIAL	453
34900	ENDOVASC ILIAC REPAIR W/GRAF	1,479
35001	REPAIR DEFECT ARTERY	1,847
35002	REPAIR ARTERY RUPTURE, NECK	1,948
35005	REPAIR DEFECT ARTERY	1,696
35011	REPAIR DEFECT ARTERY	1,617
35013	REPAIR ARTERY RUPTURE, ARM	2,005
35021	REPAIR DEFECT ARTERY	1,973
35022	REPAIR ARTERY RUPTURE, CHEST	2,224
35045	REPAIR DEFECT ARM ARTERY	1,574
35081	REPAIR DEFECT ARTERY	2,807
35082	REPAIR ARTERY RUPTURE, AORTA	3,525
35091	REPAIR DEFECT ARTERY	2,968
35092	REPAIR ARTERY RUPTURE, AORTA	4,202
35102	REPAIR DEFECT ARTERY	3,043
35103	REPAIR ARTERY RUPTURE, GROIN	3,640
35111	REPAIR DEFECT ARTERY	2,250
35112	REPAIR ARTERY RUPTURE, SPLEE	2,753
35121	REPAIR DEFECT ARTERY	2,667
35122	REPAIR ARTERY RUPTURE, BELLY	3,191
35131	REPAIR DEFECT ARTERY	2,280
35132	REPAIR ARTERY RUPTURE, GROIN	2,748
35141	REPAIR DEFECT ARTERY	1,809
35142	REPAIR ARTERY RUPTURE, THIGH	2,163
35151	REPAIR DEFECT ARTERY	2,039
35152	REPAIR ARTERY RUPTURE, KNEE	2,366
35180	REPAIR BLOOD VESSEL LESION	1,364
35182	REPAIR BLOOD VESSEL LESION	2,791
35184	REPAIR BLOOD VESSEL LESION	1,643
35188	REPAIR BLOOD VESSEL LESION	1,385
35189	REPAIR BLOOD VESSEL LESION	2,567
35190	REPAIR BLOOD VESSEL LESION	1,207
35201	REPAIR BLOOD VESSEL LESION	1,513
35206	REPAIR BLOOD VESSEL LESION	1,237
35207	REPAIR BLOOD VESSEL LESION	1,137
35211	REPAIR BLOOD VESSEL LESION	2,197
35216	REPAIR BLOOD VESSEL LESION	3,033
35221	REPAIR BLOOD VESSEL LESION	2,248
35226	REPAIR BLOOD VESSEL LESION	1,365
35231	REPAIR BLOOD VESSEL LESION	1,898
35236	REPAIR BLOOD VESSEL LESION	1,579
35241	REPAIR BLOOD VESSEL LESION	2,295
35246	REPAIR BLOOD VESSEL LESION	2,491
35251	REPAIR BLOOD VESSEL LESION	2,669
35256	REPAIR BLOOD VESSEL LESION	1,658
35261	REPAIR BLOOD VESSEL LESION	1,680
35266	REPAIR BLOOD VESSEL LESION	1,391
35271	REPAIR BLOOD VESSEL LESION	2,193
35276	REPAIR BLOOD VESSEL LESION	2,302
35281	REPAIR BLOOD VESSEL LESION	2,556
35286	REPAIR BLOOD VESSEL LESION	1,526
35301	RECHANNEL ARTERY	1,707
35302	RECHANNEL ARTERY	1,810
35303	RECHANNEL ARTERY	1,991
35304	RECHANNEL ARTERY	2,069
35305	RECHANNEL ARTERY	1,988
35306	RECHANNEL ARTERY	739

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PROCEDURE CODE	DESCRIPTION	RATE
35311	RECHANNEL ARTERY	2,442
35321	RECHANNEL ARTERY	1,452
35331	RECHANNEL ARTERY	2,394
35341	RECHANNEL ARTERY	2,252
35351	RECHANNEL ARTERY	2,091
35355	RECHANNEL ARTERY	1,699
35361	RECHANNEL ARTERY	2,574
35363	RECHANNEL ARTERY	2,809
35371	RECHANNEL ARTERY	1,343
35372	RECHANNEL ARTERY	1,610
35390	REOPERATE ON CAROTID, ADD-ON	261
35400	ANGIOSCOPY	247
35450	REPAIR ARTERIAL BLOCKAGE	838
35452	REPAIR ARTERIAL BLOCKAGE	583
35454	REPAIR ARTERIAL BLOCKAGE	511
35456	REPAIR ARTERIAL BLOCKAGE	618
35458	REPAIR ARTERIAL BLOCKAGE	793
35459	REPAIR ARTERIAL BLOCKAGE	729
35460	REPAIR VENOUS BLOCKAGE	506
35470	REPAIR ARTERIAL BLOCKAGE	749
35471	REPAIR ARTERIAL BLOCKAGE	899
35472	REPAIR ARTERIAL BLOCKAGE	599
35473	REPAIR ARTERIAL BLOCKAGE	531
35474	REPAIR ARTERIAL BLOCKAGE	641
35475	REPAIR ARTERIAL BLOCKAGE	799
35476	REPAIR VENOUS BLOCKAGE	511
35480	ATHERECTOMY, OPEN	908
35481	ATHERECTOMY, OPEN	658
35482	ATHERECTOMY, OPEN	576
35483	ATHERECTOMY, OPEN	694
35484	ATHERECTOMY, OPEN	861
35485	ATHERECTOMY, OPEN	803
35490	ATHERECTOMY, PERCUTANEOUS	1,004
35491	ATHERECTOMY, PERCUTANEOUS	672
35492	ATHERECTOMY, PERCUTANEOUS	612
35493	ATHERECTOMY, PERCUTANEOUS	746
35494	ATHERECTOMY, PERCUTANEOUS	944
35495	ATHERECTOMY, PERCUTANEOUS	863
35500	HARVEST VEIN FOR BYPASS	522
35501	ARTERY BYPASS GRAFT	2,544
35506	ARTERY BYPASS GRAFT	2,159
35508	ARTERY BYPASS GRAFT	2,231
35509	ARTERY BYPASS GRAFT	2,444
35510	ARTERY BYPASS GRAFT	2,043
35511	ARTERY BYPASS GRAFT	1,929
35512	ARTERY BYPASS GRAFT	1,990
35515	ARTERY BYPASS GRAFT	2,144
35516	ARTERY BYPASS GRAFT	1,960
35518	ARTERY BYPASS GRAFT	1,963
35521	ARTERY BYPASS GRAFT	2,062
35522	ARTERY BYPASS GRAFT	1,946
35523	ARTERY BYPASS GRAFT	2,066
35525	ARTERY BYPASS GRAFT	1,827
35526	ARTERY BYPASS GRAFT	2,700
35531	ARTERY BYPASS GRAFT	3,285
35533	ARTERY BYPASS GRAFT	2,548
35535	ARTERY BYPASS GRAFT	3,268
35536	ARTERY BYPASS GRAFT	2,833
35537	ARTERY BYPASS GRAFT	3,513
35538	ARTERY BYPASS GRAFT	3,943

EXHIBIT B

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ITEMIZED CHARGES

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PROCEDURE CODE	DESCRIPTION	RATE
35539	ARTERY BYPASS GRAFT	3,650
35540	ARTERY BYPASS GRAFT	4,089
35548	ARTERY BYPASS GRAFT	1,958
35549	ARTERY BYPASS GRAFT	2,130
35551	ARTERY BYPASS GRAFT	2,427
35556	ARTERY BYPASS GRAFT	2,246
35558	ARTERY BYPASS GRAFT	1,995
35560	ARTERY BYPASS GRAFT	2,897
35563	ARTERY BYPASS GRAFT	2,221
35565	ARTERY BYPASS GRAFT	2,153
35566	ARTERY BYPASS GRAFT	2,692
35570	ARTERY BYPASS GRAFT	2,529
35571	ARTERY BYPASS GRAFT	2,184
35572	HARVEST FEMOROPOPLITEAL VEIN	568
35583	VEIN BYPASS GRAFT	2,318
35585	VEIN BYPASS GRAFT	2,715
35587	VEIN BYPASS GRAFT	2,253
35600	HARVEST ART FOR CABG, ADD-ON	419
35601	ARTERY BYPASS GRAFT	2,349
35606	ARTERY BYPASS GRAFT	1,908
35612	ARTERY BYPASS GRAFT	1,503
35616	ARTERY BYPASS GRAFT	1,823
35621	ARTERY BYPASS GRAFT	1,805
35623	BYPASS GRAFT, NOT VEIN	2,214
35626	ARTERY BYPASS GRAFT	2,548
35631	ARTERY BYPASS GRAFT	3,022
35632	ARTERY BYPASS GRAFT	3,103
35633	ARTERY BYPASS GRAFT	3,350
35634	ARTERY BYPASS GRAFT	3,037
35636	ARTERY BYPASS GRAFT	2,686
35637	ARTERY BYPASS GRAFT	2,776
35638	ARTERY BYPASS GRAFT	2,838
35642	ARTERY BYPASS GRAFT	1,694
35645	ARTERY BYPASS GRAFT	1,600
35646	ARTERY BYPASS GRAFT	2,805
35647	ARTERY BYPASS GRAFT	2,541
35650	ARTERY BYPASS GRAFT	1,740
35651	ARTERY BYPASS GRAFT	2,253
35654	ARTERY BYPASS GRAFT	2,242
35656	ARTERY BYPASS GRAFT	1,770
35661	ARTERY BYPASS GRAFT	1,774
35663	ARTERY BYPASS GRAFT	2,053
35665	ARTERY BYPASS GRAFT	1,924
35666	ARTERY BYPASS GRAFT	2,080
35671	ARTERY BYPASS GRAFT	1,833
35681	COMPOSITE BYPASS GRAFT	131
35682	COMPOSITE BYPASS GRAFT	582
35683	COMPOSITE BYPASS GRAFT	687
35685	BYPASS GRAFT PATENCY/PATCH	327
35686	BYPASS GRAFT/AV FIST PATENCY	274
35691	ARTERIAL TRANSPOSITION	1,614
35693	ARTERIAL TRANSPOSITION	1,439
35694	ARTERIAL TRANSPOSITION	1,666
35695	ARTERIAL TRANSPOSITION	1,736
35697	REIMPLANT ARTERY EACH	244
35700	REOPERATION, BYPASS GRAFT	251
35701	EXPLORE CAROTID ARTERY	873
35721	EXPLORE FEMORAL ARTERY	743
35741	EXPLORE POPLITEAL ARTERY	811
35761	EXPLORE ARTERY/VEIN	605

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
35800	EXPLORE NECK VESSELS	772
35820	EXPLORE CHEST VESSELS	2,966
35840	EXPLORE ABDOMINAL VESSELS	1,004
35860	EXPLORE LIMB VESSELS	653
35870	REPAIR VESSEL GRAFT DEFECT	2,083
35875	REMOVE CLOT IN GRAFT	967
35876	REMOVE CLOT IN GRAFT	1,540
35879	REVISE GRAFT W/VEIN	1,508
35881	REVISE GRAFT W/VEIN	1,677
35883	REVISE GRAFT W/NONAUTO GRAFT	1,948
35884	REVISE GRAFT W/VEIN	2,052
35901	EXCISE GRAFT, NECK	819
35903	EXCISE GRAFT, EXTREMITY	925
35905	EXCISE GRAFT, THORAX	2,831
35907	EXCISE GRAFT, ABDOMEN	3,115
36000	PLACE NEEDLE IN VEIN	15
36002	PSEUDOANEURYSM INJECTION TRE	179
36005	INJECTION EXT VENOGRAPHY	80
36010	PLACE CATHETER IN VEIN	201
36011	PLACE CATHETER IN VEIN	260
36012	PLACE CATHETER IN VEIN	294
36013	PLACE CATHETER IN ARTERY	211
36014	PLACE CATHETER IN ARTERY	256
36015	PLACE CATHETER IN ARTERY	296
36100	ESTABLISH ACCESS TO ARTERY	260
36120	ESTABLISH ACCESS TO ARTERY	162
36140	ESTABLISH ACCESS TO ARTERY	168
36145	ARTERY TO VEIN SHUNT	164
36160	ESTABLISH ACCESS TO AORTA	220
36200	PLACE CATHETER IN AORTA	251
36215	PLACE CATHETER IN ARTERY	399
36216	PLACE CATHETER IN ARTERY	450
36217	PLACE CATHETER IN ARTERY	539
36218	PLACE CATHETER IN ARTERY	86
36245	PLACE CATHETER IN ARTERY	413
36246	PLACE CATHETER IN ARTERY	449
36247	PLACE CATHETER IN ARTERY	534
36248	PLACE CATHETER IN ARTERY	86
36260	INSERT INFUSION PUMP	926
36261	REVISE INFUSION PUMP	569
36262	REMOVE INFUSION PUMP	435
36400	BLOOD DRAW < 3 YRS FEM/JUGUL	28
36405	BLOOD DRAW < 3 YRS SCALP VEI	25
36406	BLOOD DRAW < 3 YRS OTHER VEI	15
36410	NON-ROUTINE BL DRAW > 3 YRS	14
36415	ROUTINE VENIPUNCTURE	21
36416	CAPILLARY BLOOD DRAW	20
36420	VEIN ACCESS CUTDOWN < 1 YR	77
36425	VEIN ACCESS CUTDOWN > 1 YR	61
36430	BLOOD TRANSFUSION SERVICE	65
36440	BLOOD PUSH TRANSFUSE, 2 YR O	81
36450	BLOOD EXCHANGE/TRANSFUSE, NB	188
36455	BLOOD EXCHANGE/TRANSFUSE NON	205
36460	TRANSFUSION SERVICE, FETAL	532
36468	INJECTION(S), SPIDER VEINS	327
36469	INJECTION(S), SPIDER VEINS	119
36470	INJECTION THERAPY VEIN	111
36471	INJECTION THERAPY VEINS	155
36475	ENDOVENOUS RF, 1ST VEIN	540
36476	ENDOVENOUS RF, VEIN, ADD-ON	263

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
36478	ENDOVENOUS LASER, 1ST VEIN	546
36479	ENDOVENOUS LASER VEIN ADD-ON	265
36481	INSERT CATHETER, VEIN	671
36500	INSERT CATHETER, VEIN	294
36510	INSERT CATHETER, VEIN	91
36511	APHERESIS WBC	143
36512	APHERESIS RBC	145
36513	APHERESIS PLATELETS	150
36514	APHERESIS PLASMA	141
36515	APHERESIS, ADSORP/REINFUSE	138
36516	APHERESIS, SELECTIVE	99
36522	PHOTOPHERESIS	164
36555	INSERT NON-TUNNEL CV CATH	200
36556	INSERT NON-TUNNEL CV CATH	190
36557	INSERT TUNNELED CV CATH	482
36558	INSERT TUNNELED CV CATH	462
36560	INSERT TUNNELED CV CATH	568
36561	INSERT TUNNELED CV CATH	550
36563	INSERT TUNNELED CV CATH	571
36565	INSERT TUNNELED CV CATH	541
36566	INSERT TUNNELED CV CATH	578
36568	INSERT PICC CATH	155
36569	INSERT PICC CATH	156
36570	INSERT PICVAD CATH	511
36571	INSERT PICVAD CATH	495
36575	REPAIR TUNNELED CV CATH	63
36576	REPAIR TUNNELED CV CATH	300
36578	REPLACE TUNNELED CV CATH	346
36580	REPLACE CVAD CATH	113
36581	REPLACE TUNNELED CV CATH	326
36582	REPLACE TUNNELED CV CATH	477
36583	REPLACE TUNNELED CV CATH	477
36584	REPLACE PICC CATH	118
36585	REPLACE PICVAD CATH	449
36589	REMOVE TUNNELED CV CATH	225
36590	REMOVE TUNNELED CV CATH	317
36591	DRAW BLOOD OFF VENOUS DEVICE	40
36592	COLLECT BLOOD FROM PICC	44
36593	DECLOT VASCULAR DEVICE	63
36595	MECH REMOVE TUNNELED CV CATH	311
36596	MECH REMOVE TUNNELED CV CATH	75
36597	REPOSITION VENOUS CATHETER	104
36598	INJECT W/FLUOR, EVAL CV DEVI	102
36600	WITHDRAW ARTERIAL BLOOD	24
36620	INSERT CATHETER, ARTERY	79
36625	INSERT CATHETER, ARTERY	167
36640	INSERT CATHETER, ARTERY	191
36660	INSERT CATHETER, ARTERY	105
36680	INSERT NEEDLE, BONE CAVITY	94
36800	INSERT CANNULA	255
36810	INSERT CANNULA	333
36815	INSERT CANNULA	238
36818	AV FUSE, UPPER ARM, CEPHALIC	1,082
36819	AV FUSE, UPPER ARM, BASILIC	1,269
36820	AV FUSION/FOREARM VEIN	1,274
36821	AV FUSION DIRECT ANY SITE	1,058
36822	INSERT CANNULA(S)	609
36823	INSERT CANNULA(S)	2,028
36825	ARTERY-VEIN AUTOGRAFT	924
36830	ARTERY-VEIN NONAUTOGRAFT	1,050

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
36831	OPEN THROMBECTOMY AV FISTULA	728
36832	AV FISTULA REVISE OPEN	927
36833	AV FISTULA REVISION	1,046
36834	REPAIR A-V ANEURYSM	984
36835	ARTERY TO VEIN SHUNT	736
36838	DIST REVASC LIGATE HEMO	1,867
36860	EXTERNAL CANNULA DECLOTTING	163
36861	CANNULA DECLOTTING	242
36870	PERCUT THROMBECTOMY AV FISTU	499
37140	REVISE CIRCULATION	2,131
37145	REVISE CIRCULATION	2,310
37160	REVISE CIRCULATION	2,004
37180	REVISE CIRCULATION	2,242
37181	SPLICE SPLEEN/KIDNEY VEINS	2,424
37182	INSERT HEPATIC SHUNT (TIPS)	1,451
37183	REMOVE HEPATIC SHUNT (TIPS)	690
37184	PRIM ART MECH THROMBECTOMY	742
37185	PRIM ART M-THROMBECTOMY, ADD	272
37186	SEC ART M-THROMBECTOMY, ADD-	420
37187	VENOUS MECH THROMBECTOMY	690
37188	VENOUS M-THROMBECTOMY, ADD-O	501
37195	THROMBOLYTIC THERAPY, STROKE	1,145
37200	TRANSCATHETER BIOPSY	385
37201	TRANSCATHETER THERAPY INFUSE	460
37202	TRANSCATHETER THERAPY INFUSE	557
37203	TRANSCATHETER RETRIEVE	439
37204	TRANSCATHETER OCCLUSION	1,527
37205	TRANSCATH IV STENT, PERCUT	721
37206	TRANSCATH IV STENT/PERC ADDE	350
37207	TRANSCATH IV STENT, OPEN	696
37208	TRANSCATH IV STENT/OPEN ADDE	335
37209	CHANGE IV CATH AT THROMBOLYT	188
37210	EMBOLIZATION UTERINE FIBROID	913
37215	TRANSCATH STENT, CCA W/EPS	1,804
37216	TRANSCATH STENT, CCA W/O EPS	4,205
37250	IV US FIRST VESSEL, ADD-ON	179
37251	IV US EACH ADD VESSEL, ADD-O	133
37500	ENDOSCOPY LIGATE PERF VEINS	1,105
37565	LIGATE NECK VEIN	1,092
37600	LIGATE NECK ARTERY	1,116
37605	LIGATE NECK ARTERY	1,276
37606	LIGATE NECK ARTERY	838
37607	LIGATE A-V FISTULA	599
37609	TEMPORAL ARTERY PROCEDURE	311
37615	LIGATE NECK ARTERY	742
37616	LIGATE CHEST ARTERY	1,715
37617	LIGATE ABDOMEN ARTERY	2,027
37618	LIGATE EXTREMITY ARTERY	596
37620	REVISE MAJOR VEIN	1,070
37650	REVISE MAJOR VEIN	810
37660	REVISE MAJOR VEIN	1,898
37700	REVISE LEG VEIN	402
37718	LIGATE/STRIP SHORT LEG VEIN	652
37722	LIGATE/STRIP LONG LEG VEIN	755
37735	REMOVE LEG VEINS/LESION	1,003
37760	LIGATE LEG VEINS, OPEN	987
37765	PHLEBECTOMY VEINS - EXTREMIT	711
37766	PHLEBECTOMY VEINS - EXTREMIT	861
37780	REVISE LEG VEIN	415
37785	LIGATE/DIVIDE/EXCISE VEIN	416

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PROCEDURE CODE	DESCRIPTION	RATE
37788	REVASCLARIZATION, PENIS	2,195
37790	PENILE VENOUS OCCLUSION	797
38100	REMOVE SPLEEN, TOTAL	1,639
38101	REMOVE SPLEEN, PARTIAL	1,649
38102	REMOVE SPLEEN, TOTAL	391
38115	REPAIR RUPTURED SPLEEN	1,822
38120	LAPAROSCOPY, SPLENECTOMY	1,531
38200	INJECTION FOR SPLEEN X-RAY	220
38204	BLOOD DONOR SEARCH MANAGEMEN	447
38205	HARVEST ALLOGENIC STEM CELLS	127
38206	HARVEST AUTO STEM CELLS	127
38207	CRYOPRESERVE STEM CELLS	200
38208	THAW PRESERVED STEM CELLS	125
38209	WASH HARVEST STEM CELLS	54
38210	T-CELL DEPLETION HARVEST	353
38211	TUMOR CELL DEplete HARVEST	318
38212	RBC DEPLETION HARVEST	210
38213	PLATELET DEplete HARVEST	54
38214	VOLUME DEplete HARVEST	182
38215	HARVEST STEM CELL CONCENTRAT	210
38220	BONE MARROW ASPIRATION	96
38221	BONE MARROW BIOPSY	122
38230	BONE MARROW COLLECTION	500
38240	BONE MARROW/STEM TRANSPLANT	198
38241	BONE MARROW/STEM TRANSPLANT	199
38242	LYMPHOCYTE INFUSE TRANSPLANT	151
38300	DRAIN LYMPH NODE LESION	276
38305	DRAIN LYMPH NODE LESION	691
38308	INCISE LYMPH CHANNELS	658
38380	THORACIC DUCT PROCEDURE	852
38381	THORACIC DUCT PROCEDURE	1,259
38382	THORACIC DUCT PROCEDURE	1,020
38500	BIOPSY/REMOVE LYMPH NODES	371
38505	NEEDLE BIOPSY LYMPH NODES	119
38510	BIOPSY/REMOVE LYMPH NODES	625
38520	BIOPSY/REMOVE LYMPH NODES	688
38525	BIOPSY/REMOVE LYMPH NODES	623
38530	BIOPSY/REMOVE LYMPH NODES	800
38542	EXPLORE DEEP NODE(S), NECK	766
38550	REMOVE NECK/ARMPIT LESION	712
38555	REMOVE NECK/ARMPIT LESION	1,472
38562	REMOVE PELVIC LYMPH NODES	1,060
38564	REMOVE ABDOMEN LYMPH NODES	1,046
38570	LAPAROSCOPY, LYMPH NODE BIOP	852
38571	LAPAROSCOPY, LYMPHADENECTOMY	1,340
38572	LAPAROSCOPY, LYMPHADENECTOMY	1,463
38700	REMOVE LYMPH NODES, NECK	1,185
38720	REMOVE LYMPH NODES, NECK	1,960
38724	REMOVE LYMPH NODES, NECK	2,124
38740	REMOVE ARMPIT LYMPH NODES	992
38745	REMOVE ARMPIT LYMPH NODES	1,259
38746	REMOVE THORACIC LYMPH NODES	410
38747	REMOVE ABDOMINAL LYMPH NODES	398
38760	REMOVE GROIN LYMPH NODES	1,243
38765	REMOVE GROIN LYMPH NODES	1,923
38770	REMOVE PELVIS LYMPH NODES	1,298
38780	REMOVE ABDOMEN LYMPH NODES	1,634
38790	INJECT FOR LYMPHATIC X-RAY	129
38792	IDENTIFY SENTINEL NODE	64
38794	ACCESS THORACIC LYMPH DUCT	493

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PROCEDURE CODE	DESCRIPTION	RATE
39000	EXPLORE CHEST	762
39010	EXPLORE CHEST	1,255
39200	REMOVE CHEST LESION	1,385
39220	REMOVE CHEST LESION	1,782
39400	VISUALIZE CHEST	782
39501	REPAIR DIAPHRAGM LACERATION	1,268
39502	REPAIR PARAESOPHAGEAL HERNIA	1,516
39503	REPAIR DIAPHRAGM HERNIA	8,733
39520	REPAIR DIAPHRAGM HERNIA	1,520
39530	REPAIR DIAPHRAGM HERNIA	1,451
39531	REPAIR DIAPHRAGM HERNIA	1,513
39540	REPAIR DIAPHRAGM HERNIA	1,292
39541	REPAIR DIAPHRAGM HERNIA	1,393
39545	REVISE DIAPHRAGM	1,383
39560	RESECT DIAPHRAGM, SIMPLE	1,190
39561	RESECT DIAPHRAGM, COMPLEX	1,856
40490	BIOPSY LIP	112
40500	PARTIAL EXCISE LIP	550
40510	PARTIAL EXCISE LIP	540
40520	PARTIAL EXCISE LIP	547
40525	RECONSTRUCT LIP W/FLAP	847
40527	RECONSTRUCT LIP W/FLAP	998
40530	PARTIAL REMOVE LIP	619
40650	REPAIR LIP	436
40652	REPAIR LIP	534
40654	REPAIR LIP	647
40700	REPAIR CLEFT LIP/NASAL	1,404
40701	REPAIR CLEFT LIP/NASAL	1,746
40702	REPAIR CLEFT LIP/NASAL	1,345
40720	REPAIR CLEFT LIP/NASAL	1,494
40761	REPAIR CLEFT LIP/NASAL	1,619
40800	DRAIN MOUTH LESION	196
40801	DRAIN MOUTH LESION	335
40804	REMOVE FOREIGN BODY, MOUTH	198
40805	REMOVE FOREIGN BODY, MOUTH	347
40806	INCISE LIP FOLD	53
40808	BIOPSY MOUTH LESION	165
40810	EXCISE MOUTH LESION	194
40812	EXCISE/REPAIR MOUTH LESION	298
40814	EXCISE/REPAIR MOUTH LESION	463
40816	EXCISE MOUTH LESION	483
40818	EXCISE ORAL MUCOSA FOR GRAFT	418
40819	EXCISE LIP OR CHEEK FOLD	357
40820	TREAT MOUTH LESION	267
40830	REPAIR MOUTH LACERATION	242
40831	REPAIR MOUTH LACERATION	341
40840	RECONSTRUCT MOUTH	962
40842	RECONSTRUCT MOUTH	939
40843	RECONSTRUCT MOUTH	1,211
40844	RECONSTRUCT MOUTH	1,705
40845	RECONSTRUCT MOUTH	1,904
41000	DRAIN MOUTH LESION	170
41005	DRAIN MOUTH LESION	196
41006	DRAIN MOUTH LESION	394
41007	DRAIN MOUTH LESION	383
41008	DRAIN MOUTH LESION	409
41009	DRAIN MOUTH LESION	444
41010	INCISE TONGUE FOLD	169
41015	DRAIN MOUTH LESION	512
41016	DRAIN MOUTH LESION	532

EXHIBIT B

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PROCEDURE CODE	DESCRIPTION	RATE
41017	DRAIN MOUTH LESION	534
41018	DRAIN MOUTH LESION	621
41019	PLACE NEEDLES H & N FOR RT	757
41100	BIOPSY TONGUE	168
41105	BIOPSY TONGUE	170
41108	BIOPSY FLOOR MOUTH	138
41110	EXCISE TONGUE LESION	201
41112	EXCISE TONGUE LESION	384
41113	EXCISE TONGUE LESION	425
41114	EXCISE TONGUE LESION	969
41115	EXCISE TONGUE FOLD	227
41116	EXCISE MOUTH LESION	335
41120	PARTIAL REMOVE TONGUE	1,620
41130	PARTIAL REMOVE TONGUE	1,978
41135	TONGUE & NECK SURGERY	3,257
41140	REMOVE TONGUE	3,369
41145	TONGUE REMOVE NECK SURGERY	4,203
41150	TONGUE, MOUTH, JAW SURGERY	3,326
41153	TONGUE, MOUTH, NECK SURGERY	3,593
41155	TONGUE, JAW, & NECK SURGERY	4,440
41250	REPAIR TONGUE LACERATION	214
41251	REPAIR TONGUE LACERATION	249
41252	REPAIR TONGUE LACERATION	321
41500	FIXATE TONGUE	696
41510	TONGUE TO LIP SURGERY	638
41512	TONGUE SUSPENSION	960
41520	RECONSTRUCT TONGUE FOLD	389
41530	TONGUE BASE VOL REDUCTION	629
41800	DRAIN GUM LESION	199
41805	REMOVE FOREIGN BODY, GUM	255
41806	REMOVE FOREIGN BODY, JAWBONE	390
41820	EXCISE GUM, EACH QUADRANT	410
41821	EXCISE GUM FLAP	122
41822	EXCISE GUM LESION	266
41823	EXCISE GUM LESION	487
41825	EXCISE GUM LESION	194
41826	EXCISE GUM LESION	310
41827	EXCISE GUM LESION	458
41828	EXCISE GUM LESION	327
41830	REMOVE GUM TISSUE	425
41850	TREAT GUM LESION	185
41870	GUM GRAFT	579
41872	REPAIR GUM	398
41874	REPAIR TOOTH SOCKET	387
42000	DRAIN MOUTH ROOF LESION	157
42100	BIOPSY ROOF MOUTH	167
42104	EXCISE LESION, MOUTH ROOF	210
42106	EXCISE LESION, MOUTH ROOF	275
42107	EXCISE LESION, MOUTH ROOF	526
42120	REMOVE PALATE/LESION	1,490
42140	EXCISE UVULA	238
42145	REPAIR PALATE, PHARYNX/UVULA	1,071
42160	TREAT MOUTH ROOF LESION	234
42180	REPAIR PALATE	281
42182	REPAIR PALATE	408
42200	RECONSTRUCT CLEFT PALATE	1,355
42205	RECONSTRUCT CLEFT PALATE	1,441
42210	RECONSTRUCT CLEFT PALATE	1,630
42215	RECONSTRUCT CLEFT PALATE	1,079
42220	RECONSTRUCT CLEFT PALATE	837

EXHIBIT B

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PROCEDURE CODE	DESCRIPTION	RATE
42225	RECONSTRUCT CLEFT PALATE	1,466
42226	LENGTHEN PALATE	1,449
42227	LENGTHEN PALATE	1,410
42235	REPAIR PALATE	1,153
42260	REPAIR NOSE TO LIP FISTULA	1,040
42280	PREPARE PALATE MOLD	158
42281	INSERT PALATE PROSTHESIS	233
42300	DRAIN SALIVARY GLAND	233
42305	DRAIN SALIVARY GLAND	659
42310	DRAIN SALIVARY GLAND	191
42320	DRAIN SALIVARY GLAND	273
42330	REMOVE SALIVARY STONE	252
42335	REMOVE SALIVARY STONE	397
42340	REMOVE SALIVARY STONE	520
42400	BIOPSY SALIVARY GLAND	91
42405	BIOPSY SALIVARY GLAND	350
42408	EXCISE SALIVARY CYST	504
42409	DRAIN SALIVARY CYST	345
42410	EXCISE PAROTID GLAND/LESION	950
42415	EXCISE PAROTID GLAND/LESION	1,705
42420	EXCISE PAROTID GLAND/LESION	1,952
42425	EXCISE PAROTID GLAND/LESION	1,290
42426	EXCISE PAROTID GLAND/LESION	2,086
42440	EXCISE SUBMAXILLARY GLAND	716
42450	EXCISE SUBLINGUAL GLAND	552
42500	REPAIR SALIVARY DUCT	527
42505	REPAIR SALIVARY DUCT	700
42507	PAROTID DUCT DIVERSION	796
42508	PAROTID DUCT DIVERSION	1,128
42509	PAROTID DUCT DIVERSION	1,280
42510	PAROTID DUCT DIVERSION	974
42550	INJECTION FOR SALIVARY X-RAY	105
42600	CLOSE SALIVARY FISTULA	545
42650	DILATE SALIVARY DUCT	91
42660	DILATE SALIVARY DUCT	121
42665	LIGATE SALIVARY DUCT	320
42700	DRAIN TONSIL ABSCESS	209
42720	DRAIN THROAT ABSCESS	604
42725	DRAIN THROAT ABSCESS	1,239
42800	BIOPSY THROAT	172
42802	BIOPSY THROAT	211
42804	BIOPSY UPPER NOSE/THROAT	179
42806	BIOPSY UPPER NOSE/THROAT	209
42808	EXCISE PHARYNX LESION	253
42809	REMOVE PHARYNX FOREIGN BODY	198
42810	EXCISE NECK CYST	441
42815	EXCISE NECK CYST	855
42820	REMOVE TONSILS & ADENOIDS	448
42821	REMOVE TONSILS & ADENOIDS	468
42825	REMOVE TONSILS	404
42826	REMOVE TONSILS	389
42830	REMOVE ADENOIDS	319
42831	REMOVE ADENOIDS	345
42835	REMOVE ADENOIDS	288
42836	REMOVE ADENOIDS	374
42842	EXTENSIVE SURGERY THROAT	1,494
42844	EXTENSIVE SURGERY THROAT	2,092
42845	EXTENSIVE SURGERY THROAT	3,383
42860	EXCISE TONSIL TAGS	290
42870	EXCISE LINGUAL TONSIL	900

EXHIBIT B

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PROCEDURE CODE	DESCRIPTION	RATE
42890	PARTIAL REMOVE PHARYNX	2,117
42892	REVISE PHARYNGEAL WALLS	2,767
42894	REVISE PHARYNGEAL WALLS	3,538
42900	REPAIR THROAT WOUND	530
42950	RECONSTRUCT THROAT	1,238
42953	REPAIR THROAT, ESOPHAGUS	1,531
42955	SURGICAL OPENING THROAT	1,163
42960	CONTROL THROAT BLEEDING	261
42961	CONTROL THROAT BLEEDING	648
42962	CONTROL THROAT BLEEDING	800
42970	CONTROL NOSE/THROAT BLEEDING	595
42971	CONTROL NOSE/THROAT BLEEDING	704
42972	CONTROL NOSE/THROAT BLEEDING	789
43020	INCISE ESOPHAGUS	806
43030	THROAT MUSCLE SURGERY	801
43045	INCISE ESOPHAGUS	2,013
43100	EXCISE ESOPHAGUS LESION	956
43101	EXCISE ESOPHAGUS LESION	1,572
43107	REMOVE ESOPHAGUS	3,867
43108	REMOVE ESOPHAGUS	6,420
43112	REMOVE ESOPHAGUS	4,130
43113	REMOVE ESOPHAGUS	6,445
43116	PARTIAL REMOVE ESOPHAGUS	7,311
43117	PARTIAL REMOVE ESOPHAGUS	3,774
43118	PARTIAL REMOVE ESOPHAGUS	5,297
43121	PARTIAL REMOVE ESOPHAGUS	4,229
43122	PARTIAL REMOVE ESOPHAGUS	3,817
43123	PARTIAL REMOVE ESOPHAGUS	6,456
43124	REMOVE ESOPHAGUS	5,541
43130	REMOVE ESOPHAGUS POUCH	1,207
43135	REMOVE ESOPHAGUS POUCH	2,225
43200	ESOPHAGUS ENDOSCOPY	163
43201	ESOPH SCOPE W/SUBMUCOUS INJE	204
43202	ESOPHAGUS ENDOSCOPY, BIOPSY	179
43204	ESOPH SCOPE W/SCLEROSIS INJE	353
43205	ESOPHAGUS ENDOSCOPY/LIGATION	354
43215	ESOPHAGUS ENDOSCOPY	241
43216	ESOPHAGUS ENDOSCOPY/LESION	225
43217	ESOPHAGUS ENDOSCOPY	265
43219	ESOPHAGUS ENDOSCOPY	270
43220	ESOPH ENDOSCOPY, DILATION	199
43226	ESOPH ENDOSCOPY, DILATION	222
43227	ESOPH ENDOSCOPY, REPAIR	330
43228	ESOPH ENDOSCOPY, ABLATION	352
43231	ESOPH ENDOSCOPY W/US EXAM	300
43232	ESOPH ENDOSCOPY W/US FN BIOP	413
43234	UPPER GI ENDOSCOPY, EXAM	187
43235	UPPER GI ENDOSCOPY, DIAGNOSI	229
43236	UPPER GI SCOPE W/SUBMUCOSA I	278
43237	ENDOSCOPIC US EXAM, ESOPH	379
43238	UPPER GI ENDOSCOPY W/US FN B	468
43239	UPPER GI ENDOSCOPY, BIOPSY	271
43240	ESOPH ENDOSCOPE W/DRAIN CYST	628
43241	UPPER GI ENDOSCOPY W/TUBE	246
43242	UPPER GI ENDOSCOPY W/US FN B	669
43243	UPPER GI ENDOSCOPY & INJECT	422
43244	UPPER GI ENDOSCOPY/LIGATION	468
43245	UPPER GI SCOPE DILATE STRICT	295
43246	PLACE GASTROSTOMY TUBE	395
43247	OPERATIVE UPPER GI ENDOSCOPY	316

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PROCEDURE CODE	DESCRIPTION	RATE
43248	UPPER GI ENDOSCOPY/GUIDE WIR	299
43249	ESOPH ENDOSCOPY, DILATION	276
43250	UPPER GI ENDOSCOPY/TUMOR	295
43251	OPERATIVE UPPER GI ENDOSCOPY	344
43255	OPERATIVE UPPER GI ENDOSCOPY	447
43256	UPPER GI ENDOSCOPY W/STENT	401
43257	UPPER GI SCOPE W/THERMAL TRE	491
43258	OPERATIVE UPPER GI ENDOSCOPY	421
43259	ENDOSCOPIC ULTRASOUND EXAM	480
43260	ENDO CHOLANGIOPANCREATOGRAPH	549
43261	ENDO CHOLANGIOPANCREATOGRAPH	577
43262	ENDO CHOLANGIOPANCREATOGRAPH	678
43263	ENDO CHOLANGIOPANCREATOGRAPH	671
43264	ENDO CHOLANGIOPANCREATOGRAPH	813
43265	ENDO CHOLANGIOPANCREATOGRAPH	912
43267	ENDO CHOLANGIOPANCREATOGRAPH	674
43268	ENDO CHOLANGIOPANCREATOGRAPH	687
43269	ENDO CHOLANGIOPANCREATOGRAPH	751
43271	ENDO CHOLANGIOPANCREATOGRAPH	677
43272	ENDO CHOLANGIOPANCREATOGRAPH	676
43273	ENDOSCOPIC PANCREATOSCOPY	205
43279	LAP MYOTOMY, HELLER	1,888
43280	LAPAROSCOPY, FUNDOPLASTY	1,579
43300	REPAIR ESOPHAGUS	952
43305	REPAIR ESOPHAGUS & FISTULA	1,689
43310	REPAIR ESOPHAGUS	2,343
43312	REPAIR ESOPHAGUS & FISTULA	2,583
43313	ESOPHAGOPLASTY CONGENITAL	4,092
43314	TRACHEO-ESOPHAGOPLASTY CONG	4,715
43320	FUSE ESOPHAGUS & STOMACH	2,056
43324	REVISE ESOPHAGUS & STOMACH	1,989
43325	REVISE ESOPHAGUS & STOMACH	1,958
43326	REVISE ESOPHAGUS & STOMACH	2,005
43330	REPAIR ESOPHAGUS	1,921
43331	REPAIR ESOPHAGUS	2,094
43340	FUSE ESOPHAGUS & INTESTINE	1,995
43341	FUSE ESOPHAGUS & INTESTINE	2,209
43350	SURGICAL OPENING, ESOPHAGUS	1,705
43351	SURGICAL OPENING, ESOPHAGUS	2,011
43352	SURGICAL OPENING, ESOPHAGUS	1,647
43360	GASTROINTESTINAL REPAIR	3,502
43361	GASTROINTESTINAL REPAIR	3,902
43400	LIGATE ESOPHAGUS VEINS	2,435
43401	ESOPHAGUS SURGERY FOR VEINS	2,275
43405	LIGATE/STAPLE ESOPHAGUS	2,216
43410	REPAIR ESOPHAGUS WOUND	1,523
43415	REPAIR ESOPHAGUS WOUND	2,582
43420	REPAIR ESOPHAGUS OPENING	1,520
43425	REPAIR ESOPHAGUS OPENING	2,272
43450	DILATE ESOPHAGUS	141
43453	DILATE ESOPHAGUS	153
43456	DILATE ESOPHAGUS	245
43458	DILATE ESOPHAGUS	285
43460	PRESSURE TREAT ESOPHAGUS	346
43496	FREE JEJUNUM FLAP, MICROVASC	4,956
43500	SURGICAL OPENING STOMACH	1,131
43501	SURGICAL REPAIR STOMACH	1,939
43502	SURGICAL REPAIR STOMACH	2,194
43510	SURGICAL OPENING STOMACH	1,407
43520	INCISE PYLORIC MUSCLE	1,027

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
43600	BIOPSY STOMACH	167
43605	BIOPSY STOMACH	1,199
43610	EXCISE STOMACH LESION	1,415
43611	EXCISE STOMACH LESION	1,761
43620	REMOVE STOMACH	2,859
43621	REMOVE STOMACH	3,246
43622	REMOVE STOMACH	3,294
43631	REMOVE STOMACH, PARTIAL	2,102
43632	REMOVE STOMACH, PARTIAL	2,843
43633	REMOVE STOMACH, PARTIAL	2,709
43634	REMOVE STOMACH, PARTIAL	2,992
43635	REMOVE STOMACH, PARTIAL	167
43640	VAGOTOMY & PYLORUS REPAIR	1,692
43641	VAGOTOMY & PYLORUS REPAIR	1,706
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	2,499
43645	LAP GASTRIC BYPASS INC SMALL	2,673
43651	LAPAROSCOPY, VAGUS NERVE	948
43652	LAPAROSCOPY, VAGUS NERVE	1,106
43653	LAPAROSCOPY, GASTROSTOMY	812
43752	NASAL/OROGASTRIC W/STENT	65
43760	CHANGE GASTROSTOMY TUBE	79
43761	REPOSITION GASTROSTOMY TUBE	169
43770	LAP PLACE GASTRIC ADJUST DEV	1,612
43771	LAP REVISE GASTRIC ADJUST DE	1,835
43772	LAP REMOVE GASTRIC ADJUST DE	1,388
43773	LAP REPLACE GASTRIC ADJUST D	1,837
43774	LAP REMOVE GASTRIC ADJUST AL	1,389
43800	RECONSTRUCT PYLORUS	1,344
43810	FUSE STOMACH & BOWEL	1,455
43820	FUSE STOMACH & BOWEL	1,877
43825	FUSE STOMACH & BOWEL	1,871
43830	PLACE GASTROSTOMY TUBE	1,005
43831	PLACE GASTROSTOMY TUBE	847
43832	PLACE GASTROSTOMY TUBE	1,539
43840	REPAIR STOMACH LESION	1,904
43842	V-BAND GASTROPLASTY	5,769
43843	GASTROPLASTY W/O V-BAND	1,824
43845	GASTROPLASTY DUODENAL SWITCH	2,819
43846	GASTRIC BYPASS FOR OBESITY	2,352
43847	GASTRIC BYPASS INC SMALL I	2,566
43848	REVISION GASTROPLASTY	2,786
43850	REVISE STOMACH-BOWEL FUSION	2,331
43855	REVISE STOMACH-BOWEL FUSION	2,437
43860	REVISE STOMACH-BOWEL FUSION	2,368
43865	REVISE STOMACH-BOWEL FUSION	2,463
43870	REPAIR STOMACH OPENING	1,021
43880	REPAIR STOMACH-BOWEL FISTULA	2,314
43886	REVISE GASTRIC PORT, OPEN	492
43887	REMOVE GASTRIC PORT, OPEN	462
43888	CHANGE GASTRIC PORT, OPEN	648
44005	FREEING BOWEL ADHESION	1,583
44010	INCISE SMALL BOWEL	1,248
44015	INSERT NEEDLE CATH BOWEL	214
44020	EXPLORE SMALL INTESTINE	1,400
44021	DECOMPRESS SMALL BOWEL	1,418
44025	INCISE LARGE BOWEL	1,425
44050	REDUCE BOWEL OBSTRUCTION	1,351
44055	CORRECT MALROTATION BOWEL	2,154
44100	BIOPSY BOWEL	180
44110	EXCISE INTESTINE LESION(S)	1,223

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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FISCAL YEAR 2010-11

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PROCEDURE CODE	DESCRIPTION	RATE
44111	EXCISE BOWEL LESION(S)	1,421
44120	REMOVE SMALL INTESTINE	1,756
44121	REMOVE SMALL INTESTINE	360
44125	REMOVE SMALL INTESTINE	1,708
44126	ENTERECTOMY W/O TAPER, CONG	3,516
44127	ENTERECTOMY W/TAPER, CONG	4,092
44128	ENTERECTOMY CONG, ADD-ON	362
44130	BOWEL TO BOWEL FUSION	1,837
44139	MOBILIZATION COLON	180
44140	PARTIAL REMOVE COLON	1,946
44141	PARTIAL REMOVE COLON	2,562
44143	PARTIAL REMOVE COLON	2,399
44144	PARTIAL REMOVE COLON	2,512
44145	PARTIAL REMOVE COLON	2,420
44146	PARTIAL REMOVE COLON	3,032
44147	PARTIAL REMOVE COLON	2,711
44150	REMOVE COLON	2,668
44151	REMOVE COLON/ILEOSTOMY	3,045
44155	REMOVE COLON/ILEOSTOMY	2,982
44156	REMOVE COLON/ILEOSTOMY	3,281
44157	COLECTOMY W/ILEOANAL ANASTOM	3,115
44158	COLECTOMY W/NEO-RECTUM POUCH	3,191
44160	REMOVE COLON	1,792
44180	LAP ENTEROLYSIS	1,340
44186	LAP JEJUNOSTOMY	950
44187	LAP ILEO/JEJUNOSTOMY	1,603
44188	LAP COLOSTOMY	1,772
44202	LAP ENTERECTOMY	2,014
44203	LAP RESECT S/INTESTINE, ADDE	358
44204	LAP PARTIAL COLECTOMY	2,245
44205	LAP COLECTOMY PART W/ILEUM	1,961
44206	LAP PART COLECTOMY W/STOMA	2,550
44207	LAP COLECTOMY/COLOPROCTOSTOM	2,670
44208	LAP COLECTOMY/COLOPROCTOSTOM	2,912
44210	LAP TOTAL PROCTOCOLECTOMY	2,608
44211	LAP COLECTOMY W/PROCTECTOMY	3,199
44212	LAP TOTAL PROCTOCOLECTOMY	3,003
44213	LAP, MOBIL SPLENIC FL, ADD-O	283
44227	LAP, CLOSE ENTEROSTOMY	2,430
44300	OPEN BOWEL TO SKIN	1,216
44310	ILEOSTOMY/JEJUNOSTOMY	1,516
44312	REVISE ILEOSTOMY	870
44314	REVISE ILEOSTOMY	1,471
44316	DEVISE BOWEL POUCH	2,006
44320	COLOSTOMY	1,731
44322	COLOSTOMY W/BIOPSIES	1,406
44340	REVISE COLOSTOMY	878
44345	REVISE COLOSTOMY	1,518
44346	REVISE COLOSTOMY	1,700
44360	SMALL BOWEL ENDOSCOPY	250
44361	SMALL BOWEL ENDOSCOPY/BIOPSY	275
44363	SMALL BOWEL ENDOSCOPY	324
44364	SMALL BOWEL ENDOSCOPY	350
44365	SMALL BOWEL ENDOSCOPY	312
44366	SMALL BOWEL ENDOSCOPY	412
44369	SMALL BOWEL ENDOSCOPY	421
44370	SMALL BOWEL ENDOSCOPY/STENT	454
44372	SMALL BOWEL ENDOSCOPY	400
44373	SMALL BOWEL ENDOSCOPY	324
44376	SMALL BOWEL ENDOSCOPY	478

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

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PROCEDURE CODE	DESCRIPTION	RATE
44377	SMALL BOWEL ENDOSCOPY/BIOPSY	508
44378	SMALL BOWEL ENDOSCOPY	651
44379	SMALL BOWEL ENDOSCOPE W/STEN	691
44380	SMALL BOWEL ENDOSCOPY	110
44382	SMALL BOWEL ENDOSCOPY	132
44383	ILEOSCOPY W/STENT	280
44385	ENDOSCOPY BOWEL POUCH	166
44386	ENDOSCOPY, BOWEL POUCH/BIOPS	195
44388	COLONOSCOPY	259
44389	COLONOSCOPY W/BIOPSY	289
44390	COLONOSCOPY FOR FOREIGN BODY	346
44391	COLONOSCOPY FOR BLEEDING	395
44392	COLONOSCOPY & POLYPECTOMY	340
44393	COLONOSCOPY, LESION REMOVE	433
44394	COLONOSCOPY W/SNARE	402
44397	COLONOSCOPY W/STENT	435
44500	INTRODUCE GASTROINTESTINAL T	41
44602	SUTURE SMALL INTESTINE	1,981
44603	SUTURE SMALL INTESTINE	2,273
44604	SUTURE LARGE INTESTINE	1,533
44605	REPAIR BOWEL LESION	1,893
44615	INTESTINAL STRICTUROPLASTY	1,560
44620	REPAIR BOWEL OPENING	1,247
44625	REPAIR BOWEL OPENING	1,474
44626	REPAIR BOWEL OPENING	2,339
44640	REPAIR BOWEL-SKIN FISTULA	2,042
44650	REPAIR BOWEL FISTULA	2,124
44660	REPAIR BOWEL-BLADDER FISTULA	2,066
44661	REPAIR BOWEL-BLADDER FISTULA	2,309
44680	SURGICAL REVISE INTESTINE	1,541
44700	SUSPEND BOWEL W/PROSTHESIS	1,491
44701	INTRAOP COLON LAVAGE, ADD-ON	249
44720	PREP DONOR INTESTINE/VENOUS	410
44721	PREP DONOR INTESTINE/ARTERY	574
44800	EXCISE BOWEL POUCH	1,106
44820	EXCISE MESENTERY LESION	1,217
44850	REPAIR MESENTERY	1,073
44900	DRAIN APP ABSCESS, OPEN	1,098
44901	DRAIN APP ABSCESS, PERCUT	282
44950	APPENDECTOMY	930
44955	APPENDECTOMY, ADD-ON	125
44960	APPENDECTOMY	1,250
44970	LAPAROSCOPY, APPENDECTOMY	859
45000	DRAIN PELVIC ABSCESS	604
45005	DRAIN RECTAL ABSCESS	228
45020	DRAIN RECTAL ABSCESS	785
45100	BIOPSY RECTUM	424
45108	REMOVE ANORECTAL LESION	513
45110	REMOVE RECTUM	2,686
45111	PARTIAL REMOVE RECTUM	1,578
45112	REMOVE RECTUM	2,751
45113	PARTIAL PROCTECTOMY	2,830
45114	PARTIAL REMOVE RECTUM	2,580
45116	PARTIAL REMOVE RECTUM	2,318
45119	REMOVE RECTUM W/RESERVOIR	2,832
45120	REMOVE RECTUM	2,267
45121	REMOVE RECTUM & COLON	2,478
45123	PARTIAL PROCTECTOMY	1,607
45126	PELVIC EXENTERATION	4,190
45130	EXCISE RECTAL PROLAPSE	1,571

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
45135	EXCISE RECTAL PROLAPSE	1,927
45136	EXCISE ILEOANAL RESERVOIR	2,669
45150	EXCISE RECTAL STRICTURE	583
45160	EXCISE RECTAL LESION	1,436
45170	EXCISE RECTAL LESION	1,124
45190	DESTROY RECTAL TUMOR	985
45300	PROCTOSIGMOIDOSCOPY DIAG	75
45303	PROCTOSIGMOIDOSCOPY DILATE	126
45305	PROCTOSIGMOIDOSCOPY W/BIOPSY	114
45307	PROCTOSIGMOIDOSCOPY FOR BODY	143
45308	PROCTOSIGMOIDOSCOPY REMOVE	122
45309	PROCTOSIGMOIDOSCOPY REMOVE	143
45315	PROCTOSIGMOIDOSCOPY REMOVE	162
45317	PROCTOSIGMOIDOSCOPY BLEED	169
45320	PROCTOSIGMOIDOSCOPY ABLATE	162
45321	PROCTOSIGMOIDOSCOPY VOLVULUS	157
45327	PROCTOSIGMOIDOSCOPY W/STENT	183
45330	DIAGNOSTIC SIGMOIDOSCOPY	97
45331	SIGMOIDOSCOPY & BIOPSY	118
45332	SIGMOIDOSCOPY W/FOR BODY REM	172
45333	SIGMOIDOSCOPY & POLYPECTOMY	171
45334	SIGMOIDOSCOPY FOR BLEEDING	259
45335	SIGMOIDOSCOPY W/SUBMUCOSA IN	143
45337	SIGMOIDOSCOPY & DECOMPRESS	222
45338	SIGMOIDOSCOPY W/TUMOR REMOVE	222
45339	SIGMOIDOSCOPY W/ABLATE TUMOR	294
45340	SIG W/BALLOON DILATION	180
45341	SIGMOIDOSCOPY W/ULTRASOUND	247
45342	SIGMOIDOSCOPY W/US GUIDE BIO	378
45345	SIGMOIDOSCOPY W/STENT	275
45355	SURGICAL COLONOSCOPY	314
45378	DIAGNOSTIC COLONOSCOPY	339
45379	COLONOSCOPY W/FOR BODY REMOV	424
45380	COLONOSCOPY & BIOPSY	409
45381	COLONOSCOPY, SUBMUCOUS INJEC	387
45382	COLONOSCOPY/CONTROL BLEEDING	522
45383	LESION REMOVE COLONOSCOPY	523
45384	LESION REMOVE COLONOSCOPY	423
45385	LESION REMOVE COLONOSCOPY	484
45386	COLONOSCOPY DILATE STRICTURE	416
45387	COLONOSCOPY W/STENT	543
45391	COLONOSCOPY W/ENDOSCOPE US	469
45392	COLONOSCOPY W/ENDOSCOPIC FNB	593
45395	LAP, REMOVE RECTUM	2,906
45397	LAP, REMOVE RECTUM W/POUCH	3,139
45400	LAPAROSCOPIC PROC	1,673
45402	LAP PROCTOPEXY W/SIG RESECT	2,231
45500	REPAIR RECTUM	746
45505	REPAIR RECTUM	820
45520	TREAT RECTAL PROLAPSE	58
45540	CORRECT RECTAL PROLAPSE	1,541
45541	CORRECT RECTAL PROLAPSE	1,333
45550	REPAIR RECTUM/REMOVE SIGMOID	2,121
45560	REPAIR RECTOCELE	1,058
45562	EXPLORE/REPAIR RECTUM	1,618
45563	EXPLORE/REPAIR RECTUM	2,339
45800	REPAIR RECTAL/BLADDER FISTUL	1,816
45805	REPAIR FISTULA W/COLOSTOMY	2,047
45820	REPAIR RECTOURETHRAL FISTULA	1,801
45825	REPAIR FISTULA W/COLOSTOMY	2,172

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
45900	REDUCE RECTAL PROLAPSE	288
45905	DILATE ANAL SPHINCTER	247
45910	DILATE RECTAL NARROWING	292
45915	REMOVE RECTAL OBSTRUCTION	327
45990	SURG DIAG EXAM, ANORECTAL	160
46020	PLACE SETON	325
46030	REMOVE RECTAL MARKER	128
46040	INCISE RECTAL ABSCESS	582
46045	INCISE RECTAL ABSCESS	595
46050	INCISE ANAL ABSCESS	137
46060	INCISE RECTAL ABSCESS	657
46070	INCISE ANAL SEPTUM	340
46080	INCISE ANAL SPHINCTER	230
46083	INCISE EXTERNAL HEMORRHOID	157
46200	REMOVE ANAL FISSURE	446
46210	REMOVE ANAL CRYPT	377
46211	REMOVE ANAL CRYPTS	546
46220	REMOVE ANAL TAG	168
46221	LIGATE HEMORRHOID(S)	269
46230	REMOVE ANAL TAGS	248
46250	HEMORRHOIDECTOMY	443
46255	HEMORRHOIDECTOMY	502
46257	REMOVE HEMORRHOIDS & FISSURE	588
46258	REMOVE HEMORRHOIDS & FISTULA	642
46260	HEMORRHOIDECTOMY	665
46261	REMOVE HEMORRHOIDS & FISSURE	742
46262	REMOVE HEMORRHOIDS & FISTULA	776
46270	REMOVE ANAL FISTULA	533
46275	REMOVE ANAL FISTULA	570
46280	REMOVE ANAL FISTULA	651
46285	REMOVE ANAL FISTULA	562
46288	REPAIR ANAL FISTULA	766
46320	REMOVE HEMORRHOID CLOT	158
46500	INJECTION INTO HEMORRHOID(S)	182
46505	CHEMODENERVATION ANAL MUSC	330
46600	DIAGNOSTIC ANOSCOPY	58
46604	ANOSCOPY & DILATION	99
46606	ANOSCOPY & BIOPSY	109
46608	ANOSCOPY W/REMOVE FOREIGN BO	120
46610	ANOSCOPY W/REMOVE LESION	119
46611	ANOSCOPY	123
46612	ANOSCOPY W/REMOVE LESIONS	146
46614	ANOSCOPY W/CONTROL BLEEDING	105
46615	ANOSCOPY	149
46700	REPAIR ANAL STRICTURE	918
46705	REPAIR ANAL STRICTURE	765
46706	REPAIR ANAL FISTULA W/GLUE	245
46710	REPAIR PER/VAG POUCH SING PR	1,557
46712	REPAIR PER/VAG POUCH DOUBLE	3,159
46715	REP PERF ANOPER FISTULA	752
46716	REP PERF ANOPER/VESTIB FISTU	1,856
46730	CONSTRUCT ABSENT ANUS	2,762
46735	CONSTRUCT ABSENT ANUS	3,221
46740	CONSTRUCT ABSENT ANUS	2,952
46742	REPAIR IMPERFORATED ANUS	3,487
46744	REPAIR CLOACAL ANOMALY	4,953
46746	REPAIR CLOACAL ANOMALY	5,751
46748	REPAIR CLOACAL ANOMALY	5,975
46750	REPAIR ANAL SPHINCTER	1,107
46751	REPAIR ANAL SPHINCTER	928

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

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(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
46753	RECONSTRUCT ANUS	839
46754	REMOVE SUTURE FROM ANUS	312
46760	REPAIR ANAL SPHINCTER	1,563
46761	REPAIR ANAL SPHINCTER	1,349
46762	IMPLANT ARTIFICIAL SPHINCTER	1,333
46900	DESTROY ANAL LESION(S)	203
46910	DESTROY ANAL LESION(S)	194
46916	CRYOSURGERY, ANAL LESION(S)	215
46917	LASER SURGERY, ANAL LESIONS	195
46922	EXCISE ANAL LESION(S)	194
46924	DESTROY ANAL LESION(S)	269
46930	DESTROY INTERNAL HEMORRHOIDS	233
46937	CRYOTHERAPY RECTAL LESION	256
46938	CRYOTHERAPY RECTAL LESION	532
46940	TREAT ANAL FISSURE	213
46942	TREAT ANAL FISSURE	189
46945	LIGATE HEMORRHOIDS	315
46946	LIGATE HEMORRHOIDS	329
46947	HEMORRHOIDOPEXY BY STAPLING	545
47000	NEEDLE BIOPSY LIVER	161
47001	NEEDLE BIOPSY LIVER, ADD-ON	154
47010	OPEN DRAIN LIVER LESION	1,730
47011	PERCUT DRAIN, LIVER LESION	311
47015	INJECT/ASPIRATE LIVER CYST	1,640
47100	WEDGE BIOPSY LIVER	1,209
47120	PARTIAL REMOVE LIVER	3,371
47122	EXTENSIVE REMOVE LIVER	4,999
47125	PARTIAL REMOVE LIVER	4,480
47130	PARTIAL REMOVE LIVER	4,815
47133	REMOVE DONOR LIVER	6,455
47135	TRANSPLANT LIVER	7,095
47136	TRANSPLANT LIVER	6,058
47140	PARTIAL REMOVE DONOR LIVER	5,053
47141	PARTIAL REMOVE DONOR LIVER	6,004
47142	PARTIAL REMOVE DONOR LIVER	6,602
47146	PREP DONOR LIVER/VENOUS	489
47147	PREP DONOR LIVER/ARTERIAL	571
47300	SURGERY FOR LIVER LESION	1,614
47350	REPAIR LIVER WOUND	1,978
47360	REPAIR LIVER WOUND	2,684
47361	REPAIR LIVER WOUND	4,398
47362	REPAIR LIVER WOUND	2,051
47370	LAP ABLATE LIVER TUMOR RF	1,806
47371	LAP ABLATE LIVER CRYOSURG	1,844
47380	OPEN ABLATE LIVER TUMOR RF	2,109
47381	OPEN ABLATE LIVER TUMOR CRYO	2,152
47382	PERCUT ABLATE LIVER RF	1,337
47400	INCISE LIVER DUCT	3,055
47420	INCISE BILE DUCT	1,937
47425	INCISE BILE DUCT	1,955
47460	INCISE BILE DUCT SPHINCTER	1,853
47480	INCISE GALLBLADDER	1,239
47490	INCISE GALLBLADDER	843
47500	INJECTION FOR LIVER X-RAYS	165
47505	INJECTION FOR LIVER X-RAYS	64
47510	INSERT CATHETER, BILE DUCT	795
47511	INSERT BILE DUCT DRAIN	990
47525	CHANGE BILE DUCT CATHETER	212
47530	REVISE/REINSERT BILE TUBE	597
47550	BILE DUCT ENDOSCOPY, ADD-ON	247

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
47552	BILIARY ENDOSCOPY THRU SKIN	535
47553	BILIARY ENDOSCOPY THRU SKIN	532
47554	BILIARY ENDOSCOPY THRU SKIN	781
47555	BILIARY ENDOSCOPY THRU SKIN	638
47556	BILIARY ENDOSCOPY THRU SKIN	722
47560	LAPAROSCOPY W/CHOLANGIOGRAM	399
47561	LAP W/CHOLANGIOGRAM/BIOPSY	435
47562	LAPAROSCOPIC CHOLECYSTECTOMY	1,071
47563	LAP CHOLECYSTECTOMY/GRAPH	1,095
47564	LAP CHOLECYSTECTOMY/EXPLORE	1,262
47570	LAP CHOLECYSTOENTEROSTOMY	1,128
47600	REMOVE GALLBLADDER	1,529
47605	REMOVE GALLBLADDER	1,416
47610	REMOVE GALLBLADDER	1,811
47612	REMOVE GALLBLADDER	1,829
47620	REMOVE GALLBLADDER	1,985
47630	REMOVE BILE DUCT STONE	900
47700	EXPLORE BILE DUCTS	1,518
47701	BILE DUCT REVISION	2,607
47711	EXCISE BILE DUCT TUMOR	2,249
47712	EXCISE BILE DUCT TUMOR	2,874
47715	EXCISE BILE DUCT CYST	1,893
47720	FUSE GALLBLADDER & BOWEL	1,639
47721	FUSE UPPER GI STRUCTURES	1,930
47740	FUSE GALLBLADDER & BOWEL	1,865
47741	FUSE GALLBLADDER & BOWEL	2,111
47760	FUSE BILE DUCTS & BOWEL	3,158
47765	FUSE LIVER DUCTS & BOWEL	4,150
47780	FUSE BILE DUCTS & BOWEL	3,448
47785	FUSE BILE DUCTS & BOWEL	4,483
47800	RECONSTRUCT BILE DUCTS	2,271
47801	PLACE BILE DUCT SUPPORT	1,618
47802	FUSE LIVER DUCT & INTESTINE	2,182
47900	SUTURE BILE DUCT INJURY	1,968
48000	DRAIN ABDOMEN	2,717
48001	PLACE DRAIN, PANCREAS	3,335
48020	REMOVE PANCREATIC STONE	1,683
48100	BIOPSY PANCREAS, OPEN	1,278
48102	NEEDLE BIOPSY PANCREAS	412
48105	RESECT/DEBRIDE PANCREAS	4,108
48120	REMOVE PANCREAS LESION	1,592
48140	PARTIAL REMOVE PANCREAS	2,252
48145	PARTIAL REMOVE PANCREAS	2,338
48146	PANCREATECTOMY	2,675
48148	REMOVE PANCREATIC DUCT	1,776
48150	PARTIAL REMOVE PANCREAS	4,502
48152	PANCREATECTOMY	4,165
48153	PANCREATECTOMY	4,495
48154	PANCREATECTOMY	4,174
48155	REMOVE PANCREAS	2,598
48400	INJECTION, INTRAOP, ADD-ON	163
48500	SURGERY PANCREATIC CYST	1,631
48510	DRAIN PANCREATIC PSEUDOCYST	1,550
48511	DRAIN PANCREATIC PSEUDOCYST	337
48520	FUSE PANCREAS CYST & BOWEL	1,574
48540	FUSE PANCREAS CYST & BOWEL	1,879
48545	PANCREATORRHAPHY	1,903
48547	DUODENAL EXCLUSION	2,561
48548	FUSE PANCREAS & BOWEL	2,403
48550	DONOR PANCREATECTOMY	7,092

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
48552	PREP DONOR PANCREAS/VENOUS	341
48554	TRANSPLANT ALLOGRAFT PANCREA	3,619
48556	REMOVE ALLOGRAFT PANCREAS	1,795
49000	EXPLORE ABDOMEN	1,125
49002	REOPENING ABDOMEN	1,463
49010	EXPLORE BEHIND ABDOMEN	1,388
49020	DRAIN ABDOMINAL ABSCESS	2,297
49021	DRAIN ABDOMINAL ABSCESS	284
49040	DRAIN, OPEN, ABDOM ABSCESS	1,441
49041	DRAIN, PERCUT, ABDOM ABSCESS	336
49060	DRAIN, OPEN, RETROPERITON AB	1,613
49061	DRAIN, PERCUT, RETROPER ABSC	311
49062	DRAIN TO PERITONEAL CAVITY	1,101
49080	PUNCTURE, PERITONEAL CAVITY	113
49081	REMOVE ABDOMINAL FLUID	107
49180	BIOPSY ABDOMINAL MASS	146
49203	EXCISE ABDOM TUMOR 5 CM OR L	1,757
49204	EXCISE ABDOM TUMOR OVER 5 CM	2,239
49205	EXCISE ABDOM TUMOR OVER 10 C	2,561
49215	EXCISE SACRAL SPINE TUMOR	3,211
49220	MULTIPLE SURGERY, ABDOMEN	1,404
49250	EXCISE UMBILICUS	844
49255	REMOVE OMENTUM	1,143
49320	DIAG LAP SEPARATE PROC	484
49321	LAPAROSCOPY, BIOPSY	509
49322	LAPAROSCOPY, ASPIRATION	552
49323	LAP DRAIN LYMPHOCELE	937
49324	LAP INSERT PERM IP CATH	574
49325	LAP REVISION PERM IP CATH	616
49326	LAP W/OMENTOPEXY, ADD-ON	279
49400	AIR INJECTION INTO ABDOMEN	157
49402	REMOVE FOREIGN BODY, ABDOMEN	1,239
49419	INSERT ABDOM CATH FOR CHEMOT	668
49420	INSERT ABDOM DRAIN, TEMP	212
49421	INSERT ABDOM DRAIN, PERM	575
49422	REMOVE PERM CANNULA/CATHETER	572
49423	EXCHANGE DRAIN CATHETER	126
49424	ASSESS CYST, CONTRAST INJECT	66
49425	INSERT ABDOMEN-VENOUS DRAIN	1,119
49426	REVISE ABDOMEN-VENOUS SHUNT	953
49427	INJECTION, ABDOMINAL SHUNT	76
49428	LIGATE SHUNT	643
49429	REMOVE SHUNT	676
49435	INSERT SUBCUT EXTEND TO IP C	179
49436	EMBEDDED IP CATH EXIT-SITE	270
49440	PLACE GASTROSTOMY TUBE PERC	383
49441	PLACE DUOD/JEJ TUBE PERC	422
49442	PLACE CECOSTOMY TUBE PERC	348
49446	CHANGE G-TUBE TO G-J PERC	279
49450	REPLACE G/C TUBE PERC	111
49451	REPLACE DUOD/JEJ TUBE PERC	155
49452	REPLACE G-J TUBE PERC	242
49460	FIX G/COLON TUBE W/DEVICE	79
49465	FLUORO EXAMINE G/COLON TUBE	52
49491	REPAIR HERNIA PREEMIE REDUCT	1,122
49492	REPAIR ING HERNIA PREEMIE, B	1,369
49495	REPAIR ING HERNIA BABY, REDU	573
49496	REPAIR ING HERNIA BABY, BLOC	869
49500	REPAIR ING HERNIA, INIT, RED	574
49501	REPAIR ING HERNIA, INIT BLOC	862

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
49505	PART RPR I/HERNIA INIT REDUC	749
49507	PART RPR I/HERNIA INIT BLOCK	919
49520	RERPAIR ING HERNIA, REDUCE	912
49521	RERPAIR ING HERNIA, BLOCKED	1,109
49525	REPAIR ING HERNIA, SLIDING	826
49540	REPAIR LUMBAR HERNIA	975
49550	REPAIR REM HERNIA, INIT, RED	830
49553	REPAIR FEM HERNIA, INIT BLOC	907
49555	RERPAIR FEM HERNIA, REDUCE	863
49557	RERPAIR FEM HERNIA, BLOCKED	1,046
49560	REPAIR VENTRAL HERNIA INIT,	1,069
49561	REPAIR VENTRAL HERNIA INIT,	1,344
49565	RERPAIR VENTRAL HERNIA, RED	1,108
49566	RERPAIR VENTRAL HERNIA, BLO	1,358
49568	HERNIA REPAIR W/MESH	397
49570	REPAIR EPIGASTRIC HERNIA, RE	592
49572	REPAIR EPIGASTRIC HERNIA, BL	729
49580	REPAIR UMBIL HERNIA, REDUCT	464
49582	REPAIR UMBIL HERNIA, BLOCK <	683
49585	REPAIR UMBIL HERNIA, REDUCT	636
49587	REPAIR UMBIL HERNIA, BLOCK >	750
49590	REPAIR SPIGELIAN HERNIA	823
49600	REPAIR UMBILICAL LESION	1,061
49605	REPAIR UMBILICAL LESION	7,243
49606	REPAIR UMBILICAL LESION	1,648
49610	REPAIR UMBILICAL LESION	985
49611	REPAIR UMBILICAL LESION	893
49650	LAP ING HERNIA REPAIR INIT	619
49651	LAP ING HERNIA REPAIR RECUR	798
49652	LAP VENT/ABD HERNIA REPAIR	1,152
49653	LAP VENT/ABD HERNIA PROC COM	1,438
49654	LAP INC HERNIA REPAIR	1,321
49655	LAP INC HERNIA REPAIR COMP	1,589
49656	LAP INC HERNIA REPAIR RECUR	1,325
49657	LAP INC HERNIA RECUR COMP	1,909
49900	REPAIR ABDOMINAL WALL	1,186
49904	OMENTAL FLAP, EXTRA-ABDOM	2,218
49905	OMENTAL FLAP, INTRA-ABDOM	530
50010	EXPLORE KIDNEY	1,160
50020	RENAL ABSCESS, OPEN DRAIN	1,648
50021	RENAL ABSCESS, PERCUT DRAIN	283
50040	DRAIN KIDNEY	1,558
50045	EXPLORE KIDNEY	1,573
50060	REMOVE KIDNEY STONE	1,934
50065	INCISE KIDNEY	2,029
50070	INCISE KIDNEY	2,021
50075	REMOVE KIDNEY STONE	2,482
50080	REMOVE KIDNEY STONE	1,480
50081	REMOVE KIDNEY STONE	2,170
50100	REVISE KIDNEY BLOOD VESSELS	1,576
50120	EXPLORE KIDNEY	1,603
50125	EXPLORE & DRAIN KIDNEY	1,656
50130	REMOVE KIDNEY STONE	1,754
50135	EXPLORE KIDNEY	1,897
50200	BIOPSY KIDNEY	239
50205	BIOPSY KIDNEY	1,110
50220	REMOVE KIDNEY, OPEN	1,725
50225	REMOVE KIDNEY OPEN, COMPLEX	1,995
50230	REMOVE KIDNEY OPEN, RADICAL	2,162
50234	REMOVE KIDNEY & URETER	2,197

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COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
50236	REMOVE KIDNEY & URETER	2,490
50240	PARTIAL REMOVE KIDNEY	2,236
50250	CRYOABLATE RENAL MASS OPEN	2,078
50280	REMOVE KIDNEY LESION	1,596
50290	REMOVE KIDNEY LESION	1,468
50300	REMOVE CADAVER DONOR KIDNEY	5,730
50320	REMOVE KIDNEY, LIVING DONOR	2,183
50327	PREP RENAL GRAFT/VENOUS	319
50328	PREP RENAL GRAFT/ARTERIAL	281
50329	PREP RENAL GRAFT/URETERAL	279
50340	REMOVE KIDNEY	1,344
50360	TRANSPLANT KIDNEY	3,660
50365	TRANSPLANT KIDNEY	4,121
50370	REMOVE TRANSPLANTED KIDNEY	1,714
50380	REIMPLANT KIDNEY	2,921
50382	CHANGE URETER STENT, PERCUT	470
50384	REMOVE URETER STENT, PERCUT	428
50385	CHANGE STENT VIA TRANSURETH	404
50386	REMOVE STENT VIA TRANSURETH	306
50387	CHANGE EXT/INT URETER STENT	170
50389	REMOVE RENAL TUBE W/FLUORO	93
50390	DRAIN KIDNEY LESION	165
50391	INSTILL RX AGENT INTO RENAL	169
50392	INSERT KIDNEY DRAIN	306
50393	INSERT URETERAL TUBE	372
50394	INJECTION FOR KIDNEY X-RAY	86
50395	CREATE PASSAGE TO KIDNEY	308
50396	MEASURE KIDNEY PRESSURE	200
50398	CHANGE KIDNEY TUBE	126
50400	REVISE KIDNEY/URETER	1,951
50405	REVISE KIDNEY/URETER	2,366
50500	REPAIR KIDNEY WOUND	1,882
50520	CLOSE KIDNEY-SKIN FISTULA	1,752
50525	REPAIR RENAL-ABDOMEN FISTULA	2,180
50526	REPAIR RENAL-ABDOMEN FISTULA	2,274
50540	REVISE HORSESHOE KIDNEY	1,908
50541	LAP ABLATE RENAL CYST	1,559
50542	LAP ABLATE RENAL MASS	1,979
50543	LAP PARTIAL NEPHRECTOMY	2,523
50544	LAPAROSCOPY, PYELOPLASTY	2,123
50545	LAP RADICAL NEPHRECTOMY	2,279
50546	LAPAROSCOPIC NEPHRECTOMY	2,025
50547	LAP REMOVE DONOR KIDNEY	2,429
50548	LAP REMOVE W/URETER	2,296
50551	KIDNEY ENDOSCOPY	506
50553	KIDNEY ENDOSCOPY	533
50555	KIDNEY ENDOSCOPY & BIOPSY	584
50557	KIDNEY ENDOSCOPY & TREAT	594
50561	KIDNEY ENDOSCOPY & TREAT	678
50562	RENAL SCOPE W/TUMOR RESECT	1,001
50570	KIDNEY ENDOSCOPY	845
50572	KIDNEY ENDOSCOPY	920
50574	KIDNEY ENDOSCOPY & BIOPSY	971
50575	KIDNEY ENDOSCOPY	1,228
50576	KIDNEY ENDOSCOPY & TREAT	970
50580	KIDNEY ENDOSCOPY & TREAT	1,038
50590	FRAGMENTING KIDNEY STONE	959
50592	PERC RF ABLATE RENAL TUMOR	615
50593	PERC CRYO ABLATE RENAL TUMOR	775
50600	EXPLORE URETER	1,582

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
50605	INSERT URETERAL SUPPORT	1,521
50610	REMOVE URETER STONE	1,618
50620	REMOVE URETER STONE	1,534
50630	REMOVE URETER STONE	1,493
50650	REMOVE URETER	1,748
50660	REMOVE URETER	1,930
50684	INJECTION FOR URETER X-RAY	85
50686	MEASURE URETER PRESSURE	155
50688	CHANGE URETER TUBE/STENT	136
50690	INJECTION FOR URETER X-RAY	119
50700	REVISE URETER	1,567
50715	RELEASE URETER	1,840
50722	RELEASE URETER	1,600
50725	RELEASE/REVISE URETER	1,835
50727	REVISE URETER	854
50728	REVISE URETER	1,168
50740	FUSE URETER & KIDNEY	1,803
50750	FUSE URETER & KIDNEY	1,966
50760	FUSE URETERS	1,830
50770	SPLICING URETERS	1,895
50780	REIMPLANT URETER IN BLADDER	1,838
50782	REIMPLANT URETER IN BLADDER	1,803
50783	REIMPLANT URETER IN BLADDER	1,866
50785	REIMPLANT URETER IN BLADDER	2,038
50800	IMPLANT URETER IN BOWEL	1,554
50810	FUSE URETER & BOWEL	2,031
50815	URINE SHUNT TO INTESTINE	2,068
50820	CONSTRUCT BOWEL BLADDER	2,198
50825	CONSTRUCT BOWEL BLADDER	2,787
50830	REVISE URINE FLOW	3,020
50840	REPLACE URETER BY BOWEL	2,082
50845	APPENDICO-VESICOSTOMY	2,115
50860	TRANSPLANT URETER TO SKIN	1,601
50900	REPAIR URETER	1,408
50920	CLOSURE URETER/SKIN FISTULA	1,491
50930	CLOSURE URETER/BOWEL FISTULA	1,791
50940	RELEASE URETER	1,499
50945	LAPAROSCOPY URETEROLITHOTOMY	1,659
50947	LAP NEW URETER/BLADDER	2,349
50948	LAP NEW URETER/BLADDER	2,182
50951	ENDOSCOPY URETER	528
50953	ENDOSCOPY URETER	583
50955	URETER ENDOSCOPY & BIOPSY	630
50957	URETER ENDOSCOPY & TREAT	608
50961	URETER ENDOSCOPY & TREAT	545
50970	URETER ENDOSCOPY	638
50972	URETER ENDOSCOPY & CATHETER	614
50974	URETER ENDOSCOPY & BIOPSY	813
50976	URETER ENDOSCOPY & TREAT	800
50980	URETER ENDOSCOPY & TREAT	613
51020	INCISE & TREAT BLADDER	792
51030	INCISE & TREAT BLADDER	782
51040	INCISE & DRAIN BLADDER	498
51045	INCISE BLADDER/DRAIN URETER	788
51050	REMOVE BLADDER STONE	802
51060	REMOVE URETER STONE	986
51065	REMOVE URETER CALCULUS	979
51080	DRAIN BLADDER ABSCESS	689
51100	DRAIN BLADDER BY NEEDLE	65
51101	DRAIN BLADDER BY TROCAR/CATH	87

EXHIBIT B

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PROCEDURE CODE	DESCRIPTION	RATE
51102	DRAIN BLADDER W/CATH INSERT	256
51500	REMOVE BLADDER CYST	1,049
51520	REMOVE BLADDER LESION	991
51525	REMOVE BLADDER LESION	1,453
51530	REMOVE BLADDER LESION	1,295
51535	REPAIR URETER LESION	1,315
51550	PARTIAL REMOVE BLADDER	1,594
51555	PARTIAL REMOVE BLADDER	2,117
51565	REVISE BLADDER & URETER(S)	2,164
51570	REMOVE BLADDER	2,466
51575	REMOVE BLADDER & NODES	3,085
51580	REMOVE BLADDER/REVISE TRACT	3,219
51585	REMOVE BLADDER & NODES	3,582
51590	REMOVE BLADDER/REVISE TRACT	3,260
51595	REMOVE BLADDER/REVISE TRACT	3,705
51596	REMOVE BLADDER/CREATE POUCH	3,985
51597	REMOVE PELVIC STRUCTURES	3,841
51600	INJECTION FOR BLADDER X-RAY	75
51605	PREPARE FOR BLADDER X-RAY	66
51610	INJECTION FOR BLADDER X-RAY	109
51700	IRRIGATION BLADDER	75
51701	INSERT BLADDER CATHETER	46
51702	INSERT TEMP BLADDER CATH	51
51703	INSERT BLADDER CATH, COMPLEX	139
51705	CHANGE BLADDER TUBE	115
51710	CHANGE BLADDER TUBE	163
51715	ENDOSCOPIC INJECTION/IMPLANT	337
51720	TREAT BLADDER LESION	142
51725	SIMPLE CYSTOMETROGRAM	393
51726	COMPLEX CYSTOMETROGRAM	577
51736	URINE FLOW MEASUREMENT	93
51741	ELECTRO-UROFLOWMETRY, FIRST	146
51772	URETHRA PRESSURE PROFILE	441
51784	ANAL/URINARY MUSCLE STUDY	359
51785	ANAL/URINARY MUSCLE STUDY	391
51792	URINARY REFLEX STUDY	415
51795	URINE VOIDING PRESSURE STUDY	544
51797	INTRAABDOMINAL PRESSURE TEST	269
51798	US URINE CAPACITY MEASURE	90
51800	REVISE BLADDER/URETHRA	1,764
51820	REVISE URINARY TRACT	1,793
51840	ATTACH BLADDER/URETHRA	1,074
51841	ATTACH BLADDER/URETHRA	1,272
51845	REPAIR BLADDER NECK	982
51860	REPAIR BLADDER WOUND	1,198
51865	REPAIR BLADDER WOUND	1,482
51880	REPAIR BLADDER OPENING	781
51900	REPAIR BLADDER/VAGINA LESION	1,375
51920	CLOSE BLADDER-UTERUS FISTULA	1,273
51925	HYSTERECTOMY/BLADDER REPAIR	1,658
51940	CORRECT BLADDER DEFECT	2,696
51960	REVISE BLADDER & BOWEL	2,341
51980	CONSTRUCT BLADDER OPENING	1,205
51990	LAP URETHRAL SUSPENSION	1,232
51992	LAP SLING OPERATION	1,340
52000	CYSTOSCOPY	213
52001	CYSTOSCOPY, REMOVE CLOTS	492
52005	CYSTOSCOPY & URETER CATHETER	228
52007	CYSTOSCOPY & BIOPSY	284
52010	CYSTOSCOPY & DUCT CATHETER	275

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PROCEDURE CODE	DESCRIPTION	RATE
52204	CYSTOSCOPY W/BIOPSY(S)	241
52214	CYSTOSCOPY & TREAT	376
52224	CYSTOSCOPY & TREAT	290
52234	CYSTOSCOPY & TREAT	423
52235	CYSTOSCOPY & TREAT	496
52240	CYSTOSCOPY & TREAT	864
52250	CYSTOSCOPY & RADIOTRACER	416
52260	CYSTOSCOPY & TREAT	358
52265	CYSTOSCOPY & TREAT	270
52270	CYSTOSCOPY & REVISE URETHRA	312
52275	CYSTOSCOPY & REVISE URETHRA	427
52276	CYSTOSCOPY & TREAT	456
52277	CYSTOSCOPY & TREAT	556
52281	CYSTOSCOPY & TREAT	265
52282	CYSTOSCOPY, IMPLANT STENT	574
52283	CYSTOSCOPY & TREAT	343
52285	CYSTOSCOPY & TREAT	333
52290	CYSTOSCOPY & TREAT	420
52300	CYSTOSCOPY & TREAT	481
52301	CYSTOSCOPY & TREAT	507
52305	CYSTOSCOPY & TREAT	478
52310	CYSTOSCOPY & TREAT	260
52315	CYSTOSCOPY & TREAT	471
52317	REMOVE BLADDER STONE	597
52318	REMOVE BLADDER STONE	813
52320	CYSTOSCOPY & TREAT	423
52325	CYSTOSCOPY, STONE REMOVE	550
52327	CYSTOSCOPY, INJ MATERIAL	448
52330	CYSTOSCOPY & TREAT	453
52332	CYSTOSCOPY & TREAT	268
52334	CREATE PASSAGE TO KIDNEY	440
52341	CYSTO W/URETER STRICTURE TX	502
52342	CYSTO W/UP STRICTURE TX	546
52343	CYSTO W/RENAL STRICTURE TX	606
52344	CYSTO/URETERO, STRICTURE TX	658
52345	CYSTO/URETERO W/UP STRICTURE	702
52346	CYSTOURETERO W/RENAL STRICT	791
52351	CYSTOURETERO & OR PYELOSCOPE	539
52352	CYSTOURETERO W/STONE REMOVE	634
52353	CYSTOURETERO W/LITHOTRIPSY	728
52354	CYSTOURETERO W/BIOPSY	673
52355	CYSTOURETERO W/EXCISE TUMOR	802
52400	CYSTOURETERO W/CONGEN REPAIR	828
52402	CYSTOURETHRO CUT EJACUL DUCT	459
52450	INCISE PROSTATE	797
52500	REVISE BLADDER NECK	833
52601	PROSTATECTOMY (TURP)	1,396
52630	REMOVE PROSTATE REGROWTH	753
52640	RELIEVE BLADDER CONTRACTURE	519
52647	LASER SURGERY PROSTATE	1,095
52648	LASER SURGERY PROSTATE	1,167
52649	PROSTATE LASER ENUCLEATION	1,669
52700	DRAIN PROSTATE ABSCESS	736
53000	INCISE URETHRA	254
53010	INCISE URETHRA	501
53020	INCISE URETHRA	166
53025	INCISE URETHRA	110
53040	DRAIN URETHRA ABSCESS	667
53060	DRAIN URETHRA ABSCESS	259
53080	DRAIN URINARY LEAKAGE	744

EXHIBIT B

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PROCEDURE CODE	DESCRIPTION	RATE
53085	DRAIN URINARY LEAKAGE	1,038
53200	BIOPSY URETHRA	239
53210	REMOVE URETHRA	1,303
53215	REMOVE URETHRA	1,581
53220	TREAT URETHRA LESION	765
53230	REMOVE URETHRA LESION	1,017
53235	REMOVE URETHRA LESION	1,084
53240	SURGERY FOR URETHRA POUCH	731
53250	REMOVE URETHRA GLAND	679
53260	TREAT URETHRA LESION	297
53265	TREAT URETHRA LESION	313
53270	REMOVE URETHRA GLAND	306
53275	REPAIR URETHRA DEFECT	451
53400	REVISE URETHRA, STAGE 1	1,357
53405	REVISE URETHRA, STAGE 2	1,493
53410	RECONSTRUCT URETHRA	1,664
53415	RECONSTRUCT URETHRA	1,915
53420	RECONSTRUCT URETHRA, STAGE 1	1,356
53425	RECONSTRUCT URETHRA, STAGE 2	1,602
53430	RECONSTRUCT URETHRA	1,594
53431	RECONSTRUCT URETHRA/BLADDER	1,957
53440	MALE SLING PROCEDURE	1,488
53442	REMOVE/REVISE MALE SLING	1,313
53444	INSERT TANDEM CUFF	1,352
53445	INSERT URO/VES NECK SPHINCTE	1,497
53446	REMOVE URO SPHINCTER	1,097
53447	REMOVE/REPLACE UR SPHINCTER	1,383
53448	REMOVE/REPLACE UR SPHINCTER	2,176
53449	REPAIR URO SPHINCTER	1,042
53450	REVISE URETHRA	696
53460	REVISE URETHRA	780
53500	URETHROLYSIS, TRANSVAG W/ SC	1,248
53502	REPAIR URETHRA INJURY	824
53505	REPAIR URETHRA INJURY	828
53510	REPAIR URETHRA INJURY	1,076
53515	REPAIR URETHRA INJURY	1,351
53520	REPAIR URETHRA DEFECT	945
53600	DILATE URETHRA STRICTURE	110
53601	DILATE URETHRA STRICTURE	92
53605	DILATE URETHRA STRICTURE	110
53620	DILATE URETHRA STRICTURE	150
53621	DILATE URETHRA STRICTURE	124
53660	DILATE URETHRA	71
53661	DILATE URETHRA	69
53665	DILATE URETHRA	64
53850	PROSTATIC MICROWAVE THERMOTX	964
53852	PROSTATIC RF THERMOTX	1,052
54000	SLIT PREPUCE	184
54001	SLIT PREPUCE	235
54015	DRAIN PENIS LESION	527
54050	DESTROY PENIS LESION(S)	163
54055	DESTROY PENIS LESION(S)	149
54056	CRYOSURGERY, PENIS LESION(S)	168
54057	LASER SURG, PENIS LESION(S)	157
54060	EXCISE PENIS LESION(S)	217
54065	DESTROY PENIS LESION(S)	264
54100	BIOPSY PENIS	196
54105	BIOPSY PENIS	368
54110	TREAT PENIS LESION	1,058
54111	TREAT PENIS LESION, GRAFT	1,364

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
54112	TREAT PENIS LESION, GRAFT	1,601
54115	TREAT PENIS LESION	717
54120	PARTIAL REMOVE PENIS	1,071
54125	REMOVE PENIS	1,376
54130	REMOVE PENIS & NODES	2,034
54135	REMOVE PENIS & NODES	2,576
54150	CIRCUMCISION W/REGIONAL BLOC	164
54160	CIRCUMCISION, NEONATE	246
54161	CIRCUMCISION, 28 DAYS OR OLD	336
54162	LYSIS PENILE CIRCUMCISE LESI	334
54163	REPAIR CIRCUMCISION	374
54164	FRENULOTOMY PENIS	330
54200	TREAT PENIS LESION	146
54205	TREAT PENIS LESION	915
54220	TREAT PENIS LESION	229
54230	PREPARE PENIS STUDY	137
54231	DYNAMIC CAVERNOSOMETRY	201
54235	PENILE INJECTION	126
54240	PENIS STUDY	177
54250	PENIS STUDY	214
54300	REVISE PENIS	1,105
54304	REVISE PENIS	1,292
54308	RECONSTRUCT URETHRA	1,231
54312	RECONSTRUCT URETHRA	1,423
54316	RECONSTRUCT URETHRA	1,716
54318	RECONSTRUCT URETHRA	1,244
54322	RECONSTRUCT URETHRA	1,344
54324	RECONSTRUCT URETHRA	1,668
54326	RECONSTRUCT URETHRA	1,562
54328	REVISE PENIS/URETHRA	1,588
54332	REVISE PENIS/URETHRA	1,737
54336	REVISE PENIS/URETHRA	1,962
54340	SECONDARY URETHRAL SURGERY	960
54344	SECONDARY URETHRAL SURGERY	1,650
54348	SECONDARY URETHRAL SURGERY	1,749
54352	RECONSTRUCT URETHRA/PENIS	2,461
54360	PENIS PLASTIC SURGERY	1,240
54380	REPAIR PENIS	1,374
54385	REPAIR PENIS	1,668
54390	REPAIR PENIS & BLADDER	1,993
54400	INSERT SEMI-RIGID PROSTHESIS	910
54401	INSERT SELF-CONTAIN PROSTHES	1,123
54405	INSERT MULTI-COMP PENIS PROS	1,377
54406	REMOVE MULTI-COMP PENIS PROS	1,244
54408	REPAIR MULTI-COMP PENIS PROS	1,339
54410	REMOVE/REPLACE PENIS PROSTH	1,471
54411	REMOVE/REPLACE PENIS PROS, C	1,735
54415	REMOVE SELF-CONTAIN PENIS PR	898
54416	REMOVE/REPLACE PENIS CONTAIN	1,202
54417	REMOVE/REPLACE PENIS PROSTH,	1,522
54420	REVISE PENIS	1,207
54430	REVISE PENIS	1,096
54435	REVISE PENIS	713
54450	PREPUTIAL STRETCHING	100
54500	BIOPSY TESTIS	129
54505	BIOPSY TESTIS	365
54512	EXCISE LESION TESTIS	910
54520	REMOVE TESTIS	555
54522	ORCHIECTOMY, PARTIAL	986
54530	REMOVE TESTIS	865

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
54535	EXTENSIVE TESTIS SURGERY	1,245
54550	EXPLORE FOR TESTIS	831
54560	EXPLORE FOR TESTIS	1,125
54600	REDUCE TESTIS TORSION	770
54620	SUSPEND TESTIS	516
54640	SUSPEND TESTIS	793
54650	ORCHIOPEXY (FOWLER-STEPHENS)	1,207
54660	REVISE TESTIS	607
54670	REPAIR TESTIS INJURY	690
54680	RELOCATION TESTIS(ES)	1,328
54690	LAPAROSCOPY, ORCHIECTOMY	1,068
54692	LAPAROSCOPY, ORCHIOPEXY	1,313
54700	DRAIN SCROTUM	360
54800	BIOPSY EPIDIDYMIS	225
54830	REMOVE EPIDIDYMIS LESION	629
54840	REMOVE EPIDIDYMIS LESION	552
54860	REMOVE EPIDIDYMIS	712
54861	REMOVE EPIDIDYMIS	959
54865	EXPLORE EPIDIDYMIS	608
54900	FUSE SPERMATIC DUCTS	1,272
54901	FUSE SPERMATIC DUCTS	1,824
55000	DRAIN HYDROCELE	144
55040	REMOVE HYDROCELE	574
55041	REMOVE HYDROCELES	860
55060	REPAIR HYDROCELE	642
55100	DRAIN SCROTUM ABSCESS	274
55110	EXPLORE SCROTUM	652
55120	REMOVE SCROTUM LESION	599
55150	REMOVE SCROTUM	825
55175	REVISE SCROTUM	615
55180	REVISE SCROTUM	1,161
55200	INCISE SPERM DUCT	470
55250	REMOVE SPERM DUCT(S)	389
55300	PREPARE, SPERM DUCT X-RAY	304
55400	REPAIR SPERM DUCT	859
55450	LIGATE SPERM DUCT	432
55500	REMOVE HYDROCELE	635
55520	REMOVE SPERM CORD LESION	650
55530	REVISE SPERMATIC CORD VEINS	602
55535	REVISE SPERMATIC CORD VEINS	725
55540	REVISE HERNIA & SPERM VEINS	785
55550	LAP LIGATE SPERMATIC VEIN	717
55600	INCISE SPERM DUCT POUCH	726
55605	INCISE SPERM DUCT POUCH	852
55650	REMOVE SPERM DUCT POUCH	1,210
55680	REMOVE SPERM POUCH LESION	576
55700	BIOPSY PROSTATE	231
55705	BIOPSY PROSTATE	459
55706	PROSTATE SATURATION SAMPLING	654
55720	DRAIN PROSTATE ABSCESS	788
55725	DRAIN PROSTATE ABSCESS	999
55801	REMOVE PROSTATE	1,843
55810	EXTENSIVE PROSTATE SURGERY	2,224
55812	EXTENSIVE PROSTATE SURGERY	2,733
55815	EXTENSIVE PROSTATE SURGERY	2,997
55821	REMOVE PROSTATE	1,484
55831	REMOVE PROSTATE	1,607
55840	EXTENSIVE PROSTATE SURGERY	2,272
55842	EXTENSIVE PROSTATE SURGERY	2,434
55845	EXTENSIVE PROSTATE SURGERY	2,779

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
55860	SURGICAL EXPOSURE, PROSTATE	1,488
55862	EXTENSIVE PROSTATE SURGERY	1,880
55865	EXTENSIVE PROSTATE SURGERY	2,275
55866	LAP RADICAL PROSTATECTOMY	2,955
55870	ELECTROEJACULATION	246
55873	CRYOABLATE PROSTATE	1,943
55875	TRANSPERI NEEDLE PLACE, PROS	1,295
55876	PLACE RT DEVICE/MARKER, PROS	183
55920	PLACE NEEDLES PELVIC FOR RAD	720
56405	I & D VULVA/PERINEUM	167
56420	DRAIN GLAND ABSCESS	143
56440	SURGERY FOR VULVA LESION	284
56441	LYSIS LABIAL LESION(S)	223
56442	HYMENOTOMY	77
56501	DESTROY VULVA LESIONS, SIMPL	177
56515	DESTROY VULVA LESION/S COMPL	304
56605	BIOPSY VULVA/PERINEUM	93
56606	BIOPSY VULVA/PERINEUM	46
56620	PARTIAL REMOVE VULVA	767
56625	COMPLETE REMOVE VULVA	916
56630	EXTENSIVE VULVA SURGERY	1,331
56631	EXTENSIVE VULVA SURGERY	1,692
56632	EXTENSIVE VULVA SURGERY	1,961
56633	EXTENSIVE VULVA SURGERY	1,733
56634	EXTENSIVE VULVA SURGERY	1,832
56637	EXTENSIVE VULVA SURGERY	2,161
56640	EXTENSIVE VULVA SURGERY	2,153
56700	PARTIAL REMOVE HYMEN	289
56740	REMOVE VAGINA GLAND LESION	457
56800	REPAIR VAGINA	377
56805	REPAIR CLITORIS	1,762
56810	REPAIR PERINEUM	404
56820	EXAMINE VULVA W/SCOPE	131
56821	EXAMINE/BIOPSY VULVA W/SCOPE	177
57000	EXPLORE VAGINA	296
57010	DRAIN PELVIC ABSCESS	665
57020	DRAIN PELVIC FLUID	125
57022	I & D VAGINAL HEMATOMA, PP	257
57023	I & D VAGINAL HEMATOMA, NON-	480
57061	DESTROY VAGINAL LESIONS, SIM	152
57065	DESTROY VAGINAL LESIONS, COM	265
57100	BIOPSY VAGINA	101
57105	BIOPSY VAGINA	196
57106	REMOVE VAGINA WALL, PARTIAL	734
57107	REMOVE VAGINA TISSUE, PART	2,144
57109	VAGINECTOMY PARTIAL W/NODES	2,447
57110	REMOVE VAGINA WALL, COMPLETE	1,384
57111	REMOVE VAGINA TISSUE, COMPLE	2,476
57112	VAGINECTOMY W/NODES, COMPLET	2,625
57120	CLOSE VAGINA	791
57130	REMOVE VAGINA LESION	251
57135	REMOVE VAGINA LESION	270
57150	TREAT VAGINA INFECTION	46
57155	INSERT UTERI TANDEMS/OVOIDS	656
57160	INSERT PESSARY/OTHER DEVICE	74
57170	FIT DIAPHRAGM/CAP	75
57180	TREAT VAGINAL BLEEDING	167
57200	REPAIR VAGINA	462
57210	REPAIR VAGINA/PERINEUM	570
57220	REVISE URETHRA	497

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

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PROCEDURE CODE	DESCRIPTION	RATE
57230	REPAIR URETHRAL LESION	619
57240	REPAIR BLADDER & VAGINA	1,018
57250	REPAIR RECTUM & VAGINA	993
57260	REPAIR VAGINA	1,236
57265	EXTENSIVE REPAIR VAGINA	1,383
57267	INSERT MESH/PELVIC FLOOR ADD	416
57268	REPAIR BOWEL BULGE	746
57270	REPAIR BOWEL POUCH	1,226
57280	SUSPEND VAGINA	1,490
57282	COLPOPEXY, EXTRAPERITONEAL	792
57283	COLPOPEXY, INTRAPERITONEAL	1,059
57284	REPAIR PARAVAG DEFECT, OPEN	1,293
57285	REPAIR PARAVAG DEFECT, VAGIN	1,031
57287	REVISE/REMOVE SLING REPAIR	1,098
57288	REPAIR BLADDER DEFECT	1,149
57289	REPAIR BLADDER & VAGINA	1,207
57291	CONSTRUCT VAGINA	841
57292	CONSTRUCT VAGINA W/GRAFT	1,278
57295	REVISE VAGINAL GRAFT VIA VAG	766
57296	REVISE VAGINAL GRAFT, OPEN A	1,456
57300	REPAIR RECTUM-VAGINA FISTULA	820
57305	REPAIR RECTUM-VAGINA FISTULA	1,360
57307	FISTULA REPAIR & COLOSTOMY	1,522
57308	FISTULA REPAIR TRANSPERINE	976
57310	REPAIR URETHROVAGINAL LESION	771
57311	REPAIR URETHROVAGINAL LESION	878
57320	REPAIR BLADDER-VAGINA LESION	874
57330	REPAIR BLADDER-VAGINA LESION	1,234
57335	REPAIR VAGINA	1,791
57400	DILATE VAGINA	210
57410	PELVIC EXAMINATION	165
57415	REMOVE VAGINAL FOREIGN BODY	249
57420	EXAMINE VAGINA W/SCOPE	139
57421	EXAMINE/BIOPSY VAGINA W/SCOP	189
57423	REPAIR PARAVAG DEFECT, LAP	1,424
57425	LAPAROSCOPY, SURG, COLPOPEXY	1,501
57452	EXAMINE CERVIX W/SCOPE	143
57454	BIOPSY/CURETTE CERVIX W/SCOP	212
57455	BIOPSY CERVIX W/SCOPE	172
57456	ENDOCERV CURETTAGE W/SCOPE	160
57460	BIOPSY CERVIX W/SCOPE, LEEP	254
57461	CONZ CERVIX W/SCOPE, LEEP	291
57500	BIOPSY CERVIX	116
57505	ENDOCERVICAL CURETTAGE	143
57510	CAUTERY CERVIX	180
57511	CRYOCAUTERY CERVIX	205
57513	LASER SURGERY CERVIX	206
57520	CONIZATION CERVIX	425
57522	CONIZATION CERVIX	377
57530	REMOVE CERVIX	534
57531	REMOVE CERVIX, RADICAL	2,601
57540	REMOVE RESIDUAL CERVIX	1,196
57545	REMOVE CERVIX/REPAIR PELVIS	1,261
57550	REMOVE RESIDUAL CERVIX	630
57555	REMOVE CERVIX/REPAIR VAGINA	923
57556	REMOVE CERVIX, REPAIR BOWEL	883
57558	D & C CERVICAL STUMP	176
57700	REVISE CERVIX	479
57720	REVISE CERVIX	476
57800	DILATE CERVICAL CANAL	76

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
58100	BIOPSY UTERUS LINING	136
58110	BIOPSY DONE W/COLPOSCOPY, AD	64
58120	DILATION & CURETTAGE	332
58140	MYOMECTOMY ABDOM METHOD	1,400
58145	MYOMECTOMY VAGINAL METHOD	835
58146	MYOMECTOMY ABDOM COMPLEX	1,780
58150	TOTAL HYSTERECTOMY	1,514
58152	TOTAL HYSTERECTOMY	1,912
58180	PARTIAL HYSTERECTOMY	1,455
58200	EXTENSIVE HYSTERECTOMY	1,999
58210	EXTENSIVE HYSTERECTOMY	2,662
58240	REMOVE PELVIS CONTENTS	4,178
58260	VAGINAL HYSTERECTOMY	1,269
58262	VAGINAL HYST INCLUDING T/O	1,416
58263	VAGINAL HYST W/T/O & VAGINA	1,525
58267	VAGINAL HYST W/URINARY REPAI	1,620
58270	VAGINAL HYST W/ENTEROCELE RE	1,357
58275	HYSTERECTOMY/REVISE VAGINA	1,510
58280	HYSTERECTOMY/REVISE VAGINA	1,615
58285	EXTENSIVE HYSTERECTOMY	2,021
58290	VAGINAL HYST COMPLEX	1,771
58291	VAGINAL HYST INC T/O, COMPLE	1,925
58292	VAGINAL HYST T/O & REPAIR CO	2,027
58293	VAGINAL HYST W/URO REPAIR CO	2,104
58294	VAGINAL HYST W/ENTEROCELE, C	1,870
58300	INSERT INTRAUTERINE DEVICE	339
58301	REMOVE INTRAUTERINE DEVICE	105
58321	ARTIFICIAL INSEMINATION	77
58322	ARTIFICIAL INSEMINATION	91
58323	SPERM WASHING	20
58340	CATHETER FOR HYSTERORRHAPHY	93
58345	REOPEN FALLOPIAN TUBE	429
58346	INSERT HEYMAN UTERI CAPSULE	703
58350	REOPEN FALLOPIAN TUBE	123
58353	ENDOMETRIAL ABLATE THERMAL	342
58356	ENDOMETRIAL CRYOABLATION	537
58400	SUSPEND UTERUS	693
58410	SUSPEND UTERUS	1,230
58520	REPAIR RUPTURED UTERUS	1,201
58540	REVISE UTERUS	1,393
58541	LSH, UTERUS 250 G OR LESS	1,316
58542	LSH W/T/O UT 250 G OR LESS	1,459
58543	LSH UTERUS ABOVE 250 G	1,483
58544	LSH W/T/O UTERUS ABOVE 250 G	1,601
58545	LAPAROSCOPIC MYOMECTOMY	1,371
58546	LAP-MYOMECTOMY, COMPLEX	1,735
58548	LAP RADICAL HYSTERECTOMY	2,700
58550	LAP-ASST VAGINAL HYSTERECTOM	1,357
58552	LAP-VAGINAL HYST INC T/O	1,495
58553	LAP-VAGINAL HYST, COMPLEX	1,743
58554	LAP-VAGINAL HYST W/T/O, COMP	1,997
58555	HYSTEROSCOPY, DIAG, SEP PROC	294
58558	HYSTEROSCOPY, BIOPSY	414
58559	HYSTEROSCOPY, LYSIS	532
58560	HYSTEROSCOPY, RESECT SEPTUM	601
58561	HYSTEROSCOPY, REMOVE MYOMA	850
58562	HYSTEROSCOPY, REMOVE FOREIGN	451
58563	HYSTEROSCOPY, ABLATION	532
58565	HYSTEROSCOPY, STERILIZATION	687
58570	TLH, UTERUS 250 G OR LESS	1,412

EXHIBIT B

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PROCEDURE CODE	DESCRIPTION	RATE
58571	TLH W/T/O 250 G OR LESS	1,548
58572	TLH, UTERUS OVER 250 G	1,751
58573	TLH W/T/O UTERUS OVER 250 G	1,978
58600	DIVIDE FALLOPIAN TUBE	560
58605	DIVIDE FALLOPIAN TUBE	510
58611	LIGATE OVIDUCT(S), ADD-ON	120
58615	OCCLUDE FALLOPIAN TUBE(S)	386
58660	LAPAROSCOPY, LYSIS	1,032
58661	LAPAROSCOPY, REMOVE ADNEXA	989
58662	LAPAROSCOPY, EXCISE LESIONS	1,085
58670	LAPAROSCOPY, TUBAL CAUTERY	565
58671	LAPAROSCOPY, TUBAL BLOCK	564
58672	LAPAROSCOPY, FIMBRIOPLASTY	1,140
58673	LAPAROSCOPY, SALPINGOSTOMY	1,240
58700	REMOVE FALLOPIAN TUBE	1,171
58720	REMOVE OVARY/TUBE(S)	1,100
58740	ADHESIOLYSIS TUBE, OVARY	1,341
58750	REPAIR OVIDUCT	1,394
58752	REVISE OVARIAN TUBE(S)	1,405
58760	FIMBRIOPLASTY	1,264
58770	CREATE NEW TUBAL OPENING	1,291
58800	DRAIN OVARIAN CYST(S)	462
58805	DRAIN OVARIAN CYST(S)	626
58820	DRAIN OVARY ABSCESS, OPEN	486
58822	DRAIN OVARY ABSCESS, PERCUT	1,084
58823	DRAIN PELVIC ABSCESS, PERCUT	283
58825	TRANSPOSE OVARY(S)	1,070
58900	BIOPSY OVARY(S)	638
58920	PARTIAL REMOVE OVARY(S)	1,076
58925	REMOVE OVARIAN CYST(S)	1,122
58940	REMOVE OVARY(S)	772
58943	REMOVE OVARY(S)	1,709
58950	RESECT OVARIAN MALIGNANCY	1,633
58951	RESECT OVARIAN MALIGNANCY	2,099
58952	RESECT OVARIAN MALIGNANCY	2,369
58953	TAH RAD DISSECT FOR DEBULK	2,935
58954	TAH RAD DEBULK/LYMPH REMOVE	3,185
58956	BSO, OMENTECTOMY W/TAH	2,069
58957	RESECT RECURRENT GYN MAL	2,260
58958	RESECT RECUR GYN MAL W/LYMPH	2,511
58960	EXPLORE ABDOMEN	1,412
58970	RETRIEVE OOCYTE	308
58974	TRANSFER EMBRYO	1,625
58976	TRANSFER EMBRYO	347
59000	AMNIOCENTESIS, DIAGNOSTIC	126
59001	AMNIOCENTESIS, THERAPEUTIC	287
59012	FETAL CORD PUNCTURE, PRENATA	315
59015	CHORION BIOPSY	206
59020	FETAL CONTRACT STRESS TEST	114
59025	FETAL NON-STRESS TEST	75
59030	FETAL SCALP BLOOD SAMPLE	174
59050	FETAL MONITOR W/REPORT	78
59051	FETAL MONITOR/INTERPRET ONLY	64
59070	TRANSABDOMINAL AMNIOINFUSION	447
59072	UMBILICAL CORD OCCLUDED W/US	733
59074	FETAL FLUID DRAIN W/US	442
59076	FETAL SHUNT PLACE W/US	714
59100	REMOVE UTERUS LESION	1,265
59120	TREAT ECTOPIC PREGNANCY	1,210
59121	TREAT ECTOPIC PREGNANCY	1,215

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
59130	TREAT ECTOPIC PREGNANCY	1,415
59135	TREAT ECTOPIC PREGNANCY	1,437
59136	TREAT ECTOPIC PREGNANCY	1,339
59140	TREAT ECTOPIC PREGNANCY	606
59150	TREAT ECTOPIC PREGNANCY	1,176
59151	TREAT ECTOPIC PREGNANCY	1,148
59160	D & C AFTER DELIVERY	278
59200	INSERT CERVICAL DILATOR	69
59300	EPISIOTOMY OR VAGINAL REPAIR	226
59320	REVISE CERVIX	238
59325	REVISE CERVIX	373
59350	REPAIR UTERUS	426
59400	OBSTETRICAL CARE	2,723
59409	OBSTETRICAL CARE	1,184
59410	OBSTETRICAL CARE	1,378
59412	ANTEPARTUM MANIPULATION	160
59414	DELIVER PLACENTA	141
59425	ANTEPARTUM CARE ONLY	521
59426	ANTEPARTUM CARE ONLY	921
59430	CARE AFTER DELIVERY	194
59510	CESAREAN DELIVERY	3,084
59514	CESAREAN DELIVERY ONLY	1,402
59515	CESAREAN DELIVERY	1,661
59525	REMOVE UTERUS AFTER CESAREAN	745
59610	VBAC DELIVERY	2,868
59612	VBAC DELIVERY ONLY	1,327
59614	VBAC CARE AFTER DELIVERY	1,489
59618	ATTEMPTED VBAC DELIVERY	3,226
59620	ATTEMPTED VBAC DELIVERY ONLY	1,539
59622	ATTEMPTED VBAC AFTER CARE	1,802
59812	TREAT MISCARRIAGE	451
59820	CARE MISCARRIAGE	538
59821	TREAT MISCARRIAGE	543
59830	TREAT UTERUS INFECTION	671
59840	ABORTION	326
59841	ABORTION	548
59850	ABORTION	600
59851	ABORTION	618
59852	ABORTION	868
59855	ABORTION	639
59856	ABORTION	752
59857	ABORTION	900
59866	ABORTION (MPR)	370
59870	EVACUATE MOLE UTERUS	729
59871	REMOVE CERCLAGE SUTURE	208
60000	DRAIN THYROID/TONGUE CYST	225
60100	BIOPSY THYROID	129
60200	REMOVE THYROID LESION	983
60210	PARTIAL THYROID EXCISE	1,045
60212	PARTIAL THYROID EXCISE	1,498
60220	PARTIAL REMOVE THYROID	1,145
60225	PARTIAL REMOVE THYROID	1,377
60240	REMOVE THYROID	1,451
60252	REMOVE THYROID	1,960
60254	EXTENSIVE THYROID SURGERY	2,525
60260	REPEAT THYROID SURGERY	1,638
60270	REMOVE THYROID	2,062
60271	REMOVE THYROID	1,583
60280	REMOVE THYROID DUCT LESION	668
60281	REMOVE THYROID DUCT LESION	885

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
60300	ASPIRATE/INJECT THYROID CYST	80
60500	EXPLORE PARATHYROID GLANDS	1,506
60502	RE-EXPLORE PARATHYROID GLANDS	1,890
60505	EXPLORE PARATHYROID GLANDS	2,078
60512	AUTOTRANSPLANT PARATHYROID	365
60520	REMOVE THYMUS GLAND	1,553
60521	REMOVE THYMUS GLAND	1,788
60522	REMOVE THYMUS GLAND	2,153
60540	EXPLORE ADRENAL GLAND	1,639
60545	EXPLORE ADRENAL GLAND	1,860
60600	REMOVE CAROTID BODY LESION	2,153
60605	REMOVE CAROTID BODY LESION	2,703
60650	LAPAROSCOPY ADRENALECTOMY	1,818
61000	REMOVE CRANIAL CAVITY FLUID	170
61001	REMOVE CRANIAL CAVITY FLUID	166
61020	REMOVE BRAIN CAVITY FLUID	201
61026	INJECTION INTO BRAIN CANAL	199
61050	REMOVE BRAIN CANAL FLUID	169
61055	INJECTION INTO BRAIN CANAL	216
61070	BRAIN CANAL SHUNT PROCEDURE	129
61105	TWIST DRILL HOLE	656
61107	DRILL SKULL FOR IMPLANTATION	476
61108	DRILL SKULL FOR DRAIN	1,295
61120	BURR HOLE FOR PUNCTURE	1,061
61140	PIERCE SKULL FOR BIOPSY	1,833
61150	PIERCE SKULL FOR DRAIN	1,956
61151	PIERCE SKULL FOR DRAIN	1,419
61154	PIERCE SKULL & REMOVE CLOT	1,839
61156	PIERCE SKULL FOR DRAIN	1,828
61210	PIERCE SKULL, IMPLANT DEVICE	555
61215	INSERT BRAIN-FLUID DEVICE	715
61250	PIERCE SKULL & EXPLORE	1,238
61253	PIERCE SKULL & EXPLORE	1,355
61304	OPEN SKULL FOR EXPLORE	2,408
61305	OPEN SKULL FOR EXPLORE	2,900
61312	OPEN SKULL FOR DRAIN	3,003
61313	OPEN SKULL FOR DRAIN	2,879
61314	OPEN SKULL FOR DRAIN	2,665
61315	OPEN SKULL FOR DRAIN	3,032
61316	IMPLANT CRANIAL BONE FLAP TO	131
61320	OPEN SKULL FOR DRAIN	2,803
61321	OPEN SKULL FOR DRAIN	3,068
61322	DECOMPRESSIVE CRANIOTOMY	3,402
61323	DECOMPRESSIVE LOBECTOMY	3,458
61330	DECOMPRESS EYE SOCKET	2,361
61332	EXPLORE/BIOPSY EYE SOCKET	2,741
61333	EXPLORE ORBIT/REMOVE LESION	2,766
61334	EXPLORE ORBIT/REMOVE OBJECT	1,790
61340	SUBTEMPORAL DECOMPRESSION	2,092
61343	INCISE SKULL (PRESS RELIEF)	3,223
61345	RELIEVE CRANIAL PRESSURE	2,986
61440	INCISE SKULL FOR SURGERY	2,922
61450	INCISE SKULL FOR SURGERY	2,763
61458	INCISE SKULL FOR BRAIN WOUND	2,953
61460	INCISE SKULL FOR SURGERY	2,983
61470	INCISE SKULL FOR SURGERY	2,773
61480	INCISE SKULL FOR SURGERY	2,680
61490	INCISE SKULL FOR SURGERY	2,795
61500	REMOVE SKULL LESION	1,978
61501	REMOVE INFECTED SKULL BONE	1,697

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
61510	REMOVE BRAIN LESION	3,189
61512	REMOVE BRAIN LINING LESION	3,755
61514	REMOVE BRAIN ABSCESS	2,791
61516	REMOVE BRAIN LESION	2,723
61517	IMPLANT BRAIN CHEMOTX, ADD-O	131
61518	REMOVE BRAIN LESION	4,041
61519	REMOVE BRAIN LINING LESION	4,346
61520	REMOVE BRAIN LESION	5,541
61521	REMOVE BRAIN LESION	4,666
61522	REMOVE BRAIN ABSCESS	3,209
61524	REMOVE BRAIN LESION	3,029
61526	REMOVE BRAIN LESION	5,010
61530	REMOVE BRAIN LESION	4,260
61531	IMPLANT BRAIN ELECTRODES	1,766
61533	IMPLANT BRAIN ELECTRODES	2,221
61534	REMOVE BRAIN LESION	2,394
61535	REMOVE BRAIN ELECTRODES	1,440
61536	REMOVE BRAIN LESION	3,804
61537	REMOVE BRAIN TISSUE	3,486
61538	REMOVE BRAIN TISSUE	3,734
61539	REMOVE BRAIN TISSUE	3,442
61540	REMOVE BRAIN TISSUE	3,237
61541	INCISE BRAIN TISSUE	3,100
61542	REMOVE BRAIN TISSUE	3,367
61543	REMOVE BRAIN TISSUE	3,142
61544	REMOVE & TREAT BRAIN LESION	2,576
61545	EXCISE BRAIN TUMOR	4,626
61546	REMOVE PITUITARY GLAND	3,355
61548	REMOVE PITUITARY GLAND	2,271
61550	RELEASE SKULL SEAMS	1,488
61552	RELEASE SKULL SEAMS	1,955
61556	INCISE SKULL/SUTURES	2,391
61557	INCISE SKULL/SUTURES	2,476
61558	EXCISE SKULL/SUTURES	2,528
61559	EXCISE SKULL/SUTURES	3,535
61563	EXCISE SKULL TUMOR	2,831
61564	EXCISE SKULL TUMOR	3,552
61566	REMOVE BRAIN TISSUE	3,275
61567	INCISE BRAIN TISSUE	3,681
61570	REMOVE FOREIGN BODY, BRAIN	2,680
61571	INCISE SKULL FOR BRAIN WOUND	2,914
61575	SKULL BASE/BRAINSTEM SURGERY	3,446
61576	SKULL BASE/BRAINSTEM SURGERY	5,547
61580	CRANIOFACIAL APPROACH, SKULL	3,666
61581	CRANIOFACIAL APPROACH, SKULL	4,112
61582	CRANIOFACIAL APPROACH, SKULL	4,267
61583	CRANIOFACIAL APPROACH, SKULL	4,281
61584	ORBITOCRANIAL APPROACH/SKULL	4,168
61585	ORBITOCRANIAL APPROACH/SKULL	4,392
61586	RESECT NASOPHARYNX, SKULL	3,200
61590	INFRATEMPORAL APPROACH/SKULL	4,633
61591	INFRATEMPORAL APPROACH/SKULL	4,669
61592	ORBITOCRANIAL APPROACH/SKULL	4,684
61595	TRANSTEMPORAL APPROACH/SKULL	3,525
61596	TRANSCOCHLEAR APPROACH/SKULL	3,851
61597	TRANSCONDYLAR APPROACH/SKULL	4,228
61598	TRANSPETROSAL APPROACH/SKULL	3,750
61600	RESECT/EXCISE CRANIAL LESION	3,178
61601	RESECT/EXCISE CRANIAL LESION	3,485
61605	RESECT/EXCISE CRANIAL LESION	3,317

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
61606	RESECT/EXCISE CRANIAL LESION	4,447
61607	RESECT/EXCISE CRANIAL LESION	4,105
61608	RESECT/EXCISE CRANIAL LESION	4,793
61609	TRANSECT ARTERY, SINUS	913
61610	TRANSECT ARTERY, SINUS	2,805
61611	TRANSECT ARTERY, SINUS	709
61612	TRANSECT ARTERY, SINUS	2,480
61613	REMOVE ANEURYSM, SINUS	4,653
61615	RESECT/EXCISE LESION, SKULL	3,682
61616	RESECT/EXCISE LESION, SKULL	4,833
61618	REPAIR DURA	1,907
61619	REPAIR DURA	2,193
61623	ENDOVASC TEMPORARY VESSEL OC	871
61624	TRANSCATH OCCLUSION, CNS	1,731
61626	TRANSCATH OCCLUSION, NON-CNS	1,408
61630	INTRACRANIAL ANGIOPLASTY	1,981
61635	INTRACRANIAL ANGIOPLASTY W/S	2,168
61640	DILATE IC VASOSPASM, INIT	3,614
61641	DILATE IC VASOSPASM, ADD-ON	1,269
61642	DILATE IC VASOSPASM, ADD-ON	2,538
61680	INTRACRANIAL VESSEL SURGERY	3,326
61682	INTRACRANIAL VESSEL SURGERY	6,223
61684	INTRACRANIAL VESSEL SURGERY	4,150
61686	INTRACRANIAL VESSEL SURGERY	6,667
61690	INTRACRANIAL VESSEL SURGERY	3,161
61692	INTRACRANIAL VESSEL SURGERY	5,385
61697	BRAIN ANEURYSM REPAIR, COMPL	6,074
61698	BRAIN ANEURYSM REPAIR, COMPL	6,524
61700	BRAIN ANEURYSM REPAIR, SIMPL	5,100
61702	INNER SKULL VESSEL SURGERY	5,684
61703	CLAMP NECK ARTERY	1,966
61705	REVISE CIRCULATION TO HEAD	3,748
61708	REVISE CIRCULATION TO HEAD	3,205
61710	REVISE CIRCULATION TO HEAD	2,938
61711	FUSE SKULL ARTERIES	3,825
61720	INCISE SKULL/BRAIN SURGERY	1,704
61735	INCISE SKULL/BRAIN SURGERY	2,086
61750	INCISE SKULL/BRAIN BIOPSY	2,053
61751	BRAIN BIOPSY W/CT/MR GUIDE	2,008
61760	IMPLANT BRAIN ELECTRODES	2,254
61770	INCISE SKULL FOR TREAT	2,215
61790	TREAT TRIGEMINAL NERVE	1,248
61791	TREAT TRIGEMINAL TRACT	1,612
61795	BRAIN SURGERY USING COMPUTER	371
61796	SRS, CRANIAL LESION SIMPLE	1,176
61797	SRS, CRANIAL LES SIMPLE, ADD	316
61798	SRS, CRANIAL LESION COMPLEX	1,176
61799	SRS, CRANIAL LES COMPLEX, AD	437
61800	APPLY SRS HEAD FRAME, ADD-ON	225
61850	IMPLANT NEUROELECTRODES	1,434
61860	IMPLANT NEUROELECTRODES	2,274
61863	IMPLANT NEUROELECTRODE	2,217
61864	IMPLANT NEUROELECTRODE, ADDE	615
61867	IMPLANT NEUROELECTRODE	3,243
61868	IMPLANT NEUROELECTRODE, ADDE	903
61870	IMPLANT NEUROELECTRODES	1,736
61875	IMPLANT NEUROELECTRODES	1,686
61880	REVISE/REMOVE NEUROELECTRODE	806
61885	INSERT/REDO NEUROSTIM 1 ARRA	940
61886	IMPLANT NEUROSTIM ARRAYS	1,180

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COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
61888	REVISE/REMOVE NEURORECEIVER	587
62000	TREAT SKULL FX	1,273
62005	TREAT SKULL FX	1,812
62010	TREAT HEAD INJURY	2,214
62100	REPAIR BRAIN FLUID LEAKAGE	2,351
62115	REDUCE SKULL DEFECT	2,069
62116	REDUCE SKULL DEFECT	2,598
62117	REDUCE SKULL DEFECT	2,792
62120	REPAIR SKULL CAVITY LESION	2,684
62121	INCISE SKULL REPAIR	2,442
62140	REPAIR SKULL DEFECT	1,536
62141	REPAIR SKULL DEFECT	1,686
62142	REMOVE SKULL PLATE/FLAP	1,290
62143	REPLACE SKULL PLATE/FLAP	1,507
62145	REPAIR SKULL & BRAIN	2,058
62146	REPAIR SKULL W/GRAFT	1,766
62147	REPAIR SKULL W/GRAFT	2,095
62148	RETRO BONE FLAP TO FIX SKULL	187
62160	NEUROENDOSCOPY, ADD-ON	287
62161	DISSECT BRAIN W/SCOPE	2,217
62162	REMOVE COLLOID CYST W/SCOPE	2,753
62163	NEUROENDOSCOPY W/FOR BODY RE	1,792
62164	REMOVE BRAIN TUMOR W/SCOPE	2,928
62165	REMOVE PITUITARY TUMOR W/SCO	2,269
62180	ESTABLISH BRAIN CAVITY SHUNT	2,320
62190	ESTABLISH BRAIN CAVITY SHUNT	1,328
62192	ESTABLISH BRAIN CAVITY SHUNT	1,411
62194	REPLACE/IRRIGATE CATHETER	573
62200	ESTABLISH BRAIN CAVITY SHUNT	2,009
62201	BRAIN CAVITY SHUNT W/SCOPE	1,731
62220	ESTABLISH BRAIN CAVITY SHUNT	1,482
62223	ESTABLISH BRAIN CAVITY SHUNT	1,526
62225	REPLACE/IRRIGATE CATHETER	734
62230	REPLACE/REVISE BRAIN SHUNT	1,227
62252	CSF SHUNT REPROGRAM	160
62256	REMOVE BRAIN CAVITY SHUNT	858
62258	REPLACE BRAIN CAVITY SHUNT	1,647
62263	EPIDURAL LYSIS MULT SESSIONS	575
62264	EPIDURAL LYSIS ON SING DAY	346
62267	INTERDISCAL PERCUT ASPIR, DI	255
62268	DRAIN SPINAL CORD CYST	414
62269	NEEDLE BIOPSY SPINAL CORD	419
62270	SPINAL FLUID TAP, DIAGNOSTIC	120
62272	DRAIN CEREBROSPINAL FLUID	128
62273	INJECT EPIDURAL PATCH	168
62280	TREAT SPINAL CORD LESION	234
62281	TREAT SPINAL CORD LESION	224
62282	TREAT SPINAL CANAL LESION	208
62284	INJECTION FOR MYELOGRAM	141
62287	PERCUTANEOUS DISKECTOMY	837
62290	INJECT FOR SPINE DISK X-RAY	262
62291	INJECT FOR SPINE DISK X-RAY	253
62292	INJECTION INTO DISK LESION	741
62294	INJECTION INTO SPINAL ARTERY	1,210
62310	INJECT SPINE C/T	153
62311	INJECT SPINE L/S (CD)	128
62318	INJECT SPINE W/CATH, C/T	153
62319	INJECT SPINE W/CATH L/S (CD)	143
62350	IMPLANT SPINAL CANAL CATH	587
62351	IMPLANT SPINAL CANAL CATH	1,249

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

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PROCEDURE CODE	DESCRIPTION	RATE
62355	REMOVE SPINAL CANAL CATHETER	443
62360	INSERT SPINE INFUSION DEVICE	425
62361	IMPLANT SPINE INFUSION PUMP	589
62362	IMPLANT SPINE INFUSION PUMP	619
62365	REMOVE SPINE INFUSION DEVICE	491
62367	ANALYZE SPINE INFUSION PUMP	36
62368	ANALYZE SPINE INFUSION PUMP	57
63001	REMOVE SPINAL LAMINA	1,808
63003	REMOVE SPINAL LAMINA	1,818
63005	REMOVE SPINAL LAMINA	1,732
63011	REMOVE SPINAL LAMINA	1,632
63012	REMOVE SPINAL LAMINA	1,760
63015	REMOVE SPINAL LAMINA	2,175
63016	REMOVE SPINAL LAMINA	2,230
63017	REMOVE SPINAL LAMINA	1,826
63020	NECK SPINE DISK SURGERY	1,730
63030	LOW BACK DISK SURGERY	1,441
63035	SPINAL DISK SURGERY, ADD-ON	302
63040	LAMINOTOMY, SING CERVICAL	2,094
63042	LAMINOTOMY, SING LUMBAR	1,964
63043	LAMINOTOMY, ADDED CERVICAL	1,631
63044	LAMINOTOMY, ADDED LUMBAR	2,036
63045	REMOVE SPINAL LAMINA	1,875
63046	REMOVE SPINAL LAMINA	1,792
63047	REMOVE SPINAL LAMINA	1,640
63048	REMOVE SPINAL LAMINA, ADD-ON	324
63050	CERVICAL LAMINOPLASTY	2,249
63051	CERVICAL LAMINOPLASTY W/GRAF	2,533
63055	DECOMPRESS SPINAL CORD	2,407
63056	DECOMPRESS SPINAL CORD	2,222
63057	DECOMPRESS SPINE CORD, ADD-O	497
63064	DECOMPRESS SPINAL CORD	2,628
63066	DECOMPRESS SPINE CORD, ADD-O	306
63075	NECK SPINE DISK SURGERY	2,061
63076	NECK SPINE DISK SURGERY	384
63077	SPINE DISK SURGERY, THORAX	2,246
63078	SPINE DISK SURGERY, THORAX	305
63081	REMOVE VERTEBRAL BODY	2,637
63082	REMOVE VERTEBRAL BODY, ADD-O	415
63085	REMOVE VERTEBRAL BODY	2,804
63086	REMOVE VERTEBRAL BODY, ADD-O	293
63087	REMOVE VERTEBRAL BODY	3,581
63088	REMOVE VERTEBRAL BODY, ADD-O	402
63090	REMOVE VERTEBRAL BODY	2,930
63091	REMOVE VERTEBRAL BODY, ADD-O	276
63101	REMOVE VERTEBRAL BODY	3,368
63102	REMOVE VERTEBRAL BODY	3,352
63103	REMOVE VERTEBRAL BODY, ADD-O	441
63170	INCISE SPINAL CORD TRACT(S)	2,262
63172	DRAIN SPINAL CYST	2,039
63173	DRAIN SPINAL CYST	2,514
63180	REVISE SPINAL CORD LIGAMENTS	2,042
63182	REVISE SPINAL CORD LIGAMENTS	2,177
63185	INCISE SPINAL COLUMN/NERVES	1,665
63190	INCISE SPINAL COLUMN/NERVES	1,915
63191	INCISE SPINAL COLUMN/NERVES	1,812
63194	INCISE SPINAL COLUMN & CORD	2,170
63195	INCISE SPINAL COLUMN & CORD	2,202
63196	INCISE SPINAL COLUMN & CORD	2,593
63197	INCISE SPINAL COLUMN & CORD	2,472

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
63198	INCISE SPINAL COLUMN & CORD	2,706
63199	INCISE SPINAL COLUMN & CORD	2,878
63200	RELEASE SPINAL CORD	2,212
63250	REVISE SPINAL CORD VESSELS	4,266
63251	REVISE SPINAL CORD VESSELS	4,436
63252	REVISE SPINAL CORD VESSELS	4,439
63265	EXCISE INTRASPINAL LESION	2,449
63266	EXCISE INTRASPINAL LESION	2,515
63267	EXCISE INTRASPINAL LESION	2,031
63268	EXCISE INTRASPINAL LESION	2,035
63270	EXCISE INTRASPINAL LESION	3,008
63271	EXCISE INTRASPINAL LESION	3,026
63272	EXCISE INTRASPINAL LESION	2,789
63273	EXCISE INTRASPINAL LESION	2,629
63275	BIOPSY/EXCISE SPINAL TUMOR	2,627
63276	BIOPSY/EXCISE SPINAL TUMOR	2,618
63277	BIOPSY/EXCISE SPINAL TUMOR	2,300
63278	BIOPSY/EXCISE SPINAL TUMOR	2,250
63280	BIOPSY/EXCISE SPINAL TUMOR	3,109
63281	BIOPSY/EXCISE SPINAL TUMOR	3,073
63282	BIOPSY/EXCISE SPINAL TUMOR	2,902
63283	BIOPSY/EXCISE SPINAL TUMOR	2,749
63285	BIOPSY/EXCISE SPINAL TUMOR	3,805
63286	BIOPSY/EXCISE SPINAL TUMOR	3,795
63287	BIOPSY/EXCISE SPINAL TUMOR	4,000
63290	BIOPSY/EXCISE SPINAL TUMOR	4,045
63295	REPAIR LAMINECTOMY DEFECT	477
63300	REMOVE VERTEBRAL BODY	2,707
63301	REMOVE VERTEBRAL BODY	3,020
63302	REMOVE VERTEBRAL BODY	3,004
63303	REMOVE VERTEBRAL BODY	3,130
63304	REMOVE VERTEBRAL BODY	3,341
63305	REMOVE VERTEBRAL BODY	3,392
63306	REMOVE VERTEBRAL BODY	3,586
63307	REMOVE VERTEBRAL BODY	3,305
63308	REMOVE VERTEBRAL BODY, ADD-O	498
63600	REMOVE SPINAL CORD LESION	1,228
63610	STIMULATE SPINAL CORD	650
63615	REMOVE LESION SPINAL CORD	1,684
63620	SRS, SPINAL LESION	1,176
63621	SRS, SPINAL LESION, ADDED	363
63650	IMPLANT NEUROELECTRODES	613
63655	IMPLANT NEUROELECTRODES	1,252
63660	REVISE/REMOVE NEUROELECTRODE	654
63685	INSERT/REDO SPINE N GENERATO	597
63688	REVISE/REMOVE NEURORECEIVER	537
63700	REPAIR SPINAL HERNIATION	1,811
63702	REPAIR SPINAL HERNIATION	2,039
63704	REPAIR SPINAL HERNIATION	2,263
63706	REPAIR SPINAL HERNIATION	2,644
63707	REPAIR SPINAL FLUID LEAKAGE	1,341
63709	REPAIR SPINAL FLUID LEAKAGE	1,626
63710	GRAFT REPAIR SPINE DEFECT	1,627
63740	INSTALL SPINAL SHUNT	1,385
63741	INSTALL SPINAL SHUNT	890
63744	REVISE SPINAL SHUNT	941
63746	REMOVE SPINAL SHUNT	827
64400	NERVE BLOCK INJ, TRIGEMINAL	95
64402	NERVE BLOCK INJ, FACIAL	109
64405	NERVE BLOCK INJ, OCCIPITAL	111

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
64408	NERVE BLOCK INJ, VAGUS	136
64410	NERVE BLOCK INJ, PHRENIC	119
64412	NERVE BLOCK INJ, SPINAL ACCE	107
64413	NERVE BLOCK INJ, CERVICAL PL	115
64415	NERVE BLOCK INJ, BRACHIAL PL	110
64416	NERVE BLOCK CONT INFUSE, B P	139
64417	NERVE BLOCK INJ, AXILLARY	110
64418	NERVE BLOCK INJ, SUPRASCAPUL	111
64420	NERVE BLOCK INJ, INTERCOSTAL	100
64421	NERVE BLOCK INJ, INTERCOSTAL	136
64425	NERVE BLOCK INJ, ILIO-ING/HY	141
64430	NERVE BLOCK INJ, PUDENDAL	136
64435	NERVE BLOCK INJ, PARACERVICA	129
64445	NERVE BLOCK INJ, SCIATIC, SI	122
64446	NERVE BLOCK INJ, SCIATIC, CO	139
64447	NERVE BLOCK INJ FEM, SING	104
64448	NERVE BLOCK INJ FEM, CONT IN	123
64449	NERVE BLOCK INJ, LUMBAR PLEX	138
64450	NERVE BLOCK, OTHER PERIPHERA	110
64455	NERVE BLOCK INJ, PLANTAR DIG	62
64470	INJECT PARAVERTEBRAL C/T	157
64472	INJECT PARAVERTEBRAL C/T, AD	99
64475	INJECT PARAVERTEBRAL L/S	124
64476	INJECT PARAVERTEBRAL L/S, AD	74
64479	INJECT FORAMEN EPIDURAL C/T	186
64480	INJECT FORAMEN EPIDURAL, ADD	120
64483	INJECT FORAMEN EPIDURAL L/S	164
64484	INJECT FORAMEN EPIDURAL, ADD	102
64505	NERVE BLOCK SPHENOPALATINE G	129
64508	NERVE BLOCK CAROTID SINUS S/	107
64510	NERVE BLOCK STELLATE GANGLIO	102
64517	NERVE BLOCK INJ, HYPOGAS PLX	179
64520	NERVE BLOCK LUMBAR/THORACIC	116
64530	NERVE BLOCK INJ, CELIAC PELU	137
64550	APPLY NEUROSTIMULATOR	14
64553	IMPLANT NEUROELECTRODES	242
64555	IMPLANT NEUROELECTRODES	239
64560	IMPLANT NEUROELECTRODES	246
64561	IMPLANT NEUROELECTRODES	662
64565	IMPLANT NEUROELECTRODES	182
64573	IMPLANT NEUROELECTRODES	880
64575	IMPLANT NEUROELECTRODES	430
64577	IMPLANT NEUROELECTRODES	541
64580	IMPLANT NEUROELECTRODES	450
64581	IMPLANT NEUROELECTRODES	1,279
64585	REVISE/REMOVE NEUROELECTRODE	250
64590	INSERT/REPL PERIPH/GAST NEUR	279
64595	REVISE/REMOVE PERIPH/GAST NE	222
64600	INJECTION TREAT NERVE	323
64605	INJECTION TREAT NERVE	513
64610	INJECTION TREAT NERVE	728
64612	DESTROY NERVE, FACE MUSCLE	206
64613	DESTROY NERVE, NECK MUSCLE	194
64614	DESTROY NERVE, EXTREMITY MUS	216
64620	INJECTION TREAT NERVE	251
64622	DESTROY PARAVERTEBRAL NERVE	266
64623	DESTROY PARAVERT NERVE, ADD-	74
64626	DESTROY PARAVERTEBRAL NERVE	353
64627	DESTROY PARAVERT NERVE, ADD-	86
64630	INJECTION TREAT NERVE	295

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COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

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PROCEDURE CODE	DESCRIPTION	RATE
64632	NERVE BLOCK INJ, COMMON DIGI	112
64640	INJECTION TREAT NERVE	270
64650	CHEMODENERVATION ECCRINE GLA	60
64653	CHEMODENERVATION ECCRINE GLA	75
64680	INJECTION TREAT NERVE	245
64681	INJECTION TREAT NERVE	326
64702	REVISE FINGER/TOE NERVE	695
64704	REVISE HAND/FOOT NERVE	510
64708	REVISE ARM/LEG NERVE	723
64712	REVISE SCIATIC NERVE	823
64713	REVISE ARM NERVE(S)	1,149
64714	REVISE LOW BACK NERVE(S)	973
64716	REVISE CRANIAL NERVE	791
64718	REVISE ULNAR NERVE AT ELBOW	856
64719	REVISE ULNAR NERVE AT WRIST	594
64721	CARPAL TUNNEL SURGERY	628
64722	RELIEVE PRESSURE ON NERVE(S)	503
64726	RELEASE FOOT/TOE NERVE	442
64727	INTERNAL NERVE REVISION	284
64732	INCISE BROW NERVE	581
64734	INCISE CHEEK NERVE	625
64736	INCISE CHIN NERVE	591
64738	INCISE JAW NERVE	695
64740	INCISE TONGUE NERVE	695
64742	INCISE FACIAL NERVE	706
64744	INCISE NERVE, BACK HEAD	623
64746	INCISE DIAPHRAGM NERVE	668
64752	INCISE VAGUS NERVE	753
64755	INCISE STOMACH NERVES	1,323
64760	INCISE VAGUS NERVE	708
64761	INCISE PELVIS NERVE	672
64763	INCISE HIP/THIGH NERVE	824
64766	INCISE HIP/THIGH NERVE	941
64771	SEVER CRANIAL NERVE	891
64772	INCISE SPINAL NERVE	856
64774	REMOVE SKIN NERVE LESION	617
64776	REMOVE DIGIT NERVE LESION	592
64778	DIGIT NERVE SURGERY, ADD-ON	282
64782	REMOVE LIMB NERVE LESION	695
64783	LIMB NERVE SURGERY, ADD-ON	337
64784	REMOVE NERVE LESION	1,082
64786	REMOVE SCIATIC NERVE LESION	1,620
64787	IMPLANT NERVE END	387
64788	REMOVE SKIN NERVE LESION	582
64790	REMOVE NERVE LESION	1,238
64792	REMOVE NERVE LESION	1,603
64795	BIOPSY NERVE	292
64802	REMOVE SYMPATHETIC NERVES	895
64804	REMOVE SYMPATHETIC NERVES	1,362
64809	REMOVE SYMPATHETIC NERVES	1,282
64818	REMOVE SYMPATHETIC NERVES	996
64820	REMOVE SYMPATHETIC NERVES	1,137
64821	REMOVE SYMPATHETIC NERVES	1,031
64822	REMOVE SYMPATHETIC NERVES	1,017
64823	REMOVE SYMPATHETIC NERVES	1,151
64831	REPAIR DIGIT NERVE	1,023
64832	REPAIR NERVE, ADD-ON	525
64834	REPAIR HAND OR FOOT NERVE	1,123
64835	REPAIR HAND OR FOOT NERVE	1,217
64836	REPAIR HAND OR FOOT NERVE	1,217

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
64837	REPAIR NERVE, ADD-ON	584
64840	REPAIR LEG NERVE	1,378
64856	REPAIR/TRANPOSE NERVE	1,527
64857	REPAIR ARM/LEG NERVE	1,596
64858	REPAIR SCIATIC NERVE	1,844
64859	NERVE SURGERY	396
64861	REPAIR ARM NERVES	2,071
64862	REPAIR LOW BACK NERVES	2,021
64864	REPAIR FACIAL NERVE	1,320
64865	REPAIR FACIAL NERVE	1,765
64866	FUSE FACIAL/OTHER NERVE	1,833
64868	FUSE FACIAL/OTHER NERVE	1,602
64870	FUSE FACIAL/OTHER NERVE	1,536
64872	SUBSEQUENT REPAIR NERVE	186
64874	REPAIR & REVISE NERVE, ADD-O	272
64876	REPAIR NERVE/SHORTEN BONE	296
64885	NERVE GRAFT, HEAD OR NECK	1,717
64886	NERVE GRAFT, HEAD OR NECK	2,038
64890	NERVE GRAFT, HAND OR FOOT	1,645
64891	NERVE GRAFT, HAND OR FOOT	1,691
64892	NERVE GRAFT, ARM OR LEG	1,601
64893	NERVE GRAFT, ARM OR LEG	1,682
64895	NERVE GRAFT, HAND OR FOOT	1,966
64896	NERVE GRAFT, HAND OR FOOT	2,175
64897	NERVE GRAFT, ARM OR LEG	1,907
64898	NERVE GRAFT, ARM OR LEG	2,081
64901	NERVE GRAFT, ADD-ON	926
64902	NERVE GRAFT, ADD-ON	1,063
64905	NERVE PEDICLE TRANSFER	1,530
64907	NERVE PEDICLE TRANSFER	2,008
64910	NERVE REPAIR W/ALLOGRAFT	1,240
64911	NEURORRHAPHY W/VEIN AUTOGRAF	1,488
65091	REVISE EYE	897
65093	REVISE EYE W/IMPLANT	897
65101	REMOVE EYE	1,035
65103	REMOVE EYE/INSERT IMPLANT	1,079
65105	REMOVE EYE/ATTACH IMPLANT	1,188
65110	REMOVE EYE	1,718
65112	REMOVE EYE/REVISE SOCKET	2,023
65114	REMOVE EYE/REVISE SOCKET	2,099
65125	REVISE OCULAR IMPLANT	407
65130	INSERT OCULAR IMPLANT	1,022
65135	INSERT OCULAR IMPLANT	1,040
65140	ATTACH OCULAR IMPLANT	1,132
65150	REVISE OCULAR IMPLANT	825
65155	REINSERT OCULAR IMPLANT	1,193
65175	REMOVE OCULAR IMPLANT	922
65205	REMOVE FOREIGN BODY FROM EYE	63
65210	REMOVE FOREIGN BODY FROM EYE	76
65220	REMOVE FOREIGN BODY FROM EYE	61
65222	REMOVE FOREIGN BODY FROM EYE	83
65235	REMOVE FOREIGN BODY FROM EYE	972
65260	REMOVE FOREIGN BODY FROM EYE	1,330
65265	REMOVE FOREIGN BODY FROM EYE	1,495
65270	REPAIR EYE WOUND	197
65272	REPAIR EYE WOUND	480
65273	REPAIR EYE WOUND	527
65275	REPAIR EYE WOUND	625
65280	REPAIR EYE WOUND	924
65285	REPAIR EYE WOUND	1,434

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
65286	REPAIR EYE WOUND	680
65290	REPAIR EYE SOCKET WOUND	680
65400	REMOVE EYE LESION	825
65410	BIOPSY CORNEA	147
65420	REMOVE EYE LESION	524
65426	REMOVE EYE LESION	662
65430	CORNEAL SMEAR	147
65435	CURETTE/TREAT CORNEA	99
65436	CURETTE/TREAT CORNEA	514
65450	TREAT CORNEAL LESION	444
65600	REVISE CORNEA	467
65710	CORNEAL TRANSPLANT	1,532
65730	CORNEAL TRANSPLANT	1,700
65750	CORNEAL TRANSPLANT	1,720
65755	CORNEAL TRANSPLANT	1,710
65756	CORNEAL TRANSPLANT, ENDOTHEL	1,639
65760	REVISE CORNEA	2,618
65765	REVISE CORNEA	7,125
65767	CORNEAL TISSUE TRANSPLANT	5,702
65770	REVISE CORNEA W/IMPLANT	1,961
65771	RADIAL KERATOTOMY	2,481
65772	CORRECT ASTIGMATISM	559
65775	CORRECT ASTIGMATISM	764
65780	OCULAR RECONST, TRANSPLANT	1,235
65781	OCULAR RECONST, TRANSPLANT	1,855
65782	OCULAR RECONST, TRANSPLANT	1,603
65800	DRAIN EYE	185
65805	DRAIN EYE	185
65810	DRAIN EYE	649
65815	DRAIN EYE	656
65820	RELIEVE INNER EYE PRESSURE	1,049
65850	INCISE EYE	1,178
65855	LASER SURGERY EYE	416
65860	INCISE INNER EYE ADHESIONS	359
65865	INCISE INNER EYE ADHESIONS	666
65870	INCISE INNER EYE ADHESIONS	820
65875	INCISE INNER EYE ADHESIONS	871
65880	INCISE INNER EYE ADHESIONS	917
65900	REMOVE EYE LESION	1,342
65920	REMOVE IMPLANT EYE	1,088
65930	REMOVE BLOOD CLOT FROM EYE	893
66020	INJECTION TREAT EYE	184
66030	INJECTION TREAT EYE	154
66130	REMOVE EYE LESION	800
66150	GLAUCOMA SURGERY	1,202
66155	GLAUCOMA SURGERY	1,198
66160	GLAUCOMA SURGERY	1,359
66165	GLAUCOMA SURGERY	1,175
66170	GLAUCOMA SURGERY	1,645
66172	INCISE EYE	2,068
66180	IMPLANT EYE SHUNT	1,620
66185	REVISE EYE SHUNT	1,031
66220	REPAIR EYE LESION	1,009
66225	REPAIR/GRAFT EYE LESION	1,289
66250	FOLLOW-UP SURGERY EYE	765
66500	INCISE IRIS	497
66505	INCISE IRIS	543
66600	REMOVE IRIS & LESION	1,138
66605	REMOVE IRIS	1,467
66625	REMOVE IRIS	599

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
66630	REMOVE IRIS	784
66635	REMOVE IRIS	792
66680	REPAIR IRIS & CILIARY BODY	711
66682	REPAIR IRIS & CILIARY BODY	869
66700	DESTROY CILIARY BODY	547
66710	CILIARY TRANSSCLERAL THERAPY	545
66711	CILIARY ENDOSCOPIC ABLATION	879
66720	DESTROY CILIARY BODY	583
66740	DESTROY CILIARY BODY	548
66761	REVISE IRIS	570
66762	REVISE IRIS	587
66770	REMOVE INNER EYE LESION	665
66820	INCISE SECONDARY CATARACT	561
66821	AFTER CATARACT LASER SURGERY	426
66825	REPOSITION INTRAOCULAR LENS	1,064
66830	REMOVE LENS LESION	984
66840	REMOVE LENS MATERIAL	960
66850	REMOVE LENS MATERIAL	1,095
66852	REMOVE LENS MATERIAL	1,171
66920	EXTRACT LENS	1,045
66930	EXTRACT LENS	1,186
66940	EXTRACT LENS	1,080
66982	CATARACT SURGERY, COMPLEX	1,476
66983	CATARACT SURG W/IOL, 1 STAGE	1,019
66984	CATARACT SURG W/IOL, 1 STAGE	1,062
66985	INSERT LENS PROSTHESIS	1,056
66986	EXCHANGE LENS PROSTHESIS	1,288
66990	OPHTHALMIC ENDOSCOPE, ADD-ON	129
67005	PARTIAL REMOVE EYE FLUID	654
67010	PARTIAL REMOVE EYE FLUID	754
67015	RELEASE EYE FLUID	809
67025	REPLACE EYE FLUID	869
67027	IMPLANT EYE DRUG SYSTEM	1,184
67028	INJECTION EYE DRUG	237
67030	INCISE INNER EYE STRANDS	727
67031	LASER SURGERY, EYE STRANDS	490
67036	REMOVE INNER EYE FLUID	1,336
67039	LASER TREAT RETINA	1,715
67040	LASER TREAT RETINA	1,975
67041	VITAMIN FOR MACULAR PUCKER	1,836
67042	VITAMIN FOR MACULAR HOLE	2,099
67043	VITAMIN FOR MEMBRANE DISSECT	2,205
67101	REPAIR DETACHED RETINA	929
67105	REPAIR DETACHED RETINA	889
67107	REPAIR DETACHED RETINA	1,681
67108	REPAIR DETACHED RETINA	2,230
67110	REPAIR DETACHED RETINA	1,068
67112	REREPAIR DETACHED RETINA	1,841
67113	REPAIR RETINAL DETACH, COMPL	2,416
67115	RELEASE ENCIRCLING MATERIAL	683
67120	REMOVE EYE IMPLANT MATERIAL	767
67121	REMOVE EYE IMPLANT MATERIAL	1,255
67141	TREAT RETINA	670
67145	TREAT RETINA	685
67208	TREAT RETINAL LESION	799
67210	TREAT RETINAL LESION	929
67218	TREAT RETINAL LESION	1,942
67220	TREAT CHOROID LESION	1,406
67221	OCULAR PHOTODYNAMIC THERAPY	308
67225	EYE PHOTODYNAMIC THERAPY, AD	40

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
67227	TREAT RETINAL LESION	789
67228	TREAT RETINAL LESION	1,467
67229	TREAT RETINAL LESION PRETERM	1,595
67250	REINFORCE EYE WALL	1,101
67255	REINFORCE/GRAFT EYE WALL	1,178
67311	REVISE EYE MUSCLE	829
67312	REVISE TWO EYE MUSCLES	987
67314	REVISE EYE MUSCLE	929
67316	REVISE TWO EYE MUSCLES	1,107
67318	REVISE EYE MUSCLE(S)	973
67320	REVISE EYE MUSCLE(S), ADD-ON	452
67331	EYE SURGERY FOLLOW-UP, ADD-O	427
67332	REREVISE EYE MUSCLES, ADD-ON	465
67334	REVISE EYE MUSCLE W/SUTURE	422
67335	EYE SUTURE DURING SURGERY	213
67340	REVISE EYE MUSCLE, ADD-ON	503
67343	RELEASE EYE TISSUE	903
67345	DESTROY NERVE EYE MUSCLE	297
67346	BIOPSY EYE MUSCLE	285
67400	EXPLORE/BIOPSY EYE SOCKET	1,312
67405	EXPLORE/DRAIN EYE SOCKET	1,120
67412	EXPLORE/TREAT EYE SOCKET	1,215
67413	EXPLORE/TREAT EYE SOCKET	1,216
67414	EXPLORE/DECOMPRESS EYE SOCKE	1,837
67415	ASPIRATE ORBITAL CONTENTS	149
67420	EXPLORE/TREAT EYE SOCKET	2,296
67430	EXPLORE/TREAT EYE SOCKET	1,761
67440	EXPLORE/DRAIN EYE SOCKET	1,697
67445	EXPLORE/DECOMPRESS EYE SOCKE	1,973
67450	EXPLORE/BIOPSY EYE SOCKET	1,761
67500	INJECT/TREAT EYE SOCKET	112
67505	INJECT/TREAT EYE SOCKET	109
67515	INJECT/TREAT EYE SOCKET	119
67550	INSERT EYE SOCKET IMPLANT	1,367
67560	REVISE EYE SOCKET IMPLANT	1,389
67570	DECOMPRESS OPTIC NERVE	1,630
67700	DRAIN EYELID ABSCESS	161
67710	INCISE EYELID	136
67715	INCISE EYELID FOLD	153
67800	REMOVE EYELID LESION	146
67801	REMOVE EYELID LESIONS	188
67805	REMOVE EYELID LESIONS	232
67808	REMOVE EYELID LESION(S)	507
67810	BIOPSY EYELID	134
67820	REVISE EYELASHES	77
67825	REVISE EYELASHES	170
67830	REVISE EYELASHES	193
67835	REVISE EYELASHES	615
67840	REMOVE EYELID LESION	223
67850	TREAT EYELID LESION	201
67875	CLOSE EYELID BY SUTURE	138
67880	REVISE EYELID	507
67882	REVISE EYELID	652
67900	REPAIR BROW DEFECT	719
67901	REPAIR EYELID DEFECT	807
67902	REPAIR EYELID DEFECT	994
67903	REPAIR EYELID DEFECT	697
67904	REPAIR EYELID DEFECT	825
67906	REPAIR EYELID DEFECT	721
67908	REPAIR EYELID DEFECT	606

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
67909	REVISE EYELID DEFECT	619
67911	REVISE EYELID DEFECT	770
67912	CORRECT EYELID W/IMPLANT	698
67914	REPAIR EYELID DEFECT	406
67915	REPAIR EYELID DEFECT	359
67916	REPAIR EYELID DEFECT	608
67917	REPAIR EYELID DEFECT	670
67921	REPAIR EYELID DEFECT	380
67922	REPAIR EYELID DEFECT	346
67923	REPAIR EYELID DEFECT	654
67924	REPAIR EYELID DEFECT	631
67930	REPAIR EYELID WOUND	343
67935	REPAIR EYELID WOUND	631
67938	REMOVE EYELID FOREIGN BODY	162
67950	REVISE EYELID	659
67961	REVISE EYELID	644
67966	REVISE EYELID	904
67971	RECONSTRUCT EYELID	1,022
67973	RECONSTRUCT EYELID	1,323
67974	RECONSTRUCT EYELID	1,317
67975	RECONSTRUCT EYELID	967
68020	INCISE/DRAIN EYELID LINING	155
68040	TREAT EYELID LESIONS	75
68100	BIOPSY EYELID LINING	139
68110	REMOVE EYELID LINING LESION	208
68115	REMOVE EYELID LINING LESION	258
68130	REMOVE EYELID LINING LESION	576
68135	REMOVE EYELID LINING LESION	212
68200	TREAT EYELID BY INJECTION	49
68320	REVISE/GRAFT EYELID LINING	740
68325	REVISE/GRAFT EYELID LINING	915
68326	REVISE/GRAFT EYELID LINING	891
68328	REVISE/GRAFT EYELID LINING	994
68330	REVISE EYELID LINING	635
68335	REVISE/GRAFT EYELID LINING	894
68340	SEPARATE EYELID ADHESIONS	549
68360	REVISE EYELID LINING	567
68362	REVISE EYELID LINING	905
68371	HARVEST EYE TISSUE, ALLOGRAF	587
68400	INCISE/DRAIN TEAR GLAND	192
68420	INCISE/DRAIN TEAR SAC	245
68440	INCISE TEAR DUCT OPENING	137
68500	REMOVE TEAR GLAND	1,350
68505	PARTIAL REMOVE TEAR GLAND	1,360
68510	BIOPSY TEAR GLAND	412
68520	REMOVE TEAR SAC	959
68525	BIOPSY TEAR SAC	377
68530	CLEAR TEAR DUCT	368
68540	REMOVE TEAR GLAND LESION	1,291
68550	REMOVE TEAR GLAND LESION	1,585
68700	REPAIR TEAR DUCTS	834
68705	REVISE TEAR DUCT OPENING	233
68720	CREATE TEAR SAC DRAIN	1,058
68745	CREATE TEAR DUCT DRAIN	1,063
68750	CREATE TEAR DUCT DRAIN	1,094
68760	CLOSE TEAR DUCT OPENING	205
68761	CLOSE TEAR DUCT OPENING	166
68770	CLOSE TEAR SYSTEM FISTULA	819
68801	DILATE TEAR DUCT OPENING	152
68810	PROBE NASOLACRIMAL DUCT	268

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
68811	PROBE NASOLACRIMAL DUCT	289
68815	PROBE NASOLACRIMAL DUCT	362
68816	PROBE NASOLACRIMAL DUCT W/BA	348
68840	EXPLORE/IRRIGATE TEAR DUCTS	158
68850	INJECTION FOR TEAR SAC X-RAY	89
69000	DRAIN EXTERNAL EAR LESION	177
69005	DRAIN EXTERNAL EAR LESION	240
69020	DRAIN OUTER EAR CANAL LESION	220
69090	PIERCE EARLOBES	66
69100	BIOPSY EXTERNAL EAR	74
69105	BIOPSY EXTERNAL EAR CANAL	99
69110	REMOVE EXTERNAL EAR, PARTIAL	506
69120	REMOVE EXTERNAL EAR	617
69140	REMOVE EAR CANAL LESION(S)	1,357
69145	REMOVE EAR CANAL LESION(S)	381
69150	EXTENSIVE EAR CANAL SURGERY	1,618
69155	EXTENSIVE EAR/NECK SURGERY	2,582
69200	CLEAR OUTER EAR CANAL	86
69205	CLEAR OUTER EAR CANAL	156
69210	REMOVE IMPACTED EAR WAX	49
69220	CLEAN OUT MASTOID CAVITY	96
69222	CLEAN OUT MASTOID CAVITY	214
69300	REVISE EXTERNAL EAR	737
69310	REBUILD OUTER EAR CANAL	1,686
69320	REBUILD OUTER EAR CANAL	2,387
69400	INFLATE MIDDLE EAR CANAL	96
69401	INFLATE MIDDLE EAR CANAL	77
69405	CATHETERIZE MIDDLE EAR CANAL	297
69420	INCISE EARDRUM	185
69421	INCISE EARDRUM	234
69424	REMOVE VENTILATING TUBE	96
69433	CREATE EARDRUM OPENING	199
69436	CREATE EARDRUM OPENING	253
69440	EXPLORE MIDDLE EAR	1,055
69450	EARDRUM REVISION	832
69501	MASTOIDECTOMY	1,123
69502	MASTOIDECTOMY	1,490
69505	REMOVE MASTOID STRUCTURES	1,867
69511	EXTENSIVE MASTOID SURGERY	1,918
69530	EXTENSIVE MASTOID SURGERY	2,562
69535	REMOVE PART TEMPORAL BONE	4,118
69540	REMOVE EAR LESION	198
69550	REMOVE EAR LESION	1,616
69552	REMOVE EAR LESION	2,435
69554	REMOVE EAR LESION	3,816
69601	MASTOID SURGERY REVISION	1,608
69602	MASTOID SURGERY REVISION	1,675
69603	MASTOID SURGERY REVISION	1,971
69604	MASTOID SURGERY REVISION	1,728
69605	MASTOID SURGERY REVISION	2,424
69610	REPAIR EARDRUM	453
69620	REPAIR EARDRUM	752
69631	REPAIR EARDRUM STRUCTURES	1,356
69632	REBUILD EARDRUM STRUCTURES	1,658
69633	REBUILD EARDRUM STRUCTURES	1,599
69635	REPAIR EARDRUM STRUCTURES	1,892
69636	REBUILD EARDRUM STRUCTURES	2,143
69637	REBUILD EARDRUM STRUCTURES	2,133
69641	REVISE MIDDLE EAR & MASTOID	1,602
69642	REVISE MIDDLE EAR & MASTOID	2,062

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
69643	REVISE MIDDLE EAR & MASTOID	1,883
69644	REVISE MIDDLE EAR & MASTOID	2,299
69645	REVISE MIDDLE EAR & MASTOID	2,254
69646	REVISE MIDDLE EAR & MASTOID	2,390
69650	RELEASE MIDDLE EAR BONE	1,220
69660	REVISE MIDDLE EAR BONE	1,430
69661	REVISE MIDDLE EAR BONE	1,868
69662	REVISE MIDDLE EAR BONE	1,787
69666	REPAIR MIDDLE EAR STRUCTURES	1,239
69667	REPAIR MIDDLE EAR STRUCTURES	1,244
69670	REMOVE MASTOID AIR CELLS	1,448
69676	REMOVE MIDDLE EAR NERVE	1,284
69700	CLOSE MASTOID FISTULA	1,067
69710	IMPLANT/REPLACE HEARING AID	1,962
69711	REMOVE/REPAIR HEARING AID	1,334
69714	IMPLANT TEMPLE BONE W/STIM	1,656
69715	TEMPLE BONE IMPLANT W/STIM	2,050
69717	TEMPLE BONE IMPLANT REVISION	1,749
69718	REVISE TEMPLE BONE IMPLANT	2,149
69720	RELEASE FACIAL NERVE	1,807
69725	RELEASE FACIAL NERVE	2,906
69740	REPAIR FACIAL NERVE	1,804
69745	REPAIR FACIAL NERVE	1,919
69801	INCISE INNER EAR	1,152
69802	INCISE INNER EAR	1,603
69805	EXPLORE INNER EAR	1,615
69806	EXPLORE INNER EAR	1,456
69820	ESTABLISH INNER EAR WINDOW	1,331
69840	REVISE INNER EAR WINDOW	1,406
69905	REMOVE INNER EAR	1,418
69910	REMOVE INNER EAR & MASTOID	1,572
69915	INCISE INNER EAR NERVE	2,363
69930	IMPLANT COCHLEAR DEVICE	1,905
69950	INCISE INNER EAR NERVE	2,791
69955	RELEASE FACIAL NERVE	3,061
69960	RELEASE INNER EAR CANAL	2,959
69970	REMOVE INNER EAR LESION	3,308
69990	MICROSURGERY, ADD-ON	330
70010	CONTRAST X-RAY BRAIN	296
70015	CONTRAST X-RAY BRAIN	246
70030	X-RAY EYE FOR FOREIGN BODY	49
70100	X-RAY JAW	53
70110	X-RAY JAW	68
70120	X-RAY MASTOIDS	57
70130	X-RAY MASTOIDS	94
70134	X-RAY MIDDLE EAR	81
70140	X-RAY FACIAL BONES	51
70150	X-RAY FACIAL BONES	74
70160	X-RAY NASAL BONES	55
70170	X-RAY TEAR DUCT	25
70190	X-RAY EYE SOCKETS	61
70200	X-RAY EYE SOCKETS	76
70210	X-RAY SINUSES	52
70220	X-RAY SINUSES	67
70240	X-RAY EXAM, PITUITARY SADDLE	50
70250	X-RAY SKULL	62
70260	X-RAY SKULL	82
70300	X-RAY TEETH	24
70310	X-RAY TEETH	59
70320	FULL MOUTH X-RAY TEETH	76

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
70328	X-RAY JAW JOINT	51
70330	X-RAY JAW JOINTS	82
70332	X-RAY JAW JOINT	146
70336	MAGNETIC IMAGE, JAW JOINT	751
70350	X-RAY HEAD FOR ORTHODONTIA	35
70355	PANORAMIC X-RAY JAWS	39
70360	X-RAY NECK	47
70370	THROAT X-RAY & FLUOROSCOPY	130
70371	SPEECH EVAL, COMPLEX	166
70373	CONTRAST X-RAY LARYNX	139
70380	X-RAY SALIVARY GLAND	64
70390	X-RAY SALIVARY DUCT	174
70450	CT HEAD/BRAIN W/O DYE	387
70460	CT HEAD/BRAIN W/DYE	500
70470	CT HEAD/BRAIN W/O & W/DYE	606
70480	CT ORBIT/EAR/FOSSA W/O DYE	459
70481	CT ORBIT/EAR/FOSSA W/DYE	673
70482	CT ORBIT/EAR/FOSSA W/O & W/D	738
70486	CT MAXILLOFACIAL W/O DYE	446
70487	CT MAXILLOFACIAL W/DYE	602
70488	CT MAXILLOFACIAL W/O & W/DYE	735
70490	CT SOFT TISSUE NECK W/O DYE	458
70491	CT SOFT TISSUE NECK W/DYE	591
70492	CT SOFT TISSUE NECK W/O & W/	720
70496	CT ANGIOGRAPHY, HEAD	784
70498	CT ANGIOGRAPHY, NECK	785
70540	MRI ORBIT/FACE/NECK W/O DYE	744
70542	MRI ORBIT/FACE/NECK W/DYE	910
70543	MRI ORBIT/FACE/NECK W/O & W/	1,153
70544	MR ANGIOGRAPHY HEAD W/O DYE	730
70545	MR ANGIOGRAPHY HEAD W/DYE	874
70546	MR ANGIOGRAPH HEAD W/O & W/D	1,130
70547	MR ANGIOGRAPHY NECK W/O DYE	730
70548	MR ANGIOGRAPHY NECK W/DYE	874
70549	MR ANGIOGRAPH NECK W/O & W/D	1,130
70551	MRI BRAIN W/O DYE	753
70552	MRI BRAIN W/DYE	920
70553	MRI BRAIN W/O & W/DYE	1,163
70554	FMRI BRAIN BY TECH	1,096
70555	FMRI BRAIN BY PHYS/PSYCH	213
70557	MRI BRAIN W/O DYE	242
70558	MRI BRAIN W/DYE	263
70559	MRI BRAIN W/O & W/DYE	268
71010	CHEST X-RAY	41
71015	CHEST X-RAY	51
71020	CHEST X-RAY	55
71021	CHEST X-RAY	66
71022	CHEST X-RAY	80
71023	CHEST X-RAY & FLUOROSCOPY	116
71030	CHEST X-RAY	80
71034	CHEST X-RAY & FLUOROSCOPY	160
71035	CHEST X-RAY	60
71040	CONTRAST X-RAY BRONCHI	166
71060	CONTRAST X-RAY BRONCHI	243
71090	X-RAY & PACEMAKER INSERT	49
71100	X-RAY RIBS	56
71101	X-RAY RIBS/CHEST	68
71110	X-RAY RIBS	70
71111	X-RAY RIBS/CHEST	90
71120	X-RAY BREASTBONE	57

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
71130	X-RAY BREASTBONE	65
71250	CT THORAX W/O DYE	447
71260	CT THORAX W/DYE	606
71270	CT THORAX W/O & W/DYE	731
71275	CT ANGIOGRAPHY, CHEST	799
71550	MRI CHEST W/O DYE	753
71551	MRI CHEST W/DYE	919
71552	MRI CHEST W/O & W/DYE	1,167
71555	MRI ANGIO CHEST W OR W/O DYE	925
72010	X-RAY SPINE	119
72020	X-RAY SPINE	41
72040	X-RAY NECK SPINE	64
72050	X-RAY NECK SPINE	90
72052	X-RAY NECK SPINE	113
72069	X-RAY TRUNK SPINE	60
72070	X-RAY THORACIC SPINE	58
72072	X-RAY THORACIC SPINE	67
72074	X-RAY THORACIC SPINE	78
72080	X-RAY TRUNK SPINE	61
72090	X-RAY TRUNK SPINE	80
72100	X-RAY LOWER SPINE	67
72110	X-RAY LOWER SPINE	93
72114	X-RAY LOWER SPINE	123
72120	X-RAY LOWER SPINE	84
72125	CT NECK SPINE W/O DYE	447
72126	CT NECK SPINE W/DYE	605
72127	CT NECK SPINE W/O & W/DYE	721
72128	CT CHEST SPINE W/O DYE	447
72129	CT CHEST SPINE W/DYE	606
72130	CT CHEST SPINE W/O & W/DYE	722
72131	CT LUMBAR SPINE W/O DYE	447
72132	CT LUMBAR SPINE W/DYE	605
72133	CT LUMBAR SPINE W/O & W/DYE	722
72141	MRI NECK SPINE W/O DYE	760
72142	MRI NECK SPINE W/DYE	931
72146	MRI CHEST SPINE W/O DYE	761
72147	MRI CHEST SPINE W/DYE	931
72148	MRI LUMBAR SPINE W/O DYE	751
72149	MRI LUMBAR SPINE W/DYE	920
72156	MRI NECK SPINE W/O & W/DYE	1,180
72157	MRI CHEST SPINE W/O & W/DYE	1,179
72158	MRI LUMBAR SPINE W/O & W/DYE	1,162
72159	MR ANGIO SPINE W/O & W/DYE	2,763
72170	X-RAY PELVIS	45
72190	X-RAY PELVIS	68
72191	CT ANGIOGRAPH PELVIS W/O & W	790
72192	CT PELVIS W/O DYE	442
72193	CT PELVIS W/DYE	576
72194	CT PELVIS W/O & W/DYE	718
72195	MRI PELVIS W/O DYE	752
72196	MRI PELVIS W/DYE	919
72197	MRI PELVIS W/O & W/DYE	1,161
72198	MR ANGIO PELVIS W/O & W/DYE	923
72200	X-RAY EXAM SACROILIAC JOINTS	50
72202	X-RAY EXAM SACROILIAC JOINTS	61
72220	X-RAY TAILBONE	51
72240	CONTRAST X-RAY NECK SPINE	275
72255	CONTRAST X-RAY THORAX SPINE	251
72265	CONTRAST X-RAY LOWER SPINE	256
72270	CONTRAST X-RAY SPINE	399

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
72275	EPIDUROGRAPHY	179
72285	X-RAY C/T SPINE DISK	306
72291	PERCUT VERTEBROPLASTY, FLUOR	112
72292	PERCUT VERTEBROPLASTY, CT	117
72295	X-RAY LOWER SPINE DISK	274
73000	X-RAY COLLAR BONE	47
73010	X-RAY SHOULDER BLADE	49
73020	X-RAY SHOULDER	40
73030	X-RAY SHOULDER	51
73040	CONTRAST X-RAY SHOULDER	186
73050	X-RAY SHOULDERS	62
73060	X-RAY HUMERUS	50
73070	X-RAY ELBOW	46
73080	X-RAY ELBOW	59
73085	CONTRAST X-RAY ELBOW	167
73090	X-RAY FOREARM	47
73092	X-RAY ARM, INFANT	48
73100	X-RAY WRIST	49
73110	X-RAY WRIST	59
73115	CONTRAST X-RAY WRIST	177
73120	X-RAY HAND	46
73130	X-RAY HAND	53
73140	X-RAY FINGER(S)	50
73200	CT UPPER EXTREMITY W/O DYE	442
73201	CT UPPER EXTREMITY W/DYE	575
73202	CT UPPER EXTREMITY W/O & W/D	719
73206	CT ANGIO UPR EXTREMITY W/O &	790
73218	MRI UPPER EXTREMITY W/O DYE	744
73219	MRI UPPER EXTREMITY W/DYE	911
73220	MRI UPPER EXTREMITY W/O & W/	1,154
73221	MRI JOINT UPPER EXTREMITY W/	744
73222	MRI JOINT UPPER EXTREMITY W/	910
73223	MRI JOINT UPPER EXTREMITY W/	1,153
73225	MR ANGIO UPPER EXTREMITY W/O	2,672
73500	X-RAY HIP	43
73510	X-RAY HIP	63
73520	X-RAY HIPS	68
73525	CONTRAST X-RAY HIP	167
73530	X-RAY HIP	24
73540	X-RAY PELVIS & HIPS	63
73542	X-RAY EXAM, SACROILIAC JOINT	135
73550	X-RAY THIGH	49
73560	X-RAY KNEE, 1 OR 2	49
73562	X-RAY KNEE, 3	59
73564	X-RAY EXAM, KNEE, 4 OR MORE	68
73565	X-RAY KNEES	52
73580	CONTRAST X-RAY KNEE JOINT	209
73590	X-RAY LOWER LEG	47
73592	X-RAY LEG, INFANT	48
73600	X-RAY ANKLE	46
73610	X-RAY ANKLE	53
73615	CONTRAST X-RAY ANKLE	171
73620	X-RAY FOOT	45
73630	X-RAY FOOT	53
73650	X-RAY HEEL	45
73660	X-RAY TOE(S)	47
73700	CT LOWER EXTREMITY W/O DYE	442
73701	CT LOWER EXTREMITY W/DYE	579
73702	CT LOWER EXTREMITY W/O & W/D	720
73706	CT ANGIO LWR EXTREMITY W/O &	798

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

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(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
73718	MRI LOWER EXTREMITY W/O DYE	744
73719	MRI LOWER EXTREMITY W/DYE	910
73720	MRI LOWER EXTREMITY W/O & W/	1,154
73721	MRI JOINT LOWER EXTREMITY W/	744
73722	MRI JOINT LOWER EXTREMITY W/	910
73723	MRI JOINT LWR EXTREMITY W/O	1,153
73725	MR ANGIO LOWER EXT W OR W/O	926
74000	X-RAY ABDOMEN	44
74010	X-RAY ABDOMEN	65
74020	X-RAY ABDOMEN	69
74022	X-RAY EXAM SERIES, ABDOMEN	84
74150	CT ABDOMEN W/O DYE	449
74160	CT ABDOMEN W/DYE	646
74170	CT ABDOMEN W/O & W/DYE	734
74175	CT ANGIO ABDOM W/O & W/DYE	798
74181	MRI ABDOMEN W/O DYE	752
74182	MRI ABDOMEN W/DYE	920
74183	MRI ABDOMEN W/O & W/DYE	1,161
74185	MRI ANGIO, ABDOM W OR W/O DY	923
74190	X-RAY PERITONEUM	40
74210	CONTRAST X-RAY THROAT	134
74220	CONTRAST X-RAY, ESOPHAGUS	151
74230	CINE/VIDEO X-RAY, THROAT/ESO	155
74235	REMOVE ESOPHAGUS OBSTRUCTION	101
74240	X-RAY EXAM, UPPER GI TRACT	186
74241	X-RAY EXAM, UPPER GI TRACT	199
74245	X-RAY EXAM, UPPER GI TRACT	299
74246	CONTRAST X-RAY UPPER GI TRAC	214
74247	CONTRAST X-RAY UPPER GI TRAC	217
74249	CONTRAST X-RAY UPPER GI TRAC	322
74250	X-RAY SMALL BOWEL	177
74251	X-RAY SMALL BOWEL	319
74260	X-RAY SMALL BOWEL	202
74270	CONTRAST X-RAY COLON	217
74280	CONTRAST X-RAY COLON	341
74283	CONTRAST X-RAY COLON	326
74290	CONTRAST X-RAY, GALLBLADDER	113
74291	CONTRAST X-RAYS, GALLBLADDER	98
74300	X-RAY BILE DUCTS/PANCREAS	30
74301	X-RAYS AT SURGERY, ADD-ON	18
74305	X-RAY BILE DUCTS/PANCREAS	35
74320	CONTRAST X-RAY BILE DUCTS	200
74327	X-RAY BILE STONE REMOVE	227
74328	X-RAY BILE DUCT ENDOSCOPY	59
74329	X-RAY FOR PANCREAS ENDOSCOPY	59
74330	X-RAY BILE/PANCREAS ENDOSCOP	75
74340	X-RAY GUIDE FOR GI TUBE	45
74355	X-RAY GUIDE, INTESTINAL TUBE	63
74360	X-RAY GUIDE, GI DILATION	47
74363	X-RAY, BILE DUCT DILATION	74
74400	CONTRAST X-RAY URINARY TRACT	192
74410	CONTRAST X-RAY URINARY TRACT	202
74415	CONTRAST X-RAY URINARY TRACT	233
74420	CONTRAST X-RAY URINARY TRACT	30
74425	CONTRAST X-RAY URINARY TRACT	30
74430	CONTRAST X-RAY BLADDER	137
74440	X-RAY MALE GENITAL TRACT	147
74445	X-RAY PENIS	97
74450	X-RAY URETHRA/BLADDER	28
74455	X-RAY URETHRA/BLADDER	160

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

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PROCEDURE CODE	DESCRIPTION	RATE
74470	X-RAY KIDNEY LESION	45
74475	X-RAY CONTROL, CATH INSERT	217
74480	X-RAY CONTROL, CATH INSERT	218
74485	X-RAY GUIDE, GU DILATION	207
74710	X-RAY MEASUREMENT PELVIS	75
74740	X-RAY FEMALE GENITAL TRACT	136
74742	X-RAY FALLOPIAN TUBE	50
74775	X-RAY PERINEUM	51
75557	CARDIAC MRI FOR MORPH	825
75558	CARDIAC MRI FLOW/VELOCITY	3,450
75559	CARDIAC MRI W/STRESS IMG	888
75560	CARDIAC MRI FLOW/VEL/STRESS	4,485
75561	CARDIAC MRI FOR MORPH W/DYE	1,193
75562	CARD MRI FLOW/VEL W/DYE	4,448
75563	CARD MRI W/STRESS IMG & DYE	1,242
75564	HT MRI W/FLOW/VEL/STRESS & D	5,231
75600	CONTRAST X-RAY AORTA	573
75605	CONTRAST X-RAY AORTA	482
75625	CONTRAST X-RAY AORTA	475
75630	X-RAY AORTA, LEG ARTERIES	546
75635	CT ANGIO ABDOMINAL ARTERIES	843
75650	ARTERY X-RAYS HEAD & NECK	507
75658	ARTERY X-RAYS ARM	503
75660	ARTERY X-RAYS HEAD & NECK	512
75662	ARTERY X-RAYS HEAD & NECK	587
75665	ARTERY X-RAYS HEAD & NECK	526
75671	ARTERY X-RAYS HEAD & NECK	595
75676	ARTERY X-RAYS NECK	513
75680	ARTERY X-RAYS NECK	570
75685	ARTERY X-RAYS SPINE	514
75705	ARTERY X-RAYS SPINE	585
75710	ARTERY X-RAYS ARM/LEG	503
75716	ARTERY X-RAYS ARMS/LEGS	561
75722	ARTERY X-RAYS KIDNEY	497
75724	ARTERY X-RAYS KIDNEYS	578
75726	ARTERY X-RAYS ABDOMEN	498
75731	ARTERY X-RAYS ADRENAL GLAND	515
75733	ARTERY X-RAYS ADRENALS	584
75736	ARTERY X-RAYS PELVIS	502
75741	ARTERY X-RAYS LUNG	480
75743	ARTERY X-RAYS LUNGS	523
75746	ARTERY X-RAYS LUNG	486
75756	ARTERY X-RAYS CHEST	517
75774	ARTERY X-RAY, EACH VESSEL	383
75790	VISUALIZE A-V SHUNT	299
75801	LYMPH VESSEL X-RAY, ARM/LEG	66
75803	LYMPH VESSEL X-RAY, ARMS/LEG	98
75805	LYMPH VESSEL X-RAY, TRUNK	68
75807	LYMPH VESSEL X-RAY, TRUNK	98
75809	NONVASCULAR SHUNT, X-RAY	152
75810	VEIN X-RAY SPLEEN/LIVER	96
75820	VEIN X-RAY ARM/LEG	208
75822	VEIN X-RAY ARMS/LEGS	253
75825	VEIN X-RAY TRUNK	457
75827	VEIN X-RAY CHEST	456
75831	VEIN X-RAY KIDNEY	463
75833	VEIN X-RAY KIDNEYS	514
75840	VEIN X-RAY ADRENAL GLAND	459
75842	VEIN X-RAY ADRENAL GLANDS	518
75860	VEIN X-RAY NECK	473

EXHIBIT B

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ITEMIZED CHARGES

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(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
75870	VEIN X-RAY SKULL	468
75872	VEIN X-RAY SKULL	512
75880	VEIN X-RAY EYE SOCKET	210
75885	VEIN X-RAY LIVER	490
75887	VEIN X-RAY LIVER	494
75889	VEIN X-RAY LIVER	464
75891	VEIN X-RAY LIVER	464
75893	VENOUS SAMPLING BY CATHETER	413
75894	X-RAYS, TRANSCATH THERAPY	110
75896	X-RAYS, TRANSCATH THERAPY	110
75898	FOLLOW-UP ANGIOGRAPHY	139
75900	INTRAVASCULAR CATH EXCHANGE	41
75901	REMOVE CVA DEVICE OBSTRUCT	295
75902	REMOVE CVA LUMEN OBSTRUCT	164
75940	X-RAY PLACE VEIN FILTER	45
75945	INTRAVASCULAR US	34
75946	INTRAVASCULAR US, ADD-ON	33
75952	ENDOVASC REPAIR ABDOM AORTA	366
75953	ABDOM ANEURYSM ENDOVASC REPA	111
75954	ILIAC ANEURYSM ENDOVASC REPA	180
75956	X-RAY, ENDOVASC THOR AO REPA	573
75957	X-RAY, ENDOVASC THOR AO REPA	491
75958	X-RAY, PLACE PROX EXT THOR A	324
75959	X-RAY, PLACE DIST EXT THOR A	285
75960	TRANSCATH IV STENT RS & I	466
75961	RETRIEVE BROKEN CATHETER	706
75962	REPAIR ARTERIAL BLOCKAGE	501
75964	REPAIR ARTERY BLOCKAGE, EACH	295
75966	REPAIR ARTERIAL BLOCKAGE	582
75968	REPAIR ARTERY BLOCKAGE, EACH	296
75970	VASCULAR BIOPSY	70
75978	REPAIR VENOUS BLOCKAGE	493
75980	CONTRAST X-RAY EXAM BILE DUC	120
75982	CONTRAST X-RAY EXAM BILE DUC	120
75984	X-RAY CONTROL CATHETER CHANG	199
75989	ABSCESS DRAIN UNDER X-RAY	248
75992	ATHERECTOMY, X-RAY EXAM	46
75993	ATHERECTOMY, X-RAY EXAM	30
75994	ATHERECTOMY, X-RAY EXAM	101
75995	ATHERECTOMY, X-RAY EXAM	108
75996	ATHERECTOMY, X-RAY EXAM	30
76000	FLUOROSCOPE EXAMINATION	165
76001	FLUOROSCOPE EXAM, EXTENSIVE	56
76010	X-RAY NOSE TO RECTUM	49
76080	X-RAY FISTULA	109
76083	COMPUTER MAMMOGRAM ADD-ON	21
76098	X-RAY EXAM, BREAST SPECIMEN	34
76100	X-RAY BODY SECTION	183
76101	COMPLEX BODY SECTION X-RAY	330
76102	COMPLEX BODY SECTION X-RAYS	411
76120	CINE/VIDEO X-RAYS	132
76125	CINE/VIDEO X-RAYS, ADD-ON	24
76140	X-RAY CONSULTATION	68
76150	X-RAY EXAM, DRY PROCESS	33
76350	SPECIAL X-RAY CONTRAST STUDY	77
76376	3D RENDER W/O POST PROCESS	143
76377	3D RENDERING W/POST PROCESS	193
76380	CAT SCAN FOLLOW-UP STUDY	271
76390	MR SPECTROSCOPY	2,060
76506	ECHO EXAMINE HEAD	167

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
76510	OPHTHALMIC US, B & QUANT A	253
76511	OPHTHALMIC US, QUANT A ONLY	165
76512	OPHTHALMIC US, B W/NON-QUANT	154
76513	ECHO EXAMINE EYE, WATER BATH	144
76514	ECHO EXAMINE EYE, THICKNESS	21
76516	ECHO EXAMINE EYE	115
76519	ECHO EXAMINE EYE	124
76529	ECHO EXAMINE EYE	117
76536	US EXAMINE HEAD & NECK	194
76604	US EXAM, CHEST	150
76645	US EXAM, BREAST(S)	158
76700	US EXAM, ABDOM, COMPLETE	238
76705	ECHO EXAMINE ABDOMEN	181
76770	US EXAM ABDOM BACK WALL, COM	229
76775	US EXAM ABDOM BACK WALL, LIM	195
76776	US EXAM K TRANSPLANT W/DOPPL	255
76800	US EXAM, SPINAL CANAL	210
76801	OBSTET US < 14 WKS, SING FET	226
76802	OBSTET US < 14 WKS, ADDED FE	125
76805	OBSTET US >= 14 WKS, SING F	254
76810	OBSTET US >= 14 WKS, ADDED	171
76811	OBSTET US, DETAILED, SING FE	350
76812	OBSTET US, DETAILED, ADDED F	251
76813	OBSTET US NUCHAL MEAS, 1 GES	219
76814	OBSTET US NUCHAL MEAS, ADD-O	140
76815	OBSTET US, LIMITED, FETUS(S)	157
76816	OBSTET US, FOLLOW-UP, PER FE	182
76817	TRANSVAGINAL US, OBSTETRIC	173
76818	FETAL BIOPHYS PROFILE W/NST	207
76819	FETAL BIOPHYS PROFILE W/O NS	161
76820	UMBILICAL ARTERY ECHO	92
76821	MIDDLE CEREBRAL ARTERY ECHO	169
76825	ECHO EXAMINE FETAL HEART	360
76826	ECHO EXAMINE FETAL HEART	199
76827	ECHO EXAMINE FETAL HEART	124
76828	ECHO EXAMINE FETAL HEART	90
76830	TRANSVAGINAL US, NON-OB	210
76831	ECHO EXAM, UTERUS	209
76856	US EXAM, PELVIC, COMPLETE	211
76857	US EXAM, PELVIC, LIMITED	146
76870	US EXAM, SCROTUM	209
76872	US, TRANSRECTAL	237
76873	ECHOGRAPHY TRANS R, PROS STU	304
76880	US EXAM, EXTREMITY	220
76885	US EXAM INFANT HIPS, DYNAMIC	174
76886	US EXAM INFANT HIPS, STATIC	163
76930	ECHO GUIDE CARDIOCENTESIS	171
76932	ECHO GUIDE FOR HEART BIOPSY	60
76936	ECHO GUIDE FOR ARTERY REPAIR	336
76937	US GUIDE VASCULAR ACCESS	62
76940	US GUIDE TISSUE ABLATION	172
76941	ECHO GUIDE FOR TRANSFUSION	108
76942	ECHO GUIDE FOR BIOPSY	328
76945	ECHO GUIDE VILLUS SAMPLING	54
76946	ECHO GUIDE FOR AMNIOCENTESIS	76
76948	ECHO GUIDE OVA ASPIRATION	76
76950	ECHO GUIDANCE RADIOTHERAPY	122
76965	ECHO GUIDANCE RADIOTHERAPY	252
76970	ULTRASOUND EXAM FOLLOW-UP	145
76975	GI ENDOSCOPIC ULTRASOUND	68

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
76977	US BONE DENSITY MEASURE	25
76998	US GUIDE, INTRAOP	99
77001	FLUOROGUIDE FOR VEIN DEVICE	185
77002	NEEDLE LOCALIZATION BY X-RAY	122
77003	FLUOROGUIDE FOR SPINE INJECT	100
77011	CT SCAN FOR LOCALIZATION	1,217
77012	CT SCAN FOR NEEDLE BIOPSY	346
77013	CT GUIDE FOR TISSUE ABLATION	333
77014	CT SCAN FOR THERAPY GUIDE	327
77021	MR GUIDANCE FOR NEEDLE PLACE	794
77022	MRI FOR TISSUE ABLATION	348
77031	STEREOTACTIC GUIDE BREAST BI	332
77032	GUIDANCE FOR NEEDLE, BREAST	102
77051	COMPUTER DIAG MAMMOGRAM, ADD	21
77052	COMP SCREEN MAMMOGRAM, ADD-O	21
77053	X-RAY MAMMARY DUCT	134
77054	X-RAY MAMMARY DUCTS	181
77055	MAMMOGRAM, ONE BREAST	147
77056	MAMMOGRAM, BOTH BREASTS	186
77057	MAMMOGRAM, SCREENING	141
77058	MRI, ONE BREAST	1,505
77059	MRI, BOTH BREASTS	1,617
77071	X-RAY STRESS VIEW	67
77072	X-RAYS FOR BONE AGE	41
77073	X-RAYS, BONE LENGTH STUDIES	65
77074	X-RAYS, BONE SURVEY, LIMITED	120
77075	X-RAYS, BONE SURVEY COMPLETE	175
77076	X-RAYS, BONE SURVEY, INFANT	161
77077	JOINT SURVEY, SING VIEW	73
77078	CT BONE DENSITY, AXIAL	151
77079	CT BONE DENSITY, PERIPHERAL	102
77080	DIAG BONE DENSITY, AXIAL	126
77081	DIAG BONE DENSITY/PERIPHERAL	52
77082	DIAG BONE DENSITY, VERTEBRAL	51
77083	RADIOGRAPHIC ABSORPTIOMETRY	46
77084	MAGNETIC IMAGE, BONE MARROW	763
77261	RADIATION THERAPY PLANNING	115
77262	RADIATION THERAPY PLANNING	173
77263	RADIATION THERAPY PLANNING	256
77280	SET RADIATION THERAPY FIELD	327
77285	SET RADIATION THERAPY FIELD	565
77290	SET RADIATION THERAPY FIELD	878
77295	SET RADIATION THERAPY FIELD	1,186
77300	RADIATION THERAPY DOSE PLAN	123
77301	RADIOTHERAPY DOSE PLAN, IMRT	3,841
77305	TELETX ISODOSE PLAN SIMPLE	125
77310	TELETX ISODOSE PLAN INTERMED	174
77315	TELETX ISODOSE PLAN COMPLEX	253
77321	SPECIAL TELETX PORT PLAN	211
77326	BRACHYTX ISODOSE CALC SIMPLE	249
77327	BRACHYTX ISODOSE CALC INTERM	354
77328	BRACHYTX ISODOSE PLAN COMPLE	483
77331	SPECIAL RADIATION DOSIMETRY	105
77332	RADIATION TREAT AID(S)	135
77333	RADIATION TREAT AID(S)	116
77334	RADIATION TREAT AID(S)	274
77336	RADIATION PHYSICS CONSULT	112
77370	RADIATION PHYSICS CONSULT	213
77371	SRS, MULTISOURCE	8,121
77372	SRS, LINEAR BASED	1,484

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

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(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
77373	SBRT DELIVERY	2,748
77401	RADIATION TREAT DELIVERY	57
77402	RADIATION TREAT DELIVERY	247
77403	RADIATION TREAT DELIVERY	217
77404	RADIATION TREAT DELIVERY	239
77406	RADIATION TREAT DELIVERY	241
77407	RADIATION TREAT DELIVERY	387
77408	RADIATION TREAT DELIVERY	291
77409	RADIATION TREAT DELIVERY	321
77411	RADIATION TREAT DELIVERY	319
77412	RADIATION TREAT DELIVERY	375
77413	RADIATION TREAT DELIVERY	377
77414	RADIATION TREAT DELIVERY	419
77416	RADIATION TREAT DELIVERY	421
77417	RADIOLOGY PORT FILM(S)	29
77418	RADIATION TX DELIVERY, IMRT	947
77421	STEREOSCOPIC X-RAY GUIDANCE	201
77422	NEUTRON BEAM TX, SIMPLE	353
77423	NEUTRON BEAM TX, COMPLEX	405
77427	RADIATION TX MANAGEMENT, X5	305
77431	RADIATION THERAPY MANAGEMENT	157
77432	STEREOTACTIC RADIATION TREAT	648
77435	SBRT MANAGEMENT	1,077
77470	SPECIAL RADIATION TREAT	440
77600	HYPERTHERMIA TREAT	656
77605	HYPERTHERMIA TREAT	1,181
77610	HYPERTHERMIA TREAT	1,108
77615	HYPERTHERMIA TREAT	1,569
77620	HYPERTHERMIA TREAT	688
77750	INFUSE RADIOACTIVE MATERIALS	566
77761	APPLY INTRACAV RADIATION SIM	600
77762	APPLY INTRACAV RADIATION INT	813
77763	APPLY INTRACAV RADIATION COM	1,145
77776	APPLY INTERSTITIAL RADIATION	702
77777	APPLY INTERSTITIAL RADIATION	967
77778	APPLY INTERSTIT RADIATION CO	1,378
77785	HDR BRACHYTX, 1 CHANNEL	323
77786	HDR BRACHYTX, 2-12 CHANNEL	982
77787	HDR BRACHYTX OVER 12 CHAN	1,459
77789	APPLY SURFACE RADIATION	178
77790	RADIATION HANDLING	148
78000	THYROID, SING UPTAKE	122
78001	THYROID, MULTIPLE UPTAKES	155
78003	THYROID SUPPRESS/STIM	134
78006	THYROID IMAGING W/UPTAKE	384
78007	THYROID IMAGE, MULT UPTAKES	232
78010	THYROID IMAGING	267
78011	THYROID IMAGING W/FLOW	285
78015	THYROID MET IMAGING	359
78016	THYROID MET IMAGING/STUDIES	548
78018	THYROID MET IMAGING, BODY	552
78020	THYROID MET UPTAKE	157
78070	PARATHYROID NUCLEAR IMAGING	302
78075	ADRENAL NUCLEAR IMAGING	722
78102	BONE MARROW IMAGING, LTD	282
78103	BONE MARROW IMAGING, MULT	379
78104	BONE MARROW IMAGING, BODY	435
78110	PLASMA VOLUME, SING	136
78111	PLASMA VOLUME, MULTIPLE	173
78120	RED CELL MASS, SING	154

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

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(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
78121	RED CELL MASS, MULTIPLE	186
78122	BLOOD VOLUME	230
78130	RED CELL SURVIVAL STUDY	268
78135	RED CELL SURVIVAL KINETICS	566
78140	RED CELL SEQUESTRATION	260
78185	SPLEEN IMAGING	330
78190	PLATELET SURVIVAL, KINETICS	389
78191	PLATELET SURVIVAL	350
78195	LYMPH SYSTEM IMAGING	577
78201	LIVER IMAGING	304
78202	LIVER IMAGING W/FLOW	350
78205	LIVER IMAGING (3D)	418
78206	LIVER IMAGE (3D) W/FLOW	583
78215	LIVER & SPLEEN IMAGING	324
78216	LIVER & SPLEEN IMAGE/FLOW	243
78220	LIVER FUNCTION STUDY	254
78223	HEPATOBIILIARY IMAGING	542
78230	SALIVARY GLAND IMAGING	276
78231	SERIAL SALIVARY IMAGING	234
78232	SALIVARY GLAND FUNCTION EXAM	239
78258	ESOPHAGEAL MOTILITY STUDY	383
78261	GASTRIC MUCOSA IMAGING	424
78262	GASTROESOPHAGEAL REFLUX EXAM	418
78264	GASTRIC EMPTYING STUDY	482
78267	BREATH TEST ATTAIN/ANAL C-14	18
78268	BREATH TEST ANALYSIS, C-14	152
78270	VITAMIN B-12 ABSORPTION EXAM	140
78271	VITAMIN B-12 ABSORPT EXAM, I	141
78272	VITAMIN B-12 ABSORPT, COMBIN	160
78278	ACUTE GI BLOOD LOSS IMAGING	524
78282	GI PROTEIN LOSS EXAM	32
78290	MECKEL'S DIVERT EXAM	500
78291	LEVEEN/SHUNT PATENCY EXAM	421
78300	BONE IMAGING, LIMITED AREA	295
78305	BONE IMAGING, MULTIPLE AREAS	393
78306	BONE IMAGING, WHOLE BODY	436
78315	BONE IMAGING, 3 PHASE	531
78320	BONE IMAGING (3D)	445
78350	BONE MINERAL, SING PHOTON	278
78351	BONE MINERAL, DUAL PHOTON	306
78414	NON-IMAGING HEART FUNCTION	35
78428	CARDIAC SHUNT IMAGING	342
78445	VASCULAR FLOW IMAGING	289
78456	ACUTE VENOUS THROMBUS IMAGE	428
78457	VENOUS THROMBOSIS IMAGING	330
78458	VENOUS THROMBOSIS IMAGES, BI	363
78459	HEART MUSCLE IMAGING (PET)	130
78460	HEART MUSCLE BLOOD, SING	330
78461	HEART MUSCLE BLOOD, MULTIPLE	368
78464	HEART IMAGE (3D), SING	484
78465	HEART IMAGE (3D), MULTIPLE	862
78466	HEART INFARCT IMAGE	315
78468	HEART INFARCT IMAGE (EF)	399
78469	HEART INFARCT IMAGE (3D)	453
78472	GATED HEART, PLANAR, SING	460
78473	GATED HEART, MULTIPLE	628
78478	HEART WALL MOTION, ADD-ON	102
78480	HEART FUNCTION, ADD-ON	86
78481	HEART FIRST PASS, SING	403
78483	HEART FIRST PASS, MULTIPLE	568

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

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PROCEDURE CODE	DESCRIPTION	RATE
78491	HEART IMAGE (PET), SING	131
78492	HEART IMAGE (PET), MULTIPLE	166
78494	HEART IMAGE, SPECT	501
78496	HEART FIRST PASS, ADD-ON	206
78580	LUNG PERFUSION IMAGING	365
78584	LUNG V/Q IMAGE SING BREATH	273
78585	LUNG V/Q IMAGING	603
78586	AEROSOL LUNG IMAGE, SING	280
78587	AEROSOL LUNG IMAGE, MULTIPLE	353
78588	PERFUSION LUNG IMAGE	559
78591	VENT IMAGE, 1 BREATH, 1 PROJ	284
78593	VENT IMAGE, 1 PROJ, GAS	335
78594	VENT IMAGE, MULT PROJ, GAS	392
78596	LUNG DIFFERENTIAL FUNCTION	647
78600	BRAIN IMAGE < 4 VIEWS	305
78601	BRAIN IMAGE W/FLOW < 4 VIEWS	363
78605	BRAIN IMAGE 4+ VIEWS	339
78606	BRAIN IMAGE W/FLOW 4 + VIEWS	533
78607	BRAIN IMAGING (3D)	634
78608	BRAIN IMAGING (PET)	124
78609	BRAIN IMAGING (PET)	2,654
78610	BRAIN FLOW IMAGING ONLY	309
78630	CEREBROSPINAL FLUID SCAN	566
78635	CSF VENTRICULOGRAPHY	515
78645	CSF SHUNT EVAL	387
78647	CEREBROSPINAL FLUID SCAN	595
78650	CSF LEAKAGE IMAGING	552
78660	NUCLEAR EXAMINE TEAR FLOW	286
78700	KIDNEY IMAGING, MORPHOLOGY	302
78701	KIDNEY IMAGING W/FLOW	362
78707	KID FLOW/FUNCT IMAGE W/O DRU	418
78708	KID FLOW/FUNCT IMAGE W/DRUG	335
78709	KID FLOW/FUNCT IMAGE, MULTIP	616
78710	KIDNEY IMAGING (3D)	415
78725	KIDNEY FUNCTION STUDY	174
78730	URINARY BLADDER RETENTION	135
78740	URETERAL REFLUX STUDY	359
78761	TESTICULAR IMAGING W/FLOW	359
78800	TUMOR IMAGING, LIMITED AREA	320
78801	TUMOR IMAGING, MULT AREAS	430
78802	TUMOR IMAGING, WHOLE BODY	565
78803	TUMOR IMAGING (3D)	621
78804	TUMOR IMAGING, WHOLE BODY	1,001
78805	ABSCCESS IMAGING, LTD AREA	321
78806	ABSCCESS IMAGING, WHOLE BODY	592
78807	NUCLEAR LOCALIZATION/ABSCCESS	622
78808	IV INJ RA DRUG DIAG STUDY	79
78811	PET IMAGE, LTD AREA	130
78812	PET IMAGE, SKULL-THIGH	162
78813	PET IMAGE, FULL BODY	168
78814	PET IMAGE W/CT, LIMITED	184
78815	PET IMAGE W/CT, SKULL-THIGH	203
78816	PET IMAGE W/CT, FULL BODY	209
79005	NUCLEAR RX, ORAL ADMIN	259
79101	NUCLEAR RX, IV ADMIN	293
79200	NUCLEAR RX, INTRACAV ADMIN	297
79300	NUCLEAR RX, INTERSTITIAL COL	134
79403	HEMATOPOIETIC NUCLEAR TX	374
79440	NUCLEAR RX, INTRA-ARTICULAR	273
79445	NUCLEAR RX, INTRA-ARTERIAL	201

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
80047	METABOLIC PANEL IONIZED CA	19
80048	METABOLIC PANEL TOTAL CA	19
80050	GENERAL HEALTH PANEL	180
80051	ELECTROLYTE PANEL	16
80053	COMPREHENSIVE METABOLIC PANE	24
80055	OBSTETRIC PANEL	234
80058	HEPATIC FUNCTION PANEL	13
80061	LIPID PANEL	93
80069	RENAL FUNCTION PANEL	20
80074	ACUTE HEPATITIS PANEL	330
80076	HEPATIC FUNCTION PANEL	18
80100	DRUG SCREEN, QUAL/MULTI	33
80101	DRUG SCREEN, SING	31
80102	DRUG CONFIRMATION	30
80103	DRUG ANALYSIS, TISSUE PREP	26
80150	ASSAY AMIKACIN	34
80152	ASSAY AMITRIPTYLINE	41
80154	ASSAY BENZODIAZEPINES	42
80156	ASSAY CARBAMAZEPINE, TOTAL	33
80157	ASSAY CARBAMAZEPINE, FREE	30
80158	ASSAY CYCLOSPORINE	41
80160	ASSAY DESIPRAMINE	39
80162	ASSAY DIGOXIN	30
80164	ASSAY DIPROPYLACETIC ACID	31
80166	ASSAY DOXEPIN	35
80168	ASSAY ETHOSUXIMIDE	37
80170	ASSAY GENTAMICIN	37
80172	ASSAY GOLD	37
80173	ASSAY HALOPERIDOL	33
80174	ASSAY IMIPRAMINE	39
80176	ASSAY LIDOCAINE	33
80178	ASSAY LITHIUM	15
80182	ASSAY NORTRIPTYLINE	31
80184	ASSAY PHENOBARBITAL	26
80185	ASSAY PHENYTOIN, TOTAL	30
80186	ASSAY PHENYTOIN, FREE	31
80188	ASSAY PRIMIDONE	38
80190	ASSAY PROCAINAMIDE	38
80192	ASSAY PROCAINAMIDE	38
80194	ASSAY QUINIDINE	33
80195	ASSAY SIROLIMUS	31
80196	ASSAY SALICYLATE	16
80197	ASSAY TACROLIMUS	31
80198	ASSAY THEOPHYLLINE	32
80200	ASSAY TOBRAMYCIN	36
80201	ASSAY TOPIRAMATE	27
80202	ASSAY VANCOMYCIN	31
80299	QUANTITATIVE ASSAY DRUG	31
80400	ACTH STIMULATION PANEL	207
80402	ACTH STIMULATION PANEL	281
80406	ACTH STIMULATION PANEL	281
80408	ALDOSTERONE SUPPRESSION EVAL	434
80410	CALCITONIN STIM PANEL	219
80412	CRH STIMULATION PANEL	1,080
80414	TESTOSTERONE RESPONSE	180
80415	ESTRADIOL RESPONSE PANEL	161
80416	RENIN STIMULATION PANEL	518
80417	RENIN STIMULATION PANEL	518
80418	PITUITARY EVAL PANEL	1,889
80420	DEXAMETHASONE PANEL	219

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
80422	GLUCAGON TOLERANCE PANEL	137
80424	GLUCAGON TOLERANCE PANEL	191
80426	GONADOTROPIN HORMONE PANEL	474
80428	GROWTH HORMONE PANEL	200
80430	GROWTH HORMONE PANEL	215
80432	INSULIN SUPPRESSION PANEL	497
80434	INSULIN TOLERANCE PANEL	326
80435	INSULIN TOLERANCE PANEL	338
80436	METYRAPONE PANEL	246
80438	TRH STIMULATION PANEL	291
80439	TRH STIMULATION PANEL	360
80440	TRH STIMULATION PANEL	383
80500	LAB PATHOLOGY CONSULTATION	29
80502	LAB PATHOLOGY CONSULTATION	101
81000	URINALYSIS, NONAUTO W/SCOPE	7
81001	URINALYSIS, AUTO W/SCOPE	7
81002	URINALYSIS NONAUTO W/O SCOPE	6
81003	URINALYSIS, AUTO, W/O SCOPE	5
81005	URINALYSIS	5
81007	URINE SCREEN FOR BACTERIA	6
81015	MICROSCOPIC EXAMINE URINE	7
81020	URINALYSIS, GLASS TEST	8
81025	URINE PREGNANCY TEST	14
81050	URINALYSIS, VOLUME MEASURE	7
82000	ASSAY BLOOD ACETALDEHYDE	28
82003	ASSAY ACETAMINOPHEN	46
82009	TEST FOR ACETONE/KETONES	10
82010	ACETONE ASSAY	18
82013	ACETYLCHOLINESTERASE ASSAY	25
82016	ACYLCARNITINES, QUAL	31
82017	ACYLCARNITINES, QUANT	38
82024	ASSAY ACTH	87
82030	ASSAY ADP & AMP	58
82040	ASSAY SERUM ALBUMIN	11
82042	ASSAY URINE ALBUMIN	12
82043	MICROALBUMIN, QUANTITATIVE	13
82044	MICROALBUMIN, SEMIQUANT	10
82045	ALBUMIN, ISCHEMIA MODIFIED	77
82055	ASSAY ETHANOL	24
82075	ASSAY BREATH ETHANOL	27
82085	ASSAY ALDOLASE	22
82088	ASSAY ALDOSTERONE	92
82101	ASSAY URINE ALKALOIDS	68
82103	ALPHA-1-ANTITRYPSIN, TOTAL	30
82104	ALPHA-1-ANTITRYPSIN, PHENO	33
82105	ALPHA-FETOPROTEIN, SERUM	38
82106	ALPHA-FETOPROTEIN, AMNIOTIC	38
82107	ALPHA-FETOPROTEIN L3	146
82108	ASSAY ALUMINUM	58
82120	AMINES, VAGINAL FLUID QUAL	9
82127	AMINO ACID, SING QUAL	31
82128	AMINO ACIDS, MULT QUAL	31
82131	AMINO ACIDS, SING QUANT	38
82135	ASSAY AMINOLEVULINIC ACID	37
82136	AMINO ACIDS, QUANT, 2-5	38
82139	AMINO ACIDS, QUANT, 6 OR MOR	38
82140	ASSAY AMMONIA	33
82143	AMNIOTIC FLUID SCAN	16
82145	ASSAY AMPHETAMINES	35
82150	ASSAY AMYLASE	15

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

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PROCEDURE CODE	DESCRIPTION	RATE
82154	ANDROSTANEDIOL GLUCURONIDE	65
82157	ASSAY ANDROSTENEDIONE	66
82160	ASSAY ANDROSTERONE	57
82163	ASSAY ANGIOTENSIN II	46
82164	ANGIOTENSIN I ENZYME TEST	33
82172	ASSAY APOLIPOPROTEIN	35
82175	ASSAY ARSENIC	43
82180	ASSAY ASCORBIC ACID	22
82190	ATOMIC ABSORPTION	34
82205	ASSAY BARBITURATES	26
82232	ASSAY BETA-2 PROTEIN	37
82239	BILE ACIDS, TOTAL	39
82240	BILE ACIDS, CHOLYLGLYCINE	60
82247	BILIRUBIN, TOTAL	11
82248	BILIRUBIN, DIRECT	11
82252	FECAL BILIRUBIN TEST	10
82261	ASSAY BIOTINIDASE	38
82270	OCCULT BLOOD, FECES	7
82271	OCCULT BLOOD, OTHER SOURCES	7
82272	OCCULT BLOOD FECES, 1-3 TEST	7
82274	ASSAY TEST FOR BLOOD, FECAL	36
82286	ASSAY BRADYKININ	16
82300	ASSAY CADMIUM	52
82306	ASSAY VITAMIN D	67
82307	ASSAY VITAMIN D	73
82308	ASSAY CALCITONIN	61
82310	ASSAY CALCIUM	12
82330	ASSAY CALCIUM	31
82331	CALCIUM INFUSION TEST	12
82340	ASSAY CALCIUM IN URINE	14
82355	CALCULUS ANALYSIS, QUAL	26
82360	CALCULUS ASSAY QUANT	29
82365	CALCULUS SPECTROSCOPY	29
82370	X-RAY ASSAY CALCULUS	28
82373	ASSAY C-D TRANSFER MEASURE	41
82374	ASSAY BLOOD CARBON DIOXIDE	11
82375	ASSAY CARBOXYHB, QUANT	28
82376	ASSAY CARBOXYHB, QUAL	14
82378	CARCINOEMBRYONIC ANTIGEN	43
82379	ASSAY CARNITINE	38
82380	ASSAY CAROTENE	21
82382	ASSAY URINE CATECHOLAMINES	39
82383	ASSAY BLOOD CATECHOLAMINES	57
82384	ASSAY THREE CATECHOLAMINES	57
82387	ASSAY CATHEPSIN-D	47
82390	ASSAY CERULOPLASMIN	24
82397	CHEMILUMINESCENT ASSAY	32
82415	ASSAY CHLORAMPHENICOL	29
82435	ASSAY BLOOD CHLORIDE	10
82436	ASSAY URINE CHLORIDE	11
82438	ASSAY OTHER FLUID CHLORIDES	11
82441	TEST FOR CHLOROHYDROCARBONS	14
82465	ASSAY BLOOD/SERUM CHOLESTERO	10
82480	ASSAY SERUM CHOLINESTERASE	18
82482	ASSAY RBC CHOLINESTERASE	17
82485	ASSAY CHONDROITIN SULFATE	47
82486	GAS/LIQUID CHROMATOGRAPHY	41
82487	PAPER CHROMATOGRAPHY	36
82488	PAPER CHROMATOGRAPHY	48
82489	THIN LAYER CHROMATOGRAPHY	42

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

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PROCEDURE CODE	DESCRIPTION	RATE
82491	CHROMATOGRAPHY, QUANT, SING	41
82492	CHROMATOGRAPHY, QUANT, MULT	41
82495	ASSAY CHROMIUM	46
82507	ASSAY CITRATE	63
82520	ASSAY COCAINE	34
82523	COLLAGEN CROSSLINKS	42
82525	ASSAY COPPER	28
82528	ASSAY CORTICOSTERONE	51
82530	CORTISOL, FREE	38
82533	TOTAL CORTISOL	37
82540	ASSAY CREATINE	10
82541	COLUMN CHROMATOGRAPHY, QUAL	41
82542	COLUMN CHROMATOGRAPHY, QUANT	41
82543	COLUMN CHROMATOGRAPH/ISOTOPE	41
82544	COLUMN CHROMATOGRAPH/ISOTOPE	41
82550	ASSAY CK (CPK)	15
82552	ASSAY CPK IN BLOOD	30
82553	CREATINE, MB FRACTION	26
82554	CREATINE, ISOFORMS	27
82565	ASSAY CREATININE	12
82570	ASSAY URINE CREATININE	12
82575	CREATININE CLEARANCE TEST	21
82585	ASSAY CRYOFIBRINOGEN	19
82595	ASSAY CRYOGLOBULIN	15
82600	ASSAY CYANIDE	44
82607	VITAMIN B-12	34
82608	B-12 BINDING CAPACITY	32
82610	CYSTATIN C	31
82615	TEST FOR URINE CYSTINES	18
82626	DEHYDROEPIANDROSTERONE	57
82627	DEHYDROEPIANDROSTERONE	50
82633	DESOXYCORTICOSTERONE	70
82634	DEOXYCORTISOL	66
82638	ASSAY DIBUCAINE NUMBER	28
82646	ASSAY DIHYDROCODEINONE	47
82649	ASSAY DIHYDROMORPHINONE	58
82651	ASSAY DIHYDROTESTOSTERONE	58
82652	ASSAY DIHYDROXYVITAMIN D	87
82654	ASSAY DIMETHADIONE	31
82656	PANCREATIC ELASTASE, FECAL	26
82657	ENZYME CELL ACTIVITY	41
82658	ENZYME CELL ACTIVITY, RA	41
82664	ELECTROPHORETIC TEST	78
82666	ASSAY EPIANDROSTERONE	49
82668	ASSAY ERYTHROPOIETIN	43
82670	ASSAY ESTRADIOL	63
82671	ASSAY ESTROGENS	73
82672	ASSAY ESTROGEN	49
82677	ASSAY ESTRIBOL	55
82679	ASSAY ESTRONE	57
82690	ASSAY ETHCHLORVYNOL	39
82693	ASSAY ETHYLENE GLYCOL	34
82696	ASSAY ETIOCHOLANOLONE	53
82705	FATS/LIPIDS, FECES, QUAL	12
82710	FATS/LIPIDS, FECES, QUANT	38
82715	ASSAY FECAL FAT	39
82725	ASSAY BLOOD FATTY ACIDS	30
82726	LONG CHAIN FATTY ACIDS	41
82728	ASSAY FERRITIN	31
82731	ASSAY FETAL FIBRONECTIN	146

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PROCEDURE CODE	DESCRIPTION	RATE
82735	ASSAY FLUORIDE	42
82742	ASSAY FLURAZEPAM	45
82746	BLOOD FOLIC ACID SERUM	33
82747	ASSAY FOLIC ACID, RBC	39
82757	ASSAY SEMEN FRUCTOSE	39
82759	ASSAY RBC GALACTOKINASE	49
82760	ASSAY GALACTOSE	25
82775	ASSAY GALACTOSE TRANSFERASE	48
82776	GALACTOSE TRANSFERASE TEST	19
82784	ASSAY GAMMAGLOBULIN IGM	21
82785	ASSAY GAMMAGLOBULIN IGE	37
82787	IGG 1, 2, 3 OR 4, EACH	18
82800	BLOOD PH	19
82803	BLOOD GASES: PH, PO2 & PCO2	44
82805	BLOOD GASES W/O2 SATURATION	64
82810	BLOOD GASES, O2 SAT ONLY	20
82820	HEMOGLOBIN-OXYGEN AFFINITY	23
82926	ASSAY GASTRIC ACID	12
82928	ASSAY GASTRIC ACID	15
82938	GASTRIN TEST	40
82941	ASSAY GASTRIN	40
82943	ASSAY GLUCAGON	32
82945	GLUCOSE OTHER FLUID	9
82946	GLUCAGON TOLERANCE TEST	34
82947	ASSAY GLUCOSE, BLOOD QUANT	9
82948	REAGENT STRIP/BLOOD GLUCOSE	7
82950	GLUCOSE TEST	11
82951	GLUCOSE TOLERANCE TEST (GTT)	29
82952	GTT-ADDED SAMPLES	9
82953	GLUCOSE-TOLBUTAMIDE TEST	34
82955	ASSAY G6PD ENZYME	22
82960	TEST FOR G6PD ENZYME	14
82962	GLUCOSE BLOOD TEST	5
82963	ASSAY GLUCOSIDASE	49
82965	ASSAY GDH ENZYME	18
82975	ASSAY GLUTAMINE	36
82977	ASSAY GGT	16
82978	ASSAY GLUTATHIONE	32
82979	ASSAY RBC GLUTATHIONE	16
82980	ASSAY GLUTETHIMIDE	41
82985	GLYCATED PROTEIN	34
83001	GONADOTROPIN (FSH)	42
83002	GONADOTROPIN (LH)	42
83003	ASSAY GROWTH HORMONE (HGH)	38
83008	ASSAY GUANOSINE	38
83009	H. PYLORI (C-13), BLOOD	152
83010	ASSAY HAPTOGLOBIN, QUANT	28
83012	ASSAY HAPTOGLOBINS	39
83013	H. PYLORI (C-13), BREATH	152
83014	H. PYLORI DRUG ADMIN	18
83015	HEAVY METAL SCREEN	43
83018	QUANTITATIVE SCREEN, METALS	50
83020	HEMOGLOBIN ELECTROPHORESIS	29
83021	HEMOGLOBIN CHROMATOGRAPHY	41
83026	HEMOGLOBIN, COPPER SULFATE	5
83030	FETAL HEMOGLOBIN, CHEMICAL	19
83033	FETAL HEMOGLOBIN ASSAY QUAL	13
83036	GLYCOSYLATED HEMOGLOBIN TEST	22
83037	GLYCOSYLATED HB, HOME DEVICE	22
83045	BLOOD METHEMOGLOBIN TEST	11

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PROCEDURE CODE	DESCRIPTION	RATE
83050	BLOOD METHEMOGLOBIN ASSAY	17
83051	ASSAY PLASMA HEMOGLOBIN	17
83055	BLOOD SULFHEMOGLOBIN TEST	11
83060	BLOOD SULFHEMOGLOBIN ASSAY	19
83065	ASSAY HEMOGLOBIN HEAT	16
83068	HEMOGLOBIN STABILITY SCREEN	19
83069	ASSAY URINE HEMOGLOBIN	9
83070	ASSAY HEMOSIDERIN, QUAL	11
83071	ASSAY HEMOSIDERIN, QUANT	16
83080	ASSAY B HEXOSAMINIDASE	38
83088	ASSAY HISTAMINE	67
83090	ASSAY HOMOCYSTINE	38
83150	ASSAY FOR HVA	44
83491	ASSAY CORTICOSTEROIDS	40
83497	ASSAY 5-HIAA	29
83498	ASSAY PROGESTERONE	61
83499	ASSAY PROGESTERONE	57
83500	ASSAY FREE HYDROXYPROLINE	51
83505	ASSAY TOTAL HYDROXYPROLINE	55
83516	IMMUNOASSAY NONANTIBODY	26
83518	IMMUNOASSAY DIPSTICK	19
83519	IMMUNOASSAY NONANTIBODY	31
83520	IMMUNOASSAY RIA	29
83525	ASSAY INSULIN	26
83527	ASSAY INSULIN	29
83528	ASSAY INTRINSIC FACTOR	36
83540	ASSAY IRON	15
83550	IRON BINDING TEST	20
83570	ASSAY IDH ENZYME	20
83582	ASSAY KETOGENIC STEROIDS	32
83586	ASSAY 17- KETOSTEROIDS	29
83593	FRACTIONATION, KETOSTEROIDS	60
83605	ASSAY LACTIC ACID	24
83615	LACTATE (LD)(LDH) ENZYME	14
83625	ASSAY LDH ENZYMES	29
83630	LACTOFERRIN, FECAL (QUAL)	44
83631	LACTOFERRIN, FECAL (QUANT)	44
83632	PLACENTAL LACTOGEN	46
83633	TEST URINE FOR LACTOSE	12
83634	ASSAY URINE FOR LACTOSE	26
83655	ASSAY LEAD	27
83661	L/S RATIO, FETAL LUNG	50
83662	FOAM STABILITY, FETAL LUNG	43
83663	FLUORO POLARIZE, FETAL LUNG	43
83664	LAMELLAR BODY, FETAL LUNG	43
83670	ASSAY LAP ENZYME	21
83690	ASSAY LIPASE	16
83695	ASSAY LIPOPROTEIN (A)	29
83698	ASSAY LIPOPROTEIN PLA2	77
83700	LIPOPROTEIN BLOOD, ELECTROPH	25
83701	LIPOPROTEIN BLOOD, HR FRACTI	56
83704	LIPOPROTEIN, BLOOD, BY NMR	71
83718	ASSAY LIPOPROTEIN	19
83719	ASSAY BLOOD LIPOPROTEIN	26
83721	ASSAY BLOOD LIPOPROTEIN	22
83727	ASSAY LRH HORMONE	39
83735	ASSAY MAGNESIUM	15
83775	ASSAY MD ENZYME	17
83785	ASSAY MANGANESE	56
83788	MASS SPECTROMETRY QUAL	41

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PROCEDURE CODE	DESCRIPTION	RATE
83789	MASS SPECTROMETRY QUANT	41
83805	ASSAY MEPROBAMATE	40
83825	ASSAY MERCURY	37
83835	ASSAY METANEPHRINES	38
83840	ASSAY METHADONE	37
83857	ASSAY METHEMALBUMIN	24
83858	ASSAY METHSUXIMIDE	34
83864	MUCOPOLYSACCHARIDES	45
83866	MUCOPOLYSACCHARIDES SCREEN	22
83872	ASSAY SYNOVIAL FLUID MUCIN	13
83873	ASSAY CSF PROTEIN	39
83874	ASSAY MYOGLOBIN	29
83876	ASSAY MYELOPEROXIDASE	29
83880	NATRIURETIC PEPTIDE	77
83883	ASSAY NEPHELOMETRY NOT SPEC	31
83885	ASSAY NICKEL	55
83887	ASSAY NICOTINE	54
83890	MOLECULE ISOLATE	9
83891	MOLECULE ISOLATE NUCLEIC	9
83892	MOLECULAR DIAGNOSTICS	9
83893	MOLECULE DOT/SLOT/BLOT	9
83894	MOLECULE GEL ELECTROPHORESIS	9
83896	MOLECULAR DIAGNOSTICS	9
83897	MOLECULE NUCLEIC TRANSFER	9
83898	MOLECULE NUCLEIC AMPLI, EACH	38
83900	MOLECULE NUCLEIC AMPLI 2 SEQ	76
83901	MOLECULE NUCLEIC AMPLI ADD-O	38
83902	MOLECULAR DIAGNOSTICS	32
83903	MOLECULE MUTATION SCAN	38
83904	MOLECULE MUTATION IDENTIFY	38
83905	MOLECULE MUTATION IDENTIFY	38
83906	MOLECULE MUTATION IDENTIFY	38
83907	LYSIS CELLS FOR NUCLEIC EXT	30
83908	NUCLEIC ACID, SIGNAL AMPLI	38
83909	NUCLEIC ACID, HIGH RESOLUTE	38
83912	GENETIC EXAMINATION	9
83913	MOLECULAR, RNA STABILIZATION	30
83914	MUTATION IDENT OLA/SBCE/ASPE	38
83915	ASSAY NUCLEOTIDASE	25
83916	OLIGOCLONAL BANDS	46
83918	ORGANIC ACIDS, TOTAL, QUANT	37
83919	ORGANIC ACIDS, QUAL, EACH	37
83921	ORGANIC ACID, SING, QUANT	37
83925	ASSAY OPIATES	44
83930	ASSAY BLOOD OSMOLALITY	15
83935	ASSAY URINE OSMOLALITY	15
83937	ASSAY OSTEOCALCIN	68
83945	ASSAY OXALATE	29
83950	ONCOPROTEIN, HER-2/NEU	146
83951	ONCOPROTEIN, DCP	146
83970	ASSAY PARATHORMONE	93
83986	ASSAY BODY FLUID ACIDITY	8
83992	ASSAY FOR PHENCYCLIDINE	33
83993	ASSAY FOR CALPROTECTIN FECAL	44
84022	ASSAY PHENOTHIAZINE	35
84030	ASSAY BLOOD PKU	12
84035	ASSAY PHENYLKETONES	8
84060	ASSAY ACID PHOSPHATASE	17
84061	PHOSPHATASE, FORENSIC EXAM	18
84066	ASSAY PROSTATE PHOSPHATASE	22

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84075	ASSAY ALKALINE PHOSPHATASE	12
84078	ASSAY ALKALINE PHOSPHATASE	17
84080	ASSAY ALKALINE PHOSPHATASES	33
84081	AMNIOTIC FLUID ENZYME TEST	37
84085	ASSAY RBC PG6D ENZYME	15
84087	ASSAY PHOSPHOHEXOSE ENZYMES	23
84100	ASSAY PHOSPHORUS	11
84105	ASSAY URINE PHOSPHORUS	12
84106	TEST FOR PORPHOBILINOGEN	10
84110	ASSAY PORPHOBILINOGEN	19
84119	TEST URINE FOR PORPHYRINS	19
84120	ASSAY URINE PORPHYRINS	33
84126	ASSAY FECES PORPHYRINS	58
84127	ASSAY FECES PORPHYRINS	26
84132	ASSAY SERUM POTASSIUM	10
84133	ASSAY URINE POTASSIUM	10
84134	ASSAY PREALBUMIN	33
84135	ASSAY PREGNANEDIOL	43
84138	ASSAY PREGNANETRIOL	43
84140	ASSAY PREGNENOLONE	47
84143	ASSAY 17-HYDROXYPREGNENO	52
84144	ASSAY PROGESTERONE	47
84146	ASSAY PROLACTIN	44
84150	ASSAY PROSTAGLANDIN	57
84152	ASSAY PSA, COMPLEXED	42
84153	ASSAY PSA, TOTAL	42
84154	ASSAY PSA, FREE	42
84155	ASSAY PROTEIN, SERUM	8
84156	ASSAY PROTEIN, URINE	8
84157	ASSAY PROTEIN, OTHER	8
84160	ASSAY PROTEIN, ANY SOURCE	12
84163	PAPPA, SERUM	34
84165	PROTEIN E-PHORESIS, SERUM	24
84166	PROTEIN E-PHORESIS/URINE/CSF	40
84181	WESTERN BLOT TEST	39
84182	PROTEIN, WESTERN BLOT TEST	41
84202	ASSAY RBC PROTOPORPHYRIN	32
84203	TEST RBC PROTOPORPHYRIN	19
84206	ASSAY PROINSULIN	40
84207	ASSAY VITAMIN B-6	64
84210	ASSAY PYRUVATE	25
84220	ASSAY PYRUVATE KINASE	21
84228	ASSAY QUININE	26
84233	ASSAY ESTROGEN	146
84234	ASSAY PROGESTERONE	147
84235	ASSAY ENDOCRINE HORMONE	118
84238	ASSAY NONENDOCRINE RECEPTOR	83
84244	ASSAY RENIN	50
84252	ASSAY VITAMIN B-2	46
84255	ASSAY SELENIUM	58
84260	ASSAY SEROTONIN	70
84270	ASSAY SEX HORMONE GLOBULIN	49
84275	ASSAY SIALIC ACID	30
84285	ASSAY SILICA	53
84295	ASSAY SERUM SODIUM	11
84300	ASSAY URINE SODIUM	11
84302	ASSAY SWEAT SODIUM	11
84305	ASSAY SOMATOMEDIN	48
84307	ASSAY SOMATOSTATIN	41
84311	SPECTROPHOTOMETRY	16

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PROCEDURE CODE	DESCRIPTION	RATE
84315	BODY FLUID SPECIFIC GRAVITY	6
84375	CHROMATOGRAM ASSAY SUGARS	44
84376	SUGARS, SING, QUAL	12
84377	SUGARS, MULTIPLE, QUAL	12
84378	SUGARS, SING, QUANT	26
84379	SUGARS MULTIPLE QUANT	26
84392	ASSAY URINE SULFATE	11
84402	ASSAY TESTOSTERONE	58
84403	ASSAY TOTAL TESTOSTERONE	58
84425	ASSAY VITAMIN B-1	48
84430	ASSAY THIOCYANATE	26
84432	ASSAY THYROGLOBULIN	36
84436	ASSAY TOTAL THYROXINE	16
84437	ASSAY NEONATAL THYROXINE	15
84439	ASSAY FREE THYROXINE	20
84442	ASSAY THYROID ACTIVITY	33
84443	ASSAY THYROID STIM HORMONE	38
84445	ASSAY TSI	115
84446	ASSAY VITAMIN E	32
84449	ASSAY TRANSCORTIN	41
84450	TRANSFERASE (AST)(SGOT)	12
84460	ALANINE AMINO (ALT)(SGPT)	12
84466	ASSAY TRANSFERRIN	29
84478	ASSAY TRIGLYCERIDES	13
84479	ASSAY THYROID (T3 OR T4)	15
84480	ASSAY TRIIODOTHYRONINE (T3)	32
84481	FREE ASSAY (FT-3)	38
84482	T3 REVERSE	36
84484	ASSAY TROPONIN, QUANT	22
84485	ASSAY DUODENAL FLUID TRYPSIN	17
84488	TEST FECES FOR TRYPSIN	17
84490	ASSAY FECES FOR TRYPSIN	17
84510	ASSAY TYROSINE	24
84512	ASSAY TROPONIN, QUAL	17
84520	ASSAY UREA NITROGEN	9
84525	UREA NITROGEN SEMI-QUANT	9
84540	ASSAY URINE/UREA-N	11
84545	UREA-N CLEARANCE TEST	15
84550	ASSAY BLOOD/URIC ACID	10
84560	ASSAY URINE/URIC ACID	11
84577	ASSAY FECES/UROBILINOGEN	28
84578	TEST URINE UROBILINOGEN	7
84580	ASSAY URINE UROBILINOGEN	16
84583	ASSAY URINE UROBILINOGEN	11
84585	ASSAY URINE VMA	35
84586	ASSAY VIP	80
84588	ASSAY VASOPRESSIN	77
84590	ASSAY VITAMIN A	26
84591	ASSAY NOS VITAMIN	26
84597	ASSAY VITAMIN K	31
84600	ASSAY VOLATILES	36
84620	XYLOSE TOLERANCE TEST	27
84630	ASSAY ZINC	26
84681	ASSAY C-PEPTIDE	47
84702	CHORIONIC GONADOTROPIN TEST	34
84703	CHORIONIC GONADOTROPIN ASSAY	17
84704	HCG, FREE BETACHAIN TEST	34
84830	OVULATION TESTS	23
85002	BLEEDING TIME TEST	10
85004	AUTOMATED DIFF WBC COUNT	15

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85007	BLOOD SMEAR W/DIFF WBC COUNT	8
85008	BLOOD SMEAR W/O DIFF WBC COU	8
85009	MANUAL DIFF WBC COUNT B-COAT	8
85013	SPUN MICROHEMATOCRIT	5
85014	HEMATOCRIT	5
85018	HEMOGLOBIN	5
85025	COMPLETE CBC W/AUTO DIFF WBC	18
85027	COMPLETE CBC, AUTOMATED	15
85032	MANUAL CELL COUNT, EACH	10
85041	AUTOMATED RBC COUNT	7
85044	MANUAL RETICULOCYTE COUNT	10
85045	AUTOMATED RETICULOCYTE COUNT	9
85046	RETICYTE/HGB CONCENTRATE	13
85048	AUTOMATED LEUKOCYTE COUNT	6
85049	AUTOMATED PLATELET COUNT	10
85055	RETICULATED PLATELET ASSAY	61
85060	BLOOD SMEAR INTERPRETATION	36
85097	BONE MARROW INTERPRETATION	75
85130	CHROMOGENIC SUBSTRATE ASSAY	27
85170	BLOOD CLOT RETRACTION	8
85175	BLOOD CLOT LYSIS TIME	10
85210	BLOOD CLOT FACTOR II TEST	29
85220	BLOOD CLOT FACTOR V TEST	40
85230	BLOOD CLOT FACTOR VII TEST	41
85240	BLOOD CLOT FACTOR VIII TEST	41
85244	BLOOD CLOT FACTOR VIII TEST	46
85245	BLOOD CLOT FACTOR VIII TEST	52
85246	BLOOD CLOT FACTOR VIII TEST	52
85247	BLOOD CLOT FACTOR VIII TEST	52
85250	BLOOD CLOT FACTOR IX TEST	43
85260	BLOOD CLOT FACTOR X TEST	41
85270	BLOOD CLOT FACTOR XI TEST	41
85280	BLOOD CLOT FACTOR XII TEST	44
85290	BLOOD CLOT FACTOR XIII TEST	37
85291	BLOOD CLOT FACTOR XIII TEST	20
85292	BLOOD CLOT FACTOR ASSAY	43
85293	BLOOD CLOT FACTOR ASSAY	43
85300	ANTITHROMBIN III TEST	27
85301	ANTITHROMBIN III TEST	24
85302	BLOOD CLOT INHIBITOR ANTIGEN	27
85303	BLOOD CLOT INHIBITOR TEST	31
85305	BLOOD CLOT INHIBITOR ASSAY	26
85306	BLOOD CLOT INHIBITOR TEST	35
85307	ASSAY ACTIVATED PROTEIN C	35
85335	FACTOR INHIBITOR TEST	29
85337	THROMBOMODULIN	24
85345	COAGULATION TIME	10
85347	COAGULATION TIME	10
85348	COAGULATION TIME	8
85360	EUGLOBULIN LYSIS	19
85362	FIBRIN DEGRADATION PRODUCTS	16
85366	FIBRINOGEN TEST	19
85370	FIBRINOGEN TEST	26
85378	FIBRIN DEGRADE, SEMIQUANT	16
85379	FIBRIN DEGRADATION, QUANT	23
85380	FIBRIN DEGRADATION, VTE	23
85384	FIBRINOGEN	19
85385	FIBRINOGEN	19
85390	FIBRINOLYSINS SCREEN	12
85396	CLOTTING ASSAY WHOLE BLOOD	31

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85397	CLOTTING FUNCT ACTIVITY	52
85400	FIBRINOLYTIC PLASMIN	20
85410	FIBRINOLYTIC ANTIPLASMIN	17
85415	FIBRINOLYTIC PLASMINOGEN	39
85420	FIBRINOLYTIC PLASMINOGEN	15
85421	FIBRINOLYTIC PLASMINOGEN	23
85441	HEINZ BODIES, DIRECT	10
85445	HEINZ BODIES, INDUCED	15
85460	HEMOGLOBIN, FETAL	18
85461	HEMOGLOBIN, FETAL	15
85475	HEMOLYSIN	20
85520	HEPARIN ASSAY	30
85525	HEPARIN NEUTRALIZATION	27
85530	HEPARIN-PROTAMINE TOLERANCE	32
85536	IRON STAIN PERIPHERAL BLOOD	15
85540	WBC ALKALINE PHOSPHATASE	19
85547	RBC MECHANICAL FRAGILITY	19
85549	MURAMIDASE	42
85555	RBC OSMOTIC FRAGILITY	15
85557	RBC OSMOTIC FRAGILITY	30
85576	BLOOD PLATELET AGGREGATION	49
85597	PLATELET NEUTRALIZATION	41
85610	PROTHROMBIN TIME	9
85611	PROTHROMBIN TEST	9
85612	VIPER VENOM PROTHROMBIN TIME	22
85613	RUSSELL VIPER VENOM, DILUTED	22
85635	REPTILASE TEST	22
85651	RBC SED RATE, NONAUTOMATED	8
85652	RBC SED RATE, AUTOMATED	6
85660	RBC SICKLE CELL TEST	12
85670	THROMBIN TIME, PLASMA	13
85675	THROMBIN TIME, TITER	15
85705	THROMBOPLASTIN INHIBITION	22
85730	THROMBOPLASTIN TIME, PARTIAL	14
85732	THROMBOPLASTIN TIME, PARTIAL	15
85810	BLOOD VISCOSITY EXAMINATION	26
86000	AGGLUTININS, FEBRILE	16
86001	ALLERGEN SPECIFIC IGG	12
86003	ALLERGEN SPECIFIC IGE	12
86005	ALLERGEN SPECIFIC IGE	18
86021	WBC ANTIBODY IDENTIFICATION	34
86022	PLATELET ANTIBODIES	42
86023	IMMUNOGLOBULIN ASSAY	28
86038	ANTINUCLEAR ANTIBODIES	27
86039	ANTINUCLEAR ANTIBODIES (ANA)	25
86060	ANTISTREPTOLYSIN O, TITER	17
86063	ANTISTREPTOLYSIN O, SCREEN	13
86077	PHYSICIAN BLOOD BANK SERVICE	75
86078	PHYSICIAN BLOOD BANK SERVICE	75
86079	PHYSICIAN BLOOD BANK SERVICE	76
86140	C-REACTIVE PROTEIN	12
86141	C-REACTIVE PROTEIN, HS	29
86146	GLYCOPROTEIN ANTIBODY	58
86147	CARDIOLIPIN ANTIBODY	58
86148	PHOSPHOLIPID ANTIBODY	36
86155	CHEMOTAXIS ASSAY	36
86156	COLD AGGLUTININ, SCREEN	15
86157	COLD AGGLUTININ, TITER	18
86160	COMPLEMENT, ANTIGEN	27
86161	COMPLEMENT/FUNCTION ACTIVITY	27

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86162	COMPLEMENT, TOTAL (CH50)	46
86171	COMPLEMENT FIXATION, EACH	23
86185	COUNTERIMMUNOELECTROPHORESIS	20
86200	CCP ANTIBODY	29
86215	DEOXYRIBONUCLEASE, ANTIBODY	30
86225	DNA ANTIBODY	31
86226	DNA ANTIBODY, SING STRAND	27
86235	NUCLEAR ANTIGEN ANTIBODY	41
86243	FC RECEPTOR	46
86255	FLUORESCENT ANTIBODY, SCREEN	27
86256	FLUORESCENT ANTIBODY, TITER	27
86277	GROWTH HORMONE ANTIBODY	36
86280	HEMAGGLUTINATION INHIBITION	19
86294	IMMUNOASSAY TUMOR, QUAL	44
86300	IMMUNOASSAY TUMOR, CA 15-3	47
86301	IMMUNOASSAY TUMOR, CA 19-9	47
86304	IMMUNOASSAY TUMOR, CA 125	47
86308	HETEROPHILE ANTIBODIES	12
86309	HETEROPHILE ANTIBODIES	15
86310	HETEROPHILE ANTIBODIES	17
86316	IMMUNOASSAY TUMOR OTHER	47
86317	IMMUNOASSAY INFECTIOUS AGENT	34
86318	IMMUNOASSAY INFECTIOUS AGENT	29
86320	SERUM IMMUNOELECTROPHORESIS	51
86325	OTHER IMMUNOELECTROPHORESIS	51
86327	IMMUNOELECTROPHORESIS ASSAY	51
86329	IMMUNODIFFUSION	32
86331	IMMUNODIFFUSION OUCHTERLONY	27
86332	IMMUNE COMPLEX ASSAY	55
86334	IMMUNOFIX E-PHORESIS, SERUM	51
86335	IMMUNOFIX E-PHORESIS/URINE/C	66
86336	INHIBIN A	35
86337	INSULIN ANTIBODIES	48
86340	INTRINSIC FACTOR ANTIBODY	34
86341	ISLET CELL ANTIBODY	45
86343	LEUKOCYTE HISTAMINE RELEASE	28
86344	LEUKOCYTE PHAGOCYTOSIS	18
86353	LYMPHOCYTE TRANSFORMATION	111
86355	B CELLS, TOTAL COUNT	85
86356	MONONUCLEAR CELL ANTIGEN	61
86357	NK CELLS, TOTAL COUNT	85
86359	T CELLS, TOTAL COUNT	85
86360	T CELL, ABSOLUTE COUNT/RATIO	106
86361	T CELL, ABSOLUTE COUNT	61
86367	STEM CELLS, TOTAL COUNT	85
86376	MICROSOMAL ANTIBODY	33
86378	MIGRATION INHIBITORY FACTOR	45
86382	NEUTRALIZATION TEST, VIRAL	38
86384	NITROBLUE TETRAZOLIUM DYE	26
86403	PARTICLE AGGLUTINATION TEST	23
86406	PARTICLE AGGLUTINATION TEST	24
86430	RHEUMATOID FACTOR TEST	13
86431	RHEUMATOID FACTOR, QUANT	13
86480	TB TEST, CELL IMMUNE MEASURE	140
86485	SKIN TEST, CANDIDA	36
86486	SKIN TEST, NOS ANTIGEN	9
86490	COCCIDIOIDOMYCOSIS SKIN TEST	12
86510	HISTOPLASMOSIS SKIN TEST	12
86580	TB INTRADERMAL TEST	13
86590	STREPTOKINASE, ANTIBODY	25

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86592	BLOOD SEROLOGY, QUALITATIVE	10
86593	BLOOD SEROLOGY, QUANTITATIVE	10
86602	ACTINOMYCES ANTIBODY	23
86603	ADENOVIRUS ANTIBODY	29
86606	ASPERGILLUS ANTIBODY	34
86609	BACTERIUM ANTIBODY	29
86611	BARTONELLA ANTIBODY	23
86612	BLASTOMYCES ANTIBODY	29
86615	BORDETELLA ANTIBODY	30
86617	LYME DISEASE ANTIBODY	35
86618	LYME DISEASE ANTIBODY	39
86619	BORRELIA ANTIBODY	30
86622	BRUCELLA ANTIBODY	20
86625	CAMPYLOBACTER ANTIBODY	30
86628	CANDIDA ANTIBODY	27
86631	CHLAMYDIA ANTIBODY	27
86632	CHLAMYDIA IGM ANTIBODY	29
86635	COCCIDIOIDES ANTIBODY	26
86638	Q FEVER ANTIBODY	27
86641	CRYPTOCOCCUS ANTIBODY	33
86644	CMV ANTIBODY	33
86645	CMV ANTIBODY, IGM	38
86648	DIPHTHERIA ANTIBODY	34
86651	ENCEPHALITIS ANTIBODY	30
86652	ENCEPHALITIS ANTIBODY	30
86653	ENCEPHALITIS ANTIBODY	30
86654	ENCEPHALITIS ANTIBODY	30
86658	ENTEROVIRUS ANTIBODY	29
86663	EPSTEIN-BARR ANTIBODY	30
86664	EPSTEIN-BARR ANTIBODY	35
86665	EPSTEIN-BARR ANTIBODY	41
86666	EHRlichia ANTIBODY	23
86668	FRANCISELLA TULARENSIS	24
86671	FUNGUS ANTIBODY	28
86674	GIARDIA LAMBLIA ANTIBODY	33
86677	HELICOBACTER PYLORI	33
86682	HELMINTH ANTIBODY	29
86684	HEMOPHILUS INFLUENZA	36
86687	HTLV-I ANTIBODY	19
86688	HTLV-II ANTIBODY	32
86689	HTLV/HIV CONFIRMATORY TEST	44
86692	HEPATITIS, DELTA AGENT	39
86694	HERPES SIMPLEX TEST	33
86695	HERPES SIMPLEX TEST	30
86696	HERPES SIMPLEX TYPE 2	44
86698	HISTOPLASMA	28
86701	HIV-1	20
86702	HIV-2	31
86703	HIV-1/HIV-2, SING ASSAY	31
86704	HEPATITIS B CORE ANTIBODY, T	27
86705	HEPATITIS B CORE ANTIBODY, I	27
86706	HEPATITIS B SURFACE ANTIBODY	24
86707	HEPATITIS BE ANTIBODY	26
86708	HEPATITIS A ANTIBODY, TOTAL	28
86709	HEPATITIS A ANTIBODY, IGM	25
86710	INFLUENZA VIRUS ANTIBODY	31
86713	LEGIONELLA ANTIBODY	35
86717	LEISHMANIA ANTIBODY	28
86720	LEPTOSPIRA ANTIBODY	30
86723	LISTERIA MONOCYTOGENES ANTIB	30

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86727	LYMPH CHORIOMENINGITIS ANTIB	29
86729	LYMPHOGRANULOMA VENEREUM ANT	27
86732	MUCORMYCOSIS ANTIBODY	30
86735	MUMPS ANTIBODY	30
86738	MYCOPLASMA ANTIBODY	30
86741	NEISSERIA MENINGITIDIS	30
86744	NOCARDIA ANTIBODY	30
86747	PARVOVIRUS ANTIBODY	34
86750	MALARIA ANTIBODY	30
86753	PROTOZOA ANTIBODY NOS	28
86756	RESPIRATORY VIRUS ANTIBODY	29
86757	RICKETTSIA ANTIBODY	44
86759	ROTAVIRUS ANTIBODY	30
86762	RUBELLA ANTIBODY	33
86765	RUBEOLA ANTIBODY	29
86768	SALMONELLA ANTIBODY	30
86771	SHIGELLA ANTIBODY	30
86774	TETANUS ANTIBODY	33
86777	TOXOPLASMA ANTIBODY	33
86778	TOXOPLASMA ANTIBODY, IGM	33
86781	TREPONEMA PALLIDUM, CONFIRM	30
86784	TRICHINELLA ANTIBODY	28
86787	VARICELLA-ZOSTER ANTIBODY	29
86788	WEST NILE VIRUS AB, IGM	38
86789	WEST NILE VIRUS ANTIBODY	33
86790	VIRUS ANTIBODY NOS	29
86793	YERSINIA ANTIBODY	30
86800	THYROGLOBULIN ANTIBODY	36
86803	HEPATITIS C AB TEST	32
86804	HEPATITIS C AB TEST, CONFIRM	35
86805	LYMPHOCYTOTOXICITY ASSAY	118
86806	LYMPHOCYTOTOXICITY ASSAY	108
86807	CYTOTOXIC ANTIBODY SCREENING	90
86808	CYTOTOXIC ANTIBODY SCREENING	67
86812	HLA TYPING, A, B, OR C	58
86813	HLA TYPING, A, B, OR C	131
86816	HLA TYPING, DR/DQ	63
86817	HLA TYPING, DR/DQ	146
86821	LYMPHOCYTE CULTURE MIXED	128
86822	LYMPHOCYTE CULTURE PRIMED	83
86850	RBC ANTIBODY SCREEN	56
86860	RBC ANTIBODY ELUTION	72
86870	RBC ANTIBODY IDENTIFICATION	62
86880	COOMBS TEST, DIRECT	12
86885	COOMBS TEST, INDIRECT, QUAL	13
86886	COOMBS TEST, INDIRECT, TITER	12
86890	AUTOLOGOUS BLOOD PROCESS	276
86891	AUTOLOGOUS BLOOD, OP SALVAGE	416
86900	BLOOD TYPING, ABO	7
86901	BLOOD TYPING, RH (D)	7
86903	BLOOD TYPING, ANTIGEN SCREEN	21
86904	BLOOD TYPING, PATIENT SERUM	22
86905	BLOOD TYPING, RBC ANTIGENS	9
86906	BLOOD TYPING, RH PHENOTYPE	18
86910	BLOOD TYPING, PATERNITY TEST	95
86911	BLOOD TYPING, ANTIGEN SYSTEM	66
86920	COMPATIBILITY TEST, SPIN	123
86921	COMPATIBILITY TEST, INCUBATE	114
86922	COMPATIBILITY TEST, ANTIGLOB	95
86927	PLASMA, FRESH FROZEN	69

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PROCEDURE CODE	DESCRIPTION	RATE
86930	FROZEN BLOOD PREP	510
86931	FROZEN BLOOD THAW	243
86932	FROZEN BLOOD FREEZE/THAW	527
86940	HEMOLYSINS/AGGLUTININS, AUTO	19
86941	HEMOLYSINS/AGGLUTININS	27
86945	BLOOD PRODUCT/IRRADIATION	68
86950	LEUKOCYTE TRANSFUSION	690
86965	POOLING BLOOD PLATELETS	93
86970	RBC PRETREAT	146
86971	RBC PRETREAT	33
86972	RBC PRETREAT	72
86975	RBC PRETREAT SERUM	177
86976	RBC PRETREAT SERUM	177
86977	RBC PRETREAT SERUM	177
86978	RBC PRETREAT SERUM	228
86985	SPLIT BLOOD OR PRODUCTS	51
87001	SMALL ANIMAL INOCULATION	30
87003	SMALL ANIMAL INOCULATION	38
87015	SPECIMEN CONCENTRATION	15
87040	BLOOD CULTURE FOR BACTERIA	23
87045	FECES CULTURE BACTERIA	21
87046	STOOL CULTURE BACTERIA, EACH	21
87070	CULTURE BACTERIA, OTHER	19
87071	CULTURE BACTERIA AEROBIC OTH	21
87073	CULTURE BACTERIA ANAEROBIC	21
87075	CULTURE BACTERIA, EXCEPT BLO	21
87076	CULTURE ANAEROBE IDENTIFY, E	18
87077	CULTURE AEROBIC IDENTIFY	18
87081	CULTURE SCREEN ONLY	15
87084	CULTURE SPECIMEN BY KIT	19
87086	URINE CULTURE/COLONY COUNT	18
87088	URINE BACTERIA CULTURE	18
87101	SKIN FUNGI CULTURE	17
87102	FUNGUS ISOLATION CULTURE	19
87103	BLOOD FUNGUS CULTURE	20
87106	FUNGI IDENTIFICATION, YEAST	23
87107	FUNGI IDENTIFICATION, MOLD	23
87109	MYCOPLASMA	35
87110	CHLAMYDIA CULTURE	44
87116	MYCOBACTERIA CULTURE	24
87118	MYCOBACTERIC IDENTIFICATION	25
87140	CULTURE TYPE IMMUNOFUORESCE	13
87143	CULTURE TYPING, GLC/HPLC	28
87147	CULTURE TYPE, IMMUNOLOGIC	12
87149	CULTURE TYPE, NUCLEIC ACID	45
87152	CULTURE TYPE PULSE FIELD GEL	12
87158	CULTURE TYPING, ADDED METHOD	12
87164	DARK FIELD EXAMINATION	24
87166	DARK FIELD EXAMINATION	26
87168	MACROSCOPIC EXAM ARTHROPOD	10
87169	MACROSCOPIC EXAM PARASITE	10
87172	PINWORM EXAM	10
87176	TISSUE HOMOGENIZATION, CULTU	13
87177	OVA & PARASITES SMEARS	20
87181	MICROBE SUSCEPTIBLE, DIFFUSE	11
87184	MICROBE SUSCEPTIBLE, DISK	16
87185	MICROBE SUSCEPTIBLE, ENZYME	11
87186	MICROBE SUSCEPTIBLE, MIC	20
87187	MICROBE SUSCEPTIBLE, MLC	23
87188	MICROBE SUSCEPT, MACROBROTH	15

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87190	MICROBE SUSCEPT, MYCOBACTERI	13
87197	BACTERICIDAL LEVEL, SERUM	34
87205	SMEAR, GRAM STAIN	10
87206	SMEAR, FLUORESCENT/ACID STAI	12
87207	SMEAR, SPECIAL STAIN	14
87209	SMEAR, COMPLEX STAIN	41
87210	SMEAR, WET MOUNT, SALINE/INK	10
87220	TISSUE EXAM FOR FUNGI	10
87230	ASSAY TOXIN OR ANTITOXIN	45
87250	VIRUS INOCULATE, EGGS/ANIMAL	44
87252	VIRUS INOCULATION, TISSUE	59
87253	VIRUS INOCULATE TISSUE, ADDE	46
87254	VIRUS INOCULATION, SHELL VIA	44
87255	GENET VIRUS ISOLATE, HSV	77
87260	ADENOVIRUS AG, IF	27
87265	PERTUSSIS AG, IF	27
87267	ENTEROVIRUS ANTIBODY, DFA	27
87269	GIARDIA AG, IF	27
87270	CHLAMYDIA TRACHOMATIS AG, IF	27
87271	CYTOMEGALOVIRUS DFA	27
87272	CRYPTOSPORIDIUM AG, IF	27
87273	HERPES SIMPLEX 2, AG, IF	27
87274	HERPES SIMPLEX 1, AG, IF	27
87275	INFLUENZA B, AG, IF	27
87276	INFLUENZA A, AG, IF	27
87277	LEGIONELLA MICDADEI, AG, IF	27
87278	LEGION PNEUMOPHILIA AG, IF	27
87279	PARAINFLUENZA, AG, IF	27
87280	RESPIRATORY SYNCYTIAL AG, IF	27
87281	PNEUMOCYSTIS CARINII, AG, IF	27
87283	RUBEOLA, AG, IF	27
87285	TREPONEMA PALLIDUM, AG, IF	27
87290	VARICELLA ZOSTER, AG, IF	27
87299	ANTIBODY DETECTION, NOS, IF	27
87300	AG DETECTION, POLYVALENT, IF	27
87301	ADENOVIRUS AG, EIA	27
87305	ASPERGILLUS AG, EIA	27
87320	CHLAMYDIA TRACH AG, EIA	27
87324	CLOSTRIDIUM AG, EIA	27
87327	CRYPTOCOCCUS NEOFORM AG, EIA	27
87328	CRYPTOSPORIDIUM AG, EIA	27
87329	GIARDIA AG, EIA	27
87332	CYTOMEGALOVIRUS AG, EIA	27
87335	E COLI 0157 AG, EIA	27
87336	ENTAMOEBIA HIST DISPR, AG, EI	27
87337	ENTAMOEBIA HIST GROUP, AG, EI	27
87338	H. PYLORI, STOOL, EIA	33
87339	H. PYLORI AG, EIA	27
87340	HEPATITIS B SURFACE AG, EIA	23
87341	HEPATITIS B SURFACE, AG, EIA	23
87350	HEPATITIS BE AG, EIA	26
87380	HEPATITIS DELTA AG, EIA	37
87385	HISTOPLASMA CAPSULATUM AG, E	27
87390	HIV-1 AG, EIA	40
87391	HIV-2 AG, EIA	40
87400	INFLUENZA A/B, AG, EIA	27
87420	RESP SYNCYTIAL AG, EIA	27
87425	ROTAVIRUS AG, EIA	27
87427	SHIGA-LIKE TOXIN AG, EIA	27
87430	STREP A AG, EIA	27

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87449	AG DETECT NOS, EIA, MULT	27
87450	AG DETECT NOS, EIA, SING	22
87451	AG DETECT POLYVALENT, EIA, M	22
87470	BARTONELLA, DNA, DIR PROBE	45
87471	BARTONELLA, DNA, AMP PROBE	79
87472	BARTONELLA, DNA, QUANT	97
87475	LYME DISEASE, DNA, DIR PROBE	45
87476	LYME DISEASE, DNA, AMP PROBE	79
87477	LYME DISEASE, DNA, QUANT	97
87480	CANDIDA, DNA, DIR PROBE	45
87481	CANDIDA, DNA, AMP PROBE	79
87482	CANDIDA, DNA, QUANT	94
87485	CHLAMYDIA PNEUM, DNA, DIR PR	45
87486	CHLAMYDIA PNEUM, DNA, AMP PR	79
87487	CHLAMYDIA PNEUM, DNA, QUANT	97
87490	CHLAMYDIA TRACH, DNA, DIR PR	45
87491	CHLAMYDIA TRACH, DNA, AMP PR	79
87492	CHLAMYDIA TRACH, DNA, QUANT	79
87495	CYTOMEG, DNA, DIR PROBE	45
87496	CYTOMEG, DNA, AMP PROBE	79
87497	CYTOMEG, DNA, QUANT	97
87498	ENTEROVIRUS, DNA, AMP PROBE	79
87500	VANCOMYCIN, DNA, AMP PROBE	79
87510	GARDNER VAG, DNA, DIR PROBE	45
87511	GARDNER VAG, DNA, AMP PROBE	79
87512	GARDNER VAG, DNA, QUANT	94
87515	HEPATITIS B, DNA, DIR PROBE	45
87516	HEPATITIS B, DNA, AMP PROBE	79
87517	HEPATITIS B, DNA, QUANT	97
87520	HEPATITIS C, RNA, DIR PROBE	45
87521	HEPATITIS C, RNA, AMP PROBE	79
87522	HEPATITIS C, RNA, QUANT	97
87525	HEPATITIS G, DNA, DIR PROBE	45
87526	HEPATITIS G, DNA, AMP PROBE	79
87527	HEPATITIS G, DNA, QUANT	94
87528	HSV, DNA, DIR PROBE	45
87529	HSV, DNA, AMP PROBE	79
87530	HSV, DNA, QUANT	97
87531	HHV-6, DNA, DIR PROBE	45
87532	HHV-6, DNA, AMP PROBE	79
87533	HHV-6, DNA, QUANT	94
87534	HIV-1, DNA, DIR PROBE	45
87535	HIV-1, DNA, AMP PROBE	79
87536	HIV-1, DNA, QUANT	193
87537	HIV-2, DNA, DIR PROBE	45
87538	HIV-2, DNA, AMP PROBE	79
87539	HIV-2, DNA, QUANT	97
87540	LEGION PNEUMO, DNA, DIR PROB	45
87541	LEGION PNEUMO, DNA, AMP PROB	79
87542	LEGION PNEUMO, DNA, QUANT	94
87550	MYCOBACTERIA, DNA, DIR PROBE	45
87551	MYCOBACTERIA, DNA, AMP PROBE	79
87552	MYCOBACTERIA, DNA, QUANT	97
87555	M. TUBERCULO, DNA, DIR PROBE	45
87556	M. TUBERCULO, DNA, AMP PROBE	79
87557	M. TUBERCULO, DNA, QUANT	97
87560	M. AVIUM-INTRA, DNA, DIR PRO	45
87561	M. AVIUM-INTRA, DNA, AMP PRO	79
87562	M. AVIUM-INTRA, DNA, QUANT	97
87580	M. PNEUMONIA, DNA, DIR PROBE	45

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87581	M. PNEUMONIA, DNA, AMP PROBE	79
87582	M. PNEUMONIA, DNA, QUANT	94
87590	N. GONORRHOEAE, DNA, DIR PRO	45
87591	N. GONORRHOEAE, DNA, AMP PRO	79
87592	N. GONORRHOEAE, DNA, QUANT	97
87620	HPV, DNA, DIR PROBE	45
87621	HPV, DNA, AMP PROBE	79
87622	HPV, DNA, QUANT	94
87640	STAPH A, DNA, AMP PROBE	79
87641	MR-STAPH, DNA, AMP PROBE	79
87650	STREP A, DNA, DIR PROBE	45
87651	STREP A, DNA, AMP PROBE	79
87652	STREP A, DNA, QUANT	94
87653	STREP B, DNA, AMP PROBE	79
87660	TRICHOMONAS VAG, DIR PROBE	45
87797	DETECT AGENT NOS, DNA, DIR	45
87798	DETECT AGENT NOS, DNA, AMP	79
87799	DETECT AGENT NOS, DNA, QUANT	97
87800	DETECT AGENT MULT, DNA, DIRE	91
87801	DETECT AGENT MULT, DNA, AMPL	159
87802	STREP B ASSAY W/OPTIC	27
87803	CLOSTRIDIUM TOXIN A W/OPTIC	27
87804	INFLUENZA ASSAY W/OPTIC	27
87807	RSV ASSAY W/OPTIC	27
87808	TRICHOMONAS ASSAY W/OPTIC	27
87809	ADENOVIRUS ASSAY W/OPTIC	27
87810	CHLAMYDIA TRACH ASSAY W/OPTI	27
87850	N. GONORRHOEAE ASSAY W/OPTIC	27
87880	STREP A ASSAY W/OPTIC	27
87899	AGENT NOS ASSAY W/OPTIC	27
87900	PHENOTYPE, INFECT AGENT DRUG	295
87901	GENOTYPE, DNA, HIV REVERSE T	583
87902	GENOTYPE, DNA, HEPATITIS C	583
87903	PHENOTYPE, DNA HIV W/CULTURE	1,106
87904	PHENOTYPE, DNA HIV W/CULT AD	59
87905	SIALIDASE ENZYME ASSAY	28
88000	AUTOPSY (NECROPSY), GROSS	993
88005	AUTOPSY (NECROPSY), GROSS	1,118
88007	AUTOPSY (NECROPSY), GROSS	1,242
88012	AUTOPSY (NECROPSY), GROSS	1,043
88014	AUTOPSY (NECROPSY), GROSS	1,043
88016	AUTOPSY (NECROPSY), GROSS	993
88020	AUTOPSY (NECROPSY), COMPLETE	1,242
88025	AUTOPSY (NECROPSY), COMPLETE	1,365
88027	AUTOPSY (NECROPSY), COMPLETE	1,490
88028	AUTOPSY (NECROPSY), COMPLETE	1,290
88029	AUTOPSY (NECROPSY), COMPLETE	1,290
88036	LIMITED AUTOPSY	1,068
88037	LIMITED AUTOPSY	869
88040	FORENSIC AUTOPSY (NECROPSY)	3,228
88104	CYTOPATH FL NONGYN, SMEARS	105
88106	CYTOPATH FL NONGYN, FILTER	132
88107	CYTOPATH FL NONGYN, SM/FILTE	166
88108	CYTOPATH, CONCENTRATE TECH	125
88112	CYTOPATH, CELL ENHANCE TECH	172
88125	FORENSIC CYTOPATHOLOGY	36
88130	SEX CHROMATIN IDENTIFICATION	34
88140	SEX CHROMATIN IDENTIFICATION	18
88141	CYTOPATH, C/V, INTERPRET	45
88142	CYTOPATH, C/V, THIN LAYER	46

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88143	CYTOPATH C/V THIN LAYER REDO	46
88147	CYTOPATH, C/V, AUTOMATED	26
88148	CYTOPATH, C/V, AUTO RESCREEN	34
88150	CYTOPATH, C/V, MANUAL	23
88151	PAP SMEAR (S)	9
88152	CYTOPATH, C/V, AUTO REDO	23
88153	CYTOPATH, C/V, REDO	23
88154	CYTOPATH, C/V, SELECT	23
88155	CYTOPATH, C/V, INDEX, ADD-ON	14
88160	CYTOPATH SMEAR, OTHER SOURCE	88
88161	CYTOPATH SMEAR, OTHER SOURCE	92
88162	CYTOPATH SMEAR, OTHER SOURCE	133
88164	CYTOPATH TBS, C/V, MANUAL	23
88165	CYTOPATH TBS, C/V, REDO	23
88166	CYTOPATH TBS, C/V, AUTO REDO	23
88167	CYTOPATH TBS, C/V, SELECT	23
88172	CYTOPATHOLOGY EVAL FNA	89
88173	CYTOPATH EVAL, FNA, REPORT	226
88174	CYTOPATH, C/V AUTO, IN FLUID	48
88175	CYTOPATH C/V AUTO FLUID REDO	60
88182	CELL MARKER STUDY	176
88184	FLOW CYTOMETRY/ TC, 1 MARKER	143
88185	FLOW CYTOMETRY/TC, ADD-ON	85
88187	FLOW CYTOMETRY/READ, 2-8	104
88188	FLOW CYTOMETRY/READ, 9-15	128
88189	FLOW CYTOMETRY/READ, 16 & >	162
88230	TISSUE CULTURE LYMPHOCYTE	264
88233	TISSUE CULTURE SKIN/BIOPSY	318
88235	TISSUE CULTURE PLACENTA	333
88237	TISSUE CULTURE BONE MARROW	286
88239	TISSUE CULTURE TUMOR	334
88240	CELL CRYOPRESERVE/STORAGE	23
88241	FROZEN CELL PREPARE	23
88245	CHROMOSOME ANALYSIS, 20-25	337
88248	CHROMOSOME ANALYSIS, 50-100	392
88249	CHROMOSOME ANALYSIS, 100	392
88261	CHROMOSOME ANALYSIS, 5	400
88262	CHROMOSOME ANALYSIS, 15-20	282
88263	CHROMOSOME ANALYSIS, 45	340
88264	CHROMOSOME ANALYSIS, 20-25	282
88267	CHROMOSOME ANALYSIS, PLACENT	407
88269	CHROMOSOME ANALYSIS, AMNIOTI	376
88271	CYTOGENETICS, DNA PROBE	48
88272	CYTOGENETICS, 3-5	61
88273	CYTOGENETICS, 10-30	73
88274	CYTOGENETICS, 25-99	79
88275	CYTOGENETICS, 100-300	91
88280	CHROMOSOME KARYOTYPE STUDY	57
88283	CHROMOSOME BANDING STUDY	155
88285	CHROMOSOME COUNT, ADDITIONAL	43
88289	CHROMOSOME STUDY, ADDITIONAL	78
88291	CYTO/MOLECULAR REPORT	47
88300	SURGICAL PATH, GROSS	41
88302	TISSUE EXAM BY PATHOLOGIST	87
88304	TISSUE EXAM BY PATHOLOGIST	110
88305	TISSUE EXAM BY PATHOLOGIST	182
88307	TISSUE EXAM BY PATHOLOGIST	363
88309	TISSUE EXAM BY PATHOLOGIST	543
88311	DECALCIFY TISSUE	30
88312	SPECIAL STAINS	174

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PROCEDURE CODE	DESCRIPTION	RATE
88313	SPECIAL STAINS	128
88314	HISTOCHEMICAL STAIN	155
88318	CHEMICAL HISTOCHEMISTRY	175
88319	ENZYME HISTOCHEMISTRY	244
88321	MICROSLIDE CONSULTATION	127
88323	MICROSLIDE CONSULTATION	240
88325	COMPREHENSIVE REVIEW DATA	198
88329	PATH CONSULT INTRAOP	54
88331	PATH CONSULT INTRAOP, 1 BLOC	149
88332	PATH CONSULT INTRAOP, ADDED	66
88333	INTRAOP CYTO PATH CONSULT, 1	153
88334	INTRAOP CYTO PATH CONSULT, 2	93
88342	IMMUNOHISTOCHEMISTRY	171
88346	IMMUNOFLUORESCENT STUDY	171
88347	IMMUNOFLUORESCENT STUDY	133
88348	ELECTRON MICROSCOPY	1,117
88349	SCANNING ELECTRON MICROSCOPY	531
88355	ANALYSIS, SKELETAL MUSCLE	413
88356	ANALYSIS, NERVE	492
88358	ANALYSIS, TUMOR	129
88360	TUMOR IMMUNOHISTOCHEM/MANUAL	205
88361	TUMOR IMMUNOHISTOCHEM/COMPUT	261
88362	NERVE TEASING PREPARES	451
88365	INSITU HYBRIDIZATION (FISH)	271
88367	INSITU HYBRIDIZATION, AUTO	420
88368	INSITU HYBRIDIZATION, MANUAL	367
88371	PROTEIN, WESTERN BLOT TISSUE	50
88372	PROTEIN ANALYSIS W/PROBE	51
88380	MICRODISSECTION, LASER	338
88381	MICRODISSECTION, MANUAL	375
88385	EVAL MOLECULAR PROBES, 51-25	934
88386	EVAL MOLECULAR PROBES, 251-5	1,196
88720	BILIRUBIN TOTAL TRANSCUT	11
88740	TRANSCUTANEOUS CARBOXYHB	11
88741	TRANSCUTANEOUS METHB	11
89049	CHCT FOR MAL HYPERTHERMIA	109
89050	BODY FLUID CELL COUNT	11
89051	BODY FLUID CELL COUNT	12
89055	LEUKOCYTE ASSESS, FECAL	10
89060	EXAM, SYNOVIAL FLUID CRYSTAL	16
89100	SAMPLE INTESTINAL CONTENTS	64
89105	SAMPLE INTESTINAL CONTENTS	55
89125	SPECIMEN FAT STAIN	10
89130	SAMPLE STOMACH CONTENTS	47
89132	SAMPLE STOMACH CONTENTS	31
89135	SAMPLE STOMACH CONTENTS	85
89136	SAMPLE STOMACH CONTENTS	29
89140	SAMPLE STOMACH CONTENTS	84
89141	SAMPLE STOMACH CONTENTS	80
89160	EXAM FECES FOR MEAT FIBERS	8
89190	NASAL SMEAR FOR EOSINOPHILS	11
89220	SPUTUM SPECIMEN COLLECTION	27
89225	STARCH GRANULES, FECES	8
89230	COLLECT SWEAT FOR TEST	7
89235	WATER LOAD TEST	12
89240	PATHOLOGY LAB PROCEDURE	249
89250	CULTURE OOCYTE/EMBRYO <4 DAY	1,926
89251	CULTURE OOCYTE/EMBRYO <4 DAY	1,874
89253	EMBRYO HATCHING	1,046
89254	OOCYTE IDENTIFICATION	843

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89255	PREPARE EMBRYO FOR TRANSFER	531
89258	CRYOPRESERVATION; EMBRYO(S)	875
89259	CRYOPRESERVATION, SPERM	245
89260	SPERM ISOLATION, SIMPLE	203
89261	SPERM ISOLATION, COMPLEX	315
89264	IDENTIFY SPERM TISSUE	866
89268	INSEMINATION OOCYTES	675
89272	EXTENDED CULTURE OOCYTES	1,281
89280	ASSIST OOCYTE FERTILIZATION	3,065
89281	ASSIST OOCYTE FERTILIZATION	3,321
89290	BIOPSY OOCYTE POLAR BODY	2,454
89291	BIOPSY OOCYTE POLAR BODY	2,747
89300	SEMEN ANALYSIS W/HUHERNER	20
89310	SEMEN ANALYSIS W/COUNT	19
89320	SEMEN ANAL VOL/COUNT/MOT	27
89321	SEMEN ANAL, SPERM DETECTION	27
89322	SEMEN ANAL, STRICT CRITERIA	35
89325	SPERM ANTIBODY TEST	24
89329	SPERM EVAL TEST	47
89330	EVAL, CERVICAL MUCUS	22
89331	RETROGRADE EJACULATION ANAL	44
89342	STORAGE/YEAR; EMBRYO(S)	104
89343	STORAGE/YEAR; SPERM/SEMEN	170
89352	THAWING CRYOPRESERVED; EMBRY	567
89353	THAWING CRYOPRESERVED; SPERM	78
90281	HUMAN IG, IM	56
90283	HUMAN IG, IV	153
90371	HEPATITIS B IG, IM	308
90375	RABIES IG, IM/SC	122
90378	RSV IG, IM, 50MG	1,589
90384	RH IG, FULL-DOSE, IM	237
90385	RH IG, MINIDOSE, IM	74
90389	TETANUS IG, IM	38
90396	VARICELLA-ZOSTER IG, IM	93
90465	IMMUNE ADMIN 1 INJ, < 8 YRS	37
90466	IMMUNE ADMIN ADDED INJ, < 8	13
90467	IMMUNE ADMIN O OR N, < 8 YRS	15
90468	IMMUNE ADMIN O/N, ADDED < 8	12
90471	IMMUNIZATION ADMIN	37
90472	IMMUNIZATION ADMIN, EACH ADD	13
90473	IMMUNE ADMIN ORAL/NASAL	13
90474	IMMUNE ADMIN ORAL/NASAL ADDE	12
90585	BCG VACCINE, PERCUT	33
90586	BCG VACCINE, INTRAVESICAL	359
90632	HEPATITIS A VACCINE, ADULT I	146
90633	HEPATITIS A VACC, PED/ADOL,	93
90634	HEPATITIS A VACC, PED/ADOL,	89
90636	HEPATITIS A/HEPATITIS B VACC	212
90645	HIB VACCINE, HBOC, IM	65
90646	HIB VACCINE, PRP-D, IM	60
90647	HIB VACCINE, PRP-OMP, IM	65
90648	HIB VACCINE, PRP-T, IM	65
90649	HPV VACCINE 4 VALENT, IM	272
90655	FLU VACCINE NO PRESERVE 6-35	39
90656	FLU VACCINE NO PRESERVE 3 &	41
90657	FLU VACCINE, 3 YRS, IM	32
90658	FLU VACCINE, 3 YRS & >, IM	29
90660	FLU VACCINE, NASAL	62
90665	LYME DISEASE VACCINE, IM	147
90669	PNEUMOCOCCAL VACC, PED <5	156

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PROCEDURE CODE	DESCRIPTION	RATE
90675	RABIES VACCINE, IM	323
90676	RABIES VACCINE, ID	231
90680	ROTAVIRUS VACC 3 DOSE, ORAL	146
90690	TYPHOID VACCINE, ORAL	78
90691	TYPHOID VACCINE, IM	108
90692	TYPHOID VACCINE, H-P, SC/ID	81
90693	TYPHOID VACCINE, AKD, SC	104
90698	DTAP-HIB-IP VACCINE, IM	42
90700	DTAP VACCINE, < 7 YRS, IM	71
90701	DTP VACCINE, IM	59
90702	DT VACCINE < 7, IM	42
90703	TETANUS VACCINE, IM	39
90704	MUMPS VACCINE, SC	66
90705	MEASLES VACCINE, SC	60
90706	RUBELLA VACCINE, SC	63
90707	MMR VACCINE, SC	99
90708	MEASLES-RUBELLA VACCINE, SC	72
90710	MMRV VACCINE, SC	258
90712	ORAL POLIOVIRUS VACCINE	51
90713	POLIOVIRUS, IPV, SC/IM	69
90714	TD VACCINE NO PRESERVE >= 7	48
90715	TDAP VACCINE >7 IM	87
90716	CHICKEN POX VACCINE, SC	144
90717	YELLOW FEVER VACCINE, SC	153
90718	TD VACCINE > 7, IM	41
90719	DIPHThERIA VACCINE, IM	42
90720	DTP/HIB VACCINE, IM	101
90721	DTAP/HIB VACCINE, IM	111
90723	DTAP-HEPATITIS B-IPV VACCINE	158
90725	CHOLERA VACCINE, INJECTABLE	39
90727	PLAGUE VACCINE, IM	45
90732	PNEUMOCOCCAL VACCINE	59
90733	MENINGOCOCCAL VACCINE, SC	164
90734	MENINGOCOCCAL VACCINE, IM	195
90735	ENCEPHALITIS VACCINE, SC	179
90736	ZOSTER VACC, SC	332
90740	HEPB VACC, ILL PAT 3 DOSE IM	92
90743	HEPATITIS B VACC, ADOL, 2 DO	120
90744	HEPB VACC PED/ADOL 3 DOSE IM	84
90746	HEPATITIS B VACCINE, ADULT,	138
90747	HEPB VACC, ILL PAT 4 DOSE IM	156
90748	HEPATITIS B/HIB VACCINE, IM	125
90760	INTRAVENOUS INFUSION, HYDRA	33
90761	HYDRATE IV INFUSION, ADD-ON	18
90780	IV INFUSION THERAPY, 1 HOUR	166
90781	INTRAVENOUS (IV) INFUSION F	46
90801	PSYCH DIAG INTERVIEW	206
90802	INTERACT PSYCH DIAG INTERVIE	222
90804	PSYCH, OFFICE, 20-30 MIN	91
90805	PSYCH, OFF, 20-30 MIN W/E &	103
90806	PSYCH, OFF, 45-50 MIN	140
90807	PSYCH, OFF, 45-50 MIN W/E &	152
90808	PSYCH, OFFICE, 75-80 MIN	210
90809	PSYCH, OFF, 75-80, W/E & M	222
90810	INTERACT PSYCH, OFF, 20-30 M	99
90811	INTERACT PSYCH, 20-30, W/E &	112
90812	INTERACT PSYCH, OFF, 45-50 M	148
90813	INTERACT PSYCH, 45-50 MIN W/	160
90814	INTERACT PSYCH, OFF, 75-80 M	223
90815	INTERACT PSYCH, 75-80 W/E &	230

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PROCEDURE CODE	DESCRIPTION	RATE
90816	PSYCH, HOSP, 20-30 MIN	100
90817	PSYCH, HOSP, 20-30 MIN W/E &	111
90818	PSYCH, HOSP, 45-50 MIN	149
90819	PSYCH, HOSP, 45-50 MIN W/E &	160
90821	PSYCH, HOSP, 75-80 MIN	219
90822	PSYCH, HOSP, 75-80 MIN W/E &	231
90823	INTERACT PSYCH, HOSP, 20-30	108
90824	INTERACT PSYCH, HOSP 20-30 W	120
90826	INTERACT PSYCH, HOSP, 45-50	158
90827	INTERACT PSYCH, HOSP 45-50 W	168
90828	INTERACT PSYCH, HOSP, 75-80	228
90829	INTERACT PSYCH, HOSP 75-80 W	238
90845	PSYCHOANALYSIS	128
90846	FAMILY PSYCH W/O PATIENT	137
90847	FAMILY PSYCH W/PATIENT	164
90849	MULTIPLE FAMILY GROUP PSYCH	49
90853	GROUP PSYCHOTHERAPY	48
90857	INTERACT GROUP PSYCH	50
90862	MEDICATION MANAGEMENT	73
90865	NARCOSYNTHESIS	214
90870	ELECTROCONVULSIVE THERAPY	137
90875	PSYCHOPHYSIOLOGICAL THERAPY	180
90876	PSYCHOPHYSIOLOGICAL THERAPY	227
90880	HYPNOTHERAPY	157
90882	ENVIRONMENTAL MANIPULATION	144
90885	PSYCH EVALUATE RECORDS	186
90887	CONSULTATION W/FAMILY	162
90889	PREPARE REPORT	179
90901	BIOFEEDBACK TRAIN, ANY METHO	32
90911	BIOFEEDBACK PERI/URO/RECTAL	74
90935	HEMODIALYSIS, ONE EVAL	109
90937	HEMODIALYSIS, REPEATED EVAL	178
90945	DIALYSIS, ONE EVAL	113
90947	DIALYSIS, REPEATED EVAL	182
90951	ESRD SERV, 4 VISITS P MO, <2	1,570
90954	ESRD SERV, 4 VISITS P MO, 2-	1,276
90955	ESRD SERV 2-3 VISITS P MO, 2	727
90956	ESRD SERV, 1 VISIT P MO, 2-1	492
90957	ESRD SERV, 4 VISITS P MO, 12	1,029
90958	ESRD SERV 2-3 VISITS P MO 12	696
90959	ESRD SERV, 1 VISIT P MO, 12-	456
90960	ESRD SERV, 4 VISITS P MO, 20	462
90961	ESRD SERV, 2-3 VISITS P MO,	372
90962	ESRD SERV, 1 VISIT P MO, 20+	268
90963	ESRD HOME PAT, SERV P MO, <2	885
90964	ESRD HOME PAT SERV P MO, 2-1	733
90965	ESRD HOME PAT SERV P MO 12-1	698
90966	ESRD HOME PAT, SERV P MO, 20	367
90967	ESRD HOME PAT SERV P DAY, <2	32
90968	ESRD HOME PAT SERV P DAY, 2-	25
90969	ESRD HOME PAT SERV P DAY 12-	24
90970	ESRD HOME PAT SERV P DAY, 20	13
90989	DIALYSIS TRAINING, COMPLETE	998
90993	DIALYSIS TRAINING, INCOMP	180
90997	HEMOPERFUSION	143
91000	ESOPHAGEAL INTUBATION	152
91010	ESOPHAGUS MOTILITY STUDY	325
91011	ESOPHAGUS MOTILITY STUDY	437
91012	ESOPHAGUS MOTILITY STUDY	444
91020	GASTRIC MOTILITY STUDIES	396

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PROCEDURE CODE	DESCRIPTION	RATE
91022	DUODENAL MOTILITY STUDY	323
91030	ACID PERFUSE ESOPHAGUS	237
91034	GASTROESOPHAGEAL REFLUX TEST	344
91035	G-ESOPH REFLUX TEST W/ELECTR	818
91037	ESOPH IMPED FUNCTION TEST	274
91038	ESOPH IMPED FUNCT TEST > 1H	239
91040	ESOPH BALLOON DISTENSION TES	666
91052	GASTRIC ANALYSIS TEST	211
91055	GASTRIC INTUBATION FOR SMEAR	227
91065	BREATH HYDROGEN TEST	115
91105	GASTRIC INTUBATION TREAT	27
91110	GI TRACT CAPSULE ENDOSCOPY	1,571
91111	ESOPHAGEAL CAPSULE ENDOSCOPY	1,246
91120	RECTAL SENSATION TEST	682
91122	ANAL PRESSURE RECORD	394
91132	ELECTROGASTROGRAPHY	46
91133	ELECTROGASTROGRAPHY W/TEST	59
92002	EYE EXAM, NEW PATIENT	70
92004	EYE EXAM, NEW PATIENT	146
92012	EYE EXAM ESTABLISHED PAT	75
92014	EYE EXAM & TREAT	114
92015	REFRACTION	105
92018	NEW EYE EXAM & TREAT	208
92019	EYE EXAM & TREAT	103
92020	SPECIAL EYE EVAL	31
92025	CORNEAL TOPOGRAPHY	53
92060	SPECIAL EYE EVAL	91
92065	ORTHOPTIC/PLEOPTIC TRAINING	73
92070	FIT CONTACT LENS	58
92081	VISUAL FIELD EXAMINATION(S)	84
92082	VISUAL FIELD EXAMINATION(S)	112
92083	VISUAL FIELD EXAMINATION(S)	128
92100	SERIAL TONOMETRY EXAM(S)	74
92120	TONOGRAPHY & EYE EVAL	66
92130	WATER PROVOCATION TONOGRAPHY	67
92135	OPHTHALMIC DIAG IMAGING POST	74
92136	OPHTHALMIC BIOMETRY	132
92140	GLAUCOMA PROVOCATIVE TESTS	40
92225	SPECIAL EYE EXAM, INITIAL	31
92226	SPECIAL EYE EXAM, SUBSEQUENT	28
92230	EYE EXAM W/PHOTOS	49
92235	EYE EXAM W/PHOTOS	205
92240	ICG ANGIOGRAPHY	353
92250	EYE EXAM W/PHOTOS	115
92260	OPHTHALMOSCOPY/DYNAMOMETRY	17
92265	EYE MUSCLE EVAL	121
92270	ELECTRO-OCULOGRAPHY	141
92275	ELECTRORETINOGRAPHY	212
92283	COLOR VISION EXAMINATION	74
92284	DARK ADAPTATION EYE EXAM	99
92285	EYE PHOTOGRAPHY	68
92286	INTERNAL EYE PHOTOGRAPHY	193
92287	INTERNAL EYE PHOTOGRAPHY	67
92310	CONTACT LENS FITTING	159
92311	CONTACT LENS FITTING	85
92312	CONTACT LENS FITTING	99
92313	CONTACT LENS FITTING	74
92314	PRESCRIBE CONTACT LENS	153
92315	PRESCRIBE CONTACT LENS	35
92316	PRESCRIBE CONTACT LENS	56

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92317	PRESCRIBE CONTACT LENS	34
92325	MODIFY CONTACT LENS	48
92326	REPLACE CONTACT LENS	66
92340	FIT SPECTACLES	68
92341	FIT SPECTACLES	78
92342	FIT SPECTACLES	125
92352	SPECIAL SPECTACLES FITTING	99
92353	SPECIAL SPECTACLES FITTING	117
92354	SPECIAL SPECTACLES FITTING	734
92355	SPECIAL SPECTACLES FITTING	381
92358	EYE PROSTHESIS SERVICE	98
92370	REPAIR & ADJUST SPECTACLES	59
92371	REPAIR & ADJUST SPECTACLES	116
92502	EAR & THROAT EXAMINATION	152
92504	EAR MICROSCOPY EXAMINATION	15
92506	SPEECH/HEARING EVAL	71
92507	SPEECH/HEARING THERAPY	42
92508	SPEECH/HEARING THERAPY	22
92511	NASOPHARYNGOSCOPY	95
92512	NASAL FUNCTION STUDIES	44
92516	FACIAL NERVE FUNCTION TEST	36
92520	LARYNGEAL FUNCTION STUDIES	63
92526	ORAL FUNCTION THERAPY	44
92531	SPONTANEOUS NYSTAGMUS STUDY	95
92532	POSITIONAL NYSTAGMUS TEST	75
92533	CALORIC VESTIBULAR TEST	44
92534	OPTOKINETIC NYSTAGMUS TEST	57
92541	SPONTANEOUS NYSTAGMUS TEST	100
92542	POSITIONAL NYSTAGMUS TEST	105
92543	CALORIC VESTIBULAR TEST	49
92544	OPTOKINETIC NYSTAGMUS TEST	84
92545	OSCILLATING TRACKING TEST	79
92546	SINUSOIDAL ROTATIONAL TEST	144
92547	SUPPLEMENTAL ELECTRICAL TEST	9
92548	POSTUROGRAPHY	161
92551	PURE TONE HEARING TEST, AIR	44
92552	PURE TONE AUDIOMETRY, AIR	38
92553	AUDIOMETRY, AIR & BONE	51
92555	SPEECH THRESHOLD AUDIOMETRY	28
92556	SPEECH AUDIOMETRY, COMPLETE	44
92557	COMPREHENSIVE HEARING TEST	69
92559	GROUP AUDIOMETRIC TESTING	44
92560	BEKESY AUDIOMETRY, SCREEN	38
92561	BEKESY AUDIOMETRY, DIAGNOSIS	50
92562	LOUDNESS BALANCE TEST	40
92563	TONE DECAY HEARING TEST	36
92564	SISI HEARING TEST	35
92565	STENGER TEST, PURE TONE	22
92567	TYMPANOMETRY	26
92568	ACOUSTIC REFLEX THRESHOLD TE	29
92569	ACOUSTIC REFLEX DECAY TEST	24
92571	FILTERED SPEECH HEARING TEST	29
92572	STAGGERED SPONDAIC WORD TEST	31
92575	SENSORINEURAL ACUITY TEST	63
92576	SYNTHETIC SENTENCE TEST	37
92577	STENGER TEST, SPEECH	30
92579	VISUAL AUDIOMETRY (VRA)	67
92582	CONDITIONING PLAY AUDIOMETRY	73
92583	SELECT PICTURE AUDIOMETRY	58
92584	ELECTROCOCHLEOGRAPHY	118

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92585	AUDITOR EVOKE POTENT, COMPRE	174
92586	AUDITOR EVOKE POTENT, LIMIT	110
92587	EVOKED AUDITORY TEST	67
92588	EVOKED AUDITORY TEST	109
92590	HEARING AID EXAM, ONE EAR	173
92591	HEARING AID EXAM, BOTH EARS	222
92592	HEARING AID CHECK, ONE EAR	60
92593	HEARING AID CHECK, BOTH EARS	89
92594	ELECTRO HEARING AID TEST, ON	54
92595	ELECTRO HEARING AID TEST, BO	90
92596	EAR PROTECTOR EVAL	62
92597	ORAL SPEECH DEVICE EVAL	72
92601	COCHLEAR IMPLANT F/UP EXAM <	231
92602	REPROGRAM COCHLEAR IMPLANT <	139
92603	COCHLEAR IMPLANT F/UP EXAM 7	205
92604	REPROGRAM COCHLEAR IMPLANT 7	118
92607	EX FOR SPEECH DEVICE RX, 1HR	275
92608	EX FOR SPEECH DEVICE RX ADDE	53
92609	USE SPEECH DEVICE SERVICE	146
92610	EVALUATE SWALLOWING FUNCTION	141
92611	MOTION FLUOROSCOPY/SWALLOW	154
92612	ENDOSCOPY SWALLOW TEST (FEES	106
92613	ENDOSCOPY SWALLOW TEST (FEES	61
92614	LARYNGOSCOPIC SENSORY TEST	106
92615	EVAL LARYNGOSCOPY SENSE TEST	55
92616	FEES W/LARYNGEAL SENSE TEST	157
92617	INTERPRET FEES/LARYNGEAL TES	67
92620	AUDITORY FUNCTION, 60 MIN	115
92621	AUDITORY FUNCTION, + 15 MIN	27
92625	TINNITUS ASSESS	92
92626	EVAL AUDITORY REHAB STATUS	129
92627	EVAL AUDITORY STATUS REHAB,	32
92630	AUDITORY REHAB PRE-LING HEAR	392
92640	AUDITORY BRAINSTEM IMPLANT P	119
92950	HEART/LUNG RESUSCITATION CPR	281
92953	TEMPORARY EXTERNAL PACING	19
92960	CARDIOVERSION ELECTRIC, EXT	221
92961	CARDIOVERSION, ELECTRIC, INT	430
92970	CARDIOASSIST, INTERNAL	295
92971	CARDIOASSIST, EXTERNAL	171
92973	PERCUT CORONARY THROMBECTOMY	304
92974	CATH PLACE, CARDIO BRACHYTX	279
92975	DISSOLVE CLOT, HEART VESSEL	667
92977	DISSOLVE CLOT, HEART VESSEL	236
92978	INTRAVASC US, HEART, ADD-ON	164
92979	INTRAVASC US, HEART, ADD-ON	132
92980	INSERT INTRACORONARY STENT	1,387
92981	INSERT INTRACORONARY STENT	385
92982	CORONARY ARTERY DILATION	1,029
92984	CORONARY ARTERY DILATION	275
92986	REVISE AORTIC VALVE	2,296
92987	REVISE MITRAL VALVE	2,376
92990	REVISE PULMONARY VALVE	1,828
92992	REVISE HEART CHAMBER	7,434
92993	REVISE HEART CHAMBER	7,890
92995	CORONARY ATHERECTOMY	1,134
92996	CORONARY ATHERECTOMY, ADD-ON	297
92997	PULMON ART BALLOON REPAIR, P	1,040
92998	PULMON ART BALLOON REPAIR, P	534
93000	ELECTROCARDIOGRAM, COMPLETE	36

EXHIBIT B

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PROCEDURE CODE	DESCRIPTION	RATE
93005	ELECTROCARDIOGRAM, TRACING	21
93010	ELECTROCARDIOGRAM REPORT	15
93012	TRANSMISSION ECG	331
93014	REPORT ON TRANSMITTED ECG	45
93015	CARDIOVASCULAR STRESS TEST	174
93016	CARDIOVASCULAR STRESS TEST	40
93017	CARDIOVASCULAR STRESS TEST	107
93018	CARDIOVASCULAR STRESS TEST	27
93024	CARDIAC DRUG STRESS TEST	210
93025	MICROVOLT T-WAVE ASSESS	381
93040	RHYTHM ECG W/REPORT	22
93041	RHYTHM ECG, TRACING	10
93042	RHYTHM ECG, REPORT	13
93224	ECG MONITOR/REPORT, 24 HRS	209
93225	ECG MONITOR/RECORD, 24 HRS	64
93226	ECG MONITOR/REPORT, 24 HRS	98
93227	ECG MONITOR/REVIEW, 24 HRS	47
93228	REMOTE 30 DAY ECG REV/REPORT	41
93230	ECG MONITOR/REPORT, 24 HRS	214
93231	ECG MONITOR/RECORD, 24 HRS	64
93232	ECG MONITOR/REPORT, 24 HRS	105
93233	ECG MONITOR/REVIEW, 24 HRS	45
93235	ECG MONITOR/REPORT, 24 HRS	518
93236	ECG MONITOR/REPORT, 24 HRS	381
93237	ECG MONITOR/REVIEW, 24 HRS	40
93268	ECG RECORD/REVIEW	476
93270	ECG RECORDING	38
93271	ECG/MONITORING & ANALYSIS	394
93272	ECG/REVIEW, INTERPRET ONLY	45
93278	ECG/SIGNAL-AVERAGED	70
93279	PM DEVICE PROG EVAL, SING	95
93280	PM DEVICE PROG EVAL, DUAL	112
93281	PM DEVICE PROG EVAL, MULTI	131
93282	ICD DEVICE PROG EVAL, 1 SING	121
93283	ICD DEVICE PROG EVAL, DUAL	147
93284	ICD DEVICE PROG EVAL, MULT	173
93285	ILR DEVICE EVAL PROG	82
93286	PRE-OP PM DEVICE EVAL	46
93287	PRE-OP ICD DEVICE EVAL	61
93288	PM DEVICE EVAL IN PERSON	74
93289	ICD DEVICE INTERROGATE	113
93290	ICM DEVICE EVAL	53
93291	ILR DEVICE INTERROGATE	71
93292	WCD DEVICE INTERROGATE	64
93293	PM PHONE R-STRIP DEVICE EVAL	104
93294	PM DEVICE INTERROGATE REMOTE	60
93295	ICD DEVICE INTERROGATE REMOT	109
93296	PM/ICD REMOTE TECH SERV	67
93297	ICM DEVICE INTERROGATE REMOT	41
93298	ILR DEVICE INTERROGATE REMOT	49
93303	ECHO TRANSTHORACIC	382
93304	ECHO TRANSTHORACIC	237
93306	TTE W/DOPPLER, COMPLETE	470
93307	TTE W/O DOPPLER, COMPLETE	310
93308	TTE, F-UP OR LIMITED	197
93312	ECHO TRANSESOPHAGEAL	568
93313	ECHO TRANSESOPHAGEAL	65
93314	ECHO TRANSESOPHAGEAL	495
93315	ECHO TRANSESOPHAGEAL	243
93316	ECHO TRANSESOPHAGEAL	73

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93317	ECHO TRANSESOPHAGEAL	150
93318	ECHO TRANSESOPHAGEAL INTRAOP	182
93320	DOPPLER ECHO EXAM, HEART	137
93321	DOPPLER ECHO EXAM, HEART	61
93325	DOPPLER COLOR FLOW, ADD-ON	94
93350	STRESS TTE ONLY	370
93351	STRESS TTE COMPLETE	484
93352	ADMIN ECG CONTRAST AGENT	68
93501	RIGHT HEART CATH	1,418
93503	INSERT/PLACE HEART CATHETER	173
93505	BIOPSY HEART LINING	1,318
93508	CATH PLACE ANGIOGRAPHY	1,887
93510	LEFT HEART CATH	2,348
93511	LEFT HEART CATH	472
93514	LEFT HEART CATH	648
93524	LEFT HEART CATH	651
93526	RIGHT & LEFT HEART CATHETERS	3,007
93527	RIGHT & LEFT HEART CATHETERS	679
93528	RIGHT & LEFT HEART CATHETERS	803
93529	RIGHT, LEFT HEART CATH	450
93530	RIGHT HEART CATH, CONGENITAL	382
93531	RIGHT & LEFT HEART CATH, CON	747
93532	RIGHT & LEFT HEART CATH, CON	885
93533	RIGHT & LEFT HEART CATH, CON	596
93539	INJECTION, CARDIAC CATH	36
93540	INJECTION, CARDIAC CATH	39
93541	INJECTION FOR LUNG ANGIOGRAM	26
93542	INJECTION FOR HEART X-RAYS	26
93543	INJECTION FOR HEART X-RAYS	26
93544	INJECTION FOR AORTOGRAPHY	23
93545	INJECTION FOR CORONARY X-RAY	36
93555	IMAGING, CARDIAC CATH	200
93556	IMAGING, CARDIAC CATH	282
93561	CARDIAC OUTPUT MEASUREMENT	38
93562	CARDIAC OUTPUT MEASUREMENT	12
93571	HEART FLOW RESERVE MEASURE	163
93572	HEART FLOW RESERVE MEASURE	128
93580	TRANSCATH CLOSE ASD	1,665
93581	TRANSCATH CLOSE VSD	2,170
93600	BUNDLE HIS RECORDING	195
93602	INTRA-ATRIAL RECORDING	194
93603	RIGHT VENTRICULAR RECORDING	194
93609	MAP TACHYCARDIA, ADD-ON	459
93610	INTRA-ATRIAL PACING	275
93612	INTRAVENTRICULAR PACING	274
93613	ELECTROPHYS MAP 3D, ADD-ON	646
93615	ESOPHAGEAL RECORDING	88
93616	ESOPHAGEAL RECORDING	111
93618	HEART RHYTHM PACING	395
93619	ELECTROPHYSIOLOGY EVAL	682
93620	ELECTROPHYSIOLOGY EVAL	1,071
93621	ELECTROPHYSIOLOGY EVAL	194
93622	ELECTROPHYSIOLOGY EVAL	283
93623	STIMULATION, PACING HEART	263
93624	ELECTROPHYSIOLOGIC STUDY	448
93631	HEART PACING, MAPPING	653
93640	EVAL HEART DEVICE	322
93641	ELECTROPHYSIOLOGY EVAL	545
93642	ELECTROPHYSIOLOGY EVAL	807
93650	ABLATE HEART DYSRHYTHM FOCUS	985

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PROCEDURE CODE	DESCRIPTION	RATE
93651	ABLATE HEART DYSRHYTHM FOCUS	1,495
93652	ABLATE HEART DYSRHYTHM FOCUS	1,627
93660	TILT TABLE EVAL	294
93662	INTRACARDIAC ECG (ICE)	253
93668	PERIPHERAL VASCULAR REHAB	134
93701	BIOIMPEDANCE, THORACIC	60
93720	TOTAL BODY PLETHYSMOGRAPHY	82
93721	PLETHYSMOGRAPHY TRACING	68
93722	PLETHYSMOGRAPHY REPORT	13
93724	ANALYZE PACEMAKER SYSTEM	558
93740	TEMPERATURE GRADIENT STUDIES	102
93770	MEASURE VENOUS PRESSURE	24
93784	AMBULATORY BP MONITORING	115
93786	AMBULATORY BP RECORDING	54
93788	AMBULATORY BP ANALYSIS	30
93790	REVIEW/REPORT BP RECORDING	31
93797	CARDIAC REHAB	16
93798	CARDIAC REHAB/MONITOR	25
93875	EXTRACRANIAL STUDY	181
93880	EXTRACRANIAL STUDY	326
93882	EXTRACRANIAL STUDY	291
93886	INTRACRANIAL STUDY	352
93888	INTRACRANIAL STUDY	164
93890	TCD, VASOREACTIVITY STUDY	256
93892	TCD, EMBOLI DETECT W/O INJEC	268
93893	TCD, EMBOLI DETECT W/INJECT	268
93922	EXTREMITY STUDY	215
93923	EXTREMITY STUDY	332
93924	EXTREMITY STUDY	409
93925	LOWER EXTREMITY STUDY	324
93926	LOWER EXTREMITY STUDY	209
93930	UPPER EXTREMITY STUDY	314
93931	UPPER EXTREMITY STUDY	201
93965	EXTREMITY STUDY	219
93970	EXTREMITY STUDY	331
93971	EXTREMITY STUDY	213
93975	VASCULAR STUDY	427
93976	VASCULAR STUDY	374
93978	VASCULAR STUDY	329
93979	VASCULAR STUDY	212
93980	PENILE VASCULAR STUDY	318
93981	PENILE VASCULAR STUDY	227
93982	ANEURYSM PRESSURE SENS STUDY	70
93990	DOPPLER FLOW TESTING	197
94002	VENT MGMT INPATIENT, INIT DA	139
94003	VENT MGMT INPATIENT, SUBCUT	102
94004	VENT MGMT NF PER DAY	74
94005	HOME VENT MGMT SUPERVISION	234
94010	BREATHING CAPACITY TEST	58
94014	PATIENT RECORDED SPIROMETRY	83
94015	PATIENT RECORDED SPIROMETRY	43
94016	REVIEW PATIENT SPIROMETRY	40
94060	EVALUATE WHEEZING	101
94070	EVALUATE WHEEZING	102
94150	VITAL CAPACITY TEST	66
94200	LUNG FUNCTION TEST (MBC/MVV)	39
94240	RESIDUAL LUNG CAPACITY	68
94250	EXPIRED GAS COLLECTION	43
94260	THORACIC GAS VOLUME	55
94350	LUNG NITROGEN WASHOUT CURVE	60

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PROCEDURE CODE	DESCRIPTION	RATE
94360	MEASURE AIRFLOW RESISTANCE	75
94370	BREATH AIRWAY CLOSING VOLUME	58
94375	RESPIRATORY FLOW VOLUME LOOP	64
94400	CO2 BREATHING RESPONSE CURVE	91
94450	HYPOXIA RESPONSE CURVE	87
94452	HAST W/REPORT	97
94453	HAST W/OXYGEN TITRATE	130
94610	SURFACTANT ADMIN THRU TUBE	101
94620	PULMONARY STRESS TEST/SIMPLE	123
94621	PULMONARY STRESS TEST/COMPLE	278
94640	AIRWAY INHALATION TREAT	24
94642	AEROSOL INHALATION TREAT	443
94644	CBT, 1ST HOUR	62
94645	CBT, EACH ADDED HOUR	24
94660	POS AIRWAY PRESSURE, CPAP	58
94662	NEG PRESS VENTILATION, CNP	57
94664	EVALUATE PAT USE INHALER	26
94667	CHEST WALL MANIPULATION	37
94668	CHEST WALL MANIPULATION	35
94680	EXHALED AIR ANALYSIS, O2	101
94681	EXHALED AIR ANALYSIS, O2/CO2	110
94690	EXHALED AIR ANALYSIS	90
94720	MONOXIDE DIFFUSING CAPACITY	90
94725	MEMBRANE DIFFUSION CAPACITY	117
94750	PULMONARY COMPLIANCE STUDY	126
94760	MEASURE BLOOD OXYGEN LEVEL	5
94761	MEASURE BLOOD OXYGEN LEVEL	9
94762	MEASURE BLOOD OXYGEN LEVEL	52
94770	EXHALED CARBON DIOXIDE TEST	64
94772	BREATH RECORDING, INFANT	222
94777	PED HOME APNEA RECORD, REPOR	350
95004	PERCUT ALLERGY SKIN TESTS	10
95010	PERCUT ALLERGY TITRATE TEST	29
95012	EXHALED NITRIC OXIDE MEASURE	36
95015	ID ALLERGY TITRATE-DRUG/BUG	21
95024	ID ALLERGY TEST, DRUG/BUG	12
95027	ID ALLERGY TITRATE-AIRBORNE	8
95028	ID ALLERGY TEST-DELAYED TYPE	20
95044	ALLERGY PATCH TESTS	11
95052	PHOTO PATCH TEST	12
95056	PHOTOSENSITIVITY TESTS	63
95060	EYE ALLERGY TESTS	42
95065	NOSE ALLERGY TEST	38
95070	BRONCHIAL ALLERGY TESTS	78
95071	BRONCHIAL ALLERGY TESTS	96
95075	INGESTION CHALLENGE TEST	76
95115	IMMUNOTHERAPY, ONE INJECTION	19
95117	IMMUNOTHERAPY INJECTIONS	23
95120	IMMUNOTHERAPY, ONE INJECTION	57
95125	IMMUNOTHERAPY, MANY ANTIGENS	77
95130	IMMUNOTHERAPY, INSECT VENOM	62
95131	IMMUNOTHERAPY, INSECT VENOMS	101
95132	IMMUNOTHERAPY, INSECT VENOMS	93
95133	IMMUNOTHERAPY, INSECT VENOMS	140
95134	IMMUNOTHERAPY, INSECT VENOMS	153
95144	ANTIGEN THERAPY SERVICES	5
95145	ANTIGEN THERAPY SERVICES	5
95146	ANTIGEN THERAPY SERVICES	5
95147	ANTIGEN THERAPY SERVICES	5
95148	ANTIGEN THERAPY SERVICES	5

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PROCEDURE CODE	DESCRIPTION	RATE
95149	ANTIGEN THERAPY SERVICES	5
95165	ANTIGEN THERAPY SERVICES	5
95170	ANTIGEN THERAPY SERVICES	5
95180	RAPID DESENSITIZATION	172
95250	GLUCOSE MONITORING, CONT	236
95251	GLUCOSE MONITOR, CONT, PHYS	64
95805	MULTIPLE SLEEP LATENCY TEST	746
95806	SLEEP STUDY, UNATTENDED	359
95807	SLEEP STUDY, ATTENDED	879
95808	POLYSOMNOGRAPHY, 1-3	1,147
95810	POLYSOMNOGRAPHY, 4 OR MORE	1,362
95811	POLYSOMNOGRAPHY W/CPAP	1,502
95812	EEG, 41-60 MINUTES	417
95813	EEG, OVER 1 HOUR	508
95816	EEG, AWAKE & DROWSY	382
95819	EEG, AWAKE & ASLEEP	411
95822	EEG, COMA OR SLEEP ONLY	409
95824	EEG, CEREBRAL DEATH ONLY	59
95827	EEG, ALL NIGHT RECORDING	670
95829	SURGERY ELECTROCORTICOGRAM	2,127
95830	INSERT ELECTRODES FOR EEG	136
95831	LIMB MUSCLE TESTING, MANUAL	23
95832	HAND MUSCLE TESTING, MANUAL	24
95833	BODY MUSCLE TESTING, MANUAL	38
95834	BODY MUSCLE TESTING, MANUAL	48
95851	RANGE MOTION MEASUREMENTS	13
95852	RANGE MOTION MEASUREMENTS	9
95857	TENSILON TEST	43
95860	MUSCLE TEST, ONE LIMB	137
95861	MUSCLE TEST, 2 LIMBS	196
95863	MUSCLE TEST, 3 LIMBS	234
95864	MUSCLE TEST, 4 LIMBS	270
95865	MUSCLE TEST, LARYNX	187
95866	MUSCLE TEST, HEMIDIAPHRAGM	154
95867	MUSCLE TEST CRANIAL NERVE UN	119
95868	MUSCLE TEST CRANIAL NERVE BI	162
95869	MUSCLE TEST, THOR PARASPINAL	78
95870	MUSCLE TEST, NONPARASPINAL	76
95872	MUSCLE TEST, ONE FIBER	270
95873	GUIDE NERVE DESTROY, ELECT S	79
95874	GUIDE NERVE DESTROY, NEEDLE	74
95875	LIMB EXERCISE TEST	156
95900	MOTOR NERVE CONDUCTION TEST	91
95903	MOTOR NERVE CONDUCTION TEST	106
95904	SENSE NERVE CONDUCTION TEST	81
95920	INTRAOP NERVE TEST, ADD-ON	249
95921	AUTONOMIC NERVE FUNCTION TES	123
95922	AUTONOMIC NERVE FUNCTION TES	149
95923	AUTONOMIC NERVE FUNCTION TES	199
95925	SOMATOSENSORY TESTING	206
95926	SOMATOSENSORY TESTING	202
95927	SOMATOSENSORY TESTING	207
95928	C MOTOR EVOKED, UPPER LIMBS	323
95929	C MOTOR EVOKED, LOWER LIMBS	342
95930	VISUAL EVOKED POTENTIAL TEST	184
95933	BLINK REFLEX TEST	108
95934	H-REFLEX TEST	81
95936	H-REFLEX TEST	70
95937	NEUROMUSCULAR JUNCTION TEST	95
95950	AMBULATORY EEG MONITORING	409

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PROCEDURE CODE	DESCRIPTION	RATE
95951	EEG MONITORING/VIDEO RECORD	481
95953	EEG MONITORING/COMPUTER	686
95954	EEG MONITORING/GIVING DRUGS	419
95955	EEG DURING SURGERY	236
95956	EEG MONITORING, CABLE/RADIO	1,243
95957	EEG DIGITAL ANALYSIS	446
95958	EEG MONITORING/FUNCTION TEST	644
95961	ELECTRODE STIMULATION, BRAIN	383
95962	ELECTRODE STIM, BRAIN, ADD-O	350
95965	MEG, SPONTANEOUS	660
95966	MEG, EVOKED, SING	328
95967	MEG, EVOKED, EACH ADDED	280
95970	ANALYZE NEUROSTIM, NO PROG	35
95971	ANALYZE NEUROSTIM, SIMPLE	64
95972	ANALYZE NEUROSTIM, COMPLEX	122
95973	ANALYZE NEUROSTIM, COMPLEX	72
95974	CRANIAL NEUROSTIM, COMPLEX	238
95975	CRANIAL NEUROSTIM, COMPLEX	137
95978	ANALYZE NEUROSTIM BRAIN/1H	280
95979	ANALYZE NEUROSTIM BRAIN ADD-	132
95980	IO ANAL GAST N-STIM INIT	65
95981	IO ANAL GAST N-STIM SUBSQ	26
95982	IO GA N-STIM SUBSQ W/REPROG	52
95990	SPIN/BRAIN PUMP REFILL & MAI	106
95991	SPIN/BRAIN PUMP REFILL & MAI	58
95992	CANALITH REPOSITIONING PROC	120
96000	MOTION ANALYSIS, VIDEO/3D	139
96001	MOTION ANALYSIS W/PLANTAR PR	164
96002	DYNAMIC SURFACE EMG	33
96003	DYNAMIC FINE WIRE EMG	28
96004	PHYS REVIEW MOTION TESTS	178
96020	FUNCTIONAL BRAIN MAPPING	289
96040	GENETIC COUNSELING, 30 MIN	132
96101	PSYCHO TESTING BY PSYCH/PHYS	135
96102	PSYCHO TESTING BY TECHNICIAN	37
96103	PSYCHO TESTING ADMIN BY COMP	38
96105	ASSESS APHASIA	131
96110	DEVELOPMENTAL TEST, LIM	20
96111	DEVELOPMENTAL TEST, EXTEND	204
96116	NEUROBEHAVIORAL STATUS EXAM	144
96118	NEUROPSYCH TEST BY PSYCH/PHY	140
96119	NEUROPSYCH TESTING BY TEC	47
96120	NEUROPSYCH TEST ADMIN W/COMP	38
96125	COGNITIVE TEST BY HC PRO	128
96150	ASSESS HEALTH/BEHAVE, INIT	36
96151	ASSESS HEALTH/BEHAVE, SUBSEQ	35
96152	INTERVENE HEALTH/BEHAVE, IND	33
96153	INTERVENE HEALTH/BEHAVE, GRO	7
96154	INTERVENE HEALTH/BEHAVE, FAM	32
96155	INTERVENE HEALTH/BEHAVE FAM	45
96360	HYDRATION IV INFUSION, INIT	101
96361	HYDRATE IV INFUSION, ADD-ON	29
96365	THER/PROPHY/DIAG IV INF, INI	123
96366	THER/PROPHY/DIAG IV INF ADD-	38
96367	THER/PROPHY/DIAG ADDED SEQ I	61
96368	THER/DIAG CONCURRENT INF	35
96369	SC THER INFUSION, UP TO 1 HR	272
96370	SC THER INFUSION, ADDED HR	26
96371	SC THER INFUSION, RESET PUMP	133
96372	THER/PROPHY/DIAG INJ, SC/IM	37

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96373	THER/PROPHY/DIAG INJ, IA	31
96374	THER/PROPHY/DIAG INJ, IV PUS	97
96375	TX/PRO/DIAG INJ NEW DRUG ADD	42
96401	CHEMO, ANTI-NEOPL, SQ/IM	122
96402	CHEMO HORMONE ANTINEOPL SQ/I	65
96405	CHEMO INTRALESIONAL, UP TO 7	47
96406	CHEMO INTRALESIONAL OVER 7	68
96409	CHEMO IV PUSH, SING DRUG	202
96411	CHEMO IV PUSH, ADDED DRUG	114
96413	CHEMO IV INFUSION, 1 HR	266
96415	CHEMO IV INFUSION, ADDED HR	58
96416	CHEMO PROLONG INFUSE W/PUMP	292
96417	CHEMO IV INFUSE EACH ADDED S	132
96420	CHEMO IA, PUSH TECHNIQUE	195
96422	CHEMO IA INFUSION UP TO 1 HR	316
96423	CHEMO IA INFUSE EACH ADDED H	140
96425	CHEMOTHERAPY, INFUSION METHO	311
96440	CHEMOTHERAPY, INTRACAVITARY	216
96445	CHEMOTHERAPY, INTRACAVITARY	190
96450	CHEMOTHERAPY, INTO CNS	144
96521	REFILL/MAINT, PORTABLE PUMP	230
96522	REFILL/MAINT PUMP/RESERVOIR	195
96523	IRRIG DRUG DELIVERY DEVICE	46
96542	CHEMOTHERAPY INJECTION	74
96567	PHOTODYNAMIC TX, SKIN	214
96570	PHOTODYNAMIC TX, 30 MIN	93
96571	PHOTODYNAMIC TX, ADDED 15 MI	45
96900	ULTRAVIOLET LIGHT THERAPY	35
96902	TRICHOGRAM	51
96904	WHOLE BODY PHOTOGRAPHY	118
96910	PHOTOCHEMOTHERAPY W/UV-B	114
96912	PHOTOCHEMOTHERAPY W/UV-A	147
96913	PHOTOCHEMOTHERAPY, UV-A OR B	203
96920	LASER TX, SKIN < 250 SQ CM	105
96921	LASER TX, SKIN 250-500 SQ CM	104
96922	LASER TX, SKIN > 500 SQ CM	185
97001	PHYSICAL THERAPY EVAL	115
97002	PHYSICAL THERAPY RE-EVAL	62
97003	OT EVAL	123
97004	OT RE-EVAL	72
97005	ATHLETIC TRAIN EVAL	138
97006	ATHLETIC TRAIN RE-EVAL	132
97010	HOT OR COLD PACKS THERAPY	39
97012	MECHANICAL TRACTION THERAPY	24
97014	ELECTRIC STIMULATION THERAPY	51
97016	VASOPNEUMATIC DEVICE THERAPY	26
97018	PARAFFIN BATH THERAPY	14
97022	WHIRLPOOL THERAPY	30
97024	DIATHERMY EG, MICROWAVE	9
97026	INFRARED THERAPY	8
97028	ULTRAVIOLET THERAPY	10
97032	ELECTRICAL STIMULATION	27
97033	ELECTRIC CURRENT THERAPY	42
97034	CONTRAST BATH THERAPY	25
97035	ULTRASOUND THERAPY	19
97036	HYDROTHERAPY	43
97110	THERAPEUTIC EXERCISES	47
97112	NEUROMUSCULAR REEDUCATION	48
97113	AQUATIC THERAPY/EXERCISES	58
97116	GAIT TRAINING THERAPY	41

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97124	MASSAGE THERAPY	37
97140	MANUAL THERAPY	43
97150	GROUP THERAPEUTIC PROCEDURES	30
97530	THERAPEUTIC ACTIVITIES	50
97532	COGNITIVE SKILLS DEVELOPMENT	40
97533	SENSORY INTEGRATION	43
97535	SELF CARE MANAGEMENT TRAININ	50
97537	COMMUNITY/WORK REINTEGRATION	44
97542	WHEELCHAIR MANAGEMENT TRAINI	45
97545	WORK HARDENING	162
97546	WORK HARDENING, ADD-ON	83
97597	ACTIVE WOUND CARE/20 CM OR <	52
97598	ACTIVE WOUND CARE > 20 CM	69
97602	WOUND(S) CARE NON-SELECTIVE	84
97605	NEG PRESS WOUND TX, < 50 CM	42
97606	NEG PRESS WOUND TX, > 50 CM	46
97750	PHYSICAL PERFORMANCE TEST	48
97755	ASSISTIVE TECHNOLOGY ASSESS	54
97760	ORTHOTIC MGMT & TRAINING	54
97761	PROSTHETIC TRAINING	47
97762	C/O FOR ORTHOTIC/PROSTH USE	58
97802	MEDICAL NUTRITION, INDIV, IN	45
97803	MED NUTRITION, INDIV, SUBSEQ	39
97804	MEDICAL NUTRITION, GROUP	21
97810	ACUPUNCTURE W/O STIM 15 MIN	96
97811	ACUPUNCTURE W/O STIM ADDED 1	63
97813	ACUPUNCTURE W/STIM 15 MIN	123
97814	ACUPUNCTURE W/STIM ADDED 15M	59
98925	OSTEOPATHIC MANIPULATION	35
98926	OSTEOPATHIC MANIPULATION	51
98927	OSTEOPATHIC MANIPULATION	67
98928	OSTEOPATHIC MANIPULATION	79
98929	OSTEOPATHIC MANIPULATION	92
98940	CHIROPRACTIC MANIPULATION	34
98941	CHIROPRACTIC MANIPULATION	49
98942	CHIROPRACTIC MANIPULATION	66
98943	CHIROPRACTIC MANIPULATION	68
98960	SELF-MGMT EDUCATION & TRAIN,	74
98961	SELF-MGMT EDUCATION/TRAIN, 2	86
98962	SELF-MGMT EDUCATION/TRAIN, 5	102
98966	HC PRO PHONE CALL 5-10 MIN	159
98967	HC PRO PHONE CALL 11-20 MIN	294
98968	HC PRO PHONE CALL 21-30 MIN	431
99000	SPECIMEN HANDLING	26
99001	SPECIMEN HANDLING	41
99002	DEVICE HANDLING	18
99024	POSTOP FOLLOW-UP VISIT	128
99050	MEDICAL SERVICES AFTER HRS	50
99051	MED SERVICE, EVE/WEEKEND/HOL	48
99053	MED SERVICE 10PM-8AM, 24 HR	65
99056	MED SERVICE OUT OFFICE	50
99058	OFFICE EMERGENCY CARE	125
99060	OUT OFFICE EMERG MED SERVICE	44
99070	SPECIAL SUPPLIES	9
99075	MEDICAL TESTIMONY	237
99090	COMPUTER DATA ANALYSIS	150
99091	COLLECT/REVIEW DATA FROM PT	104
99100	SPECIAL ANESTHESIA SERVICE	114
99116	ANESTHESIA W/HYPOTHERMIA	527
99135	SPECIAL ANESTHESIA PROCEDURE	116

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
99140	EMERGENCY ANESTHESIA	197
99141	SEDATION W OR W/O ANALGESIA	179
99143	MOD CS BY SAME PHYS, < 5 YRS	305
99144	MOD CS BY SAME PHYS, 5 YRS +	252
99145	MOD CS BY SAME PHYS, ADD-ON	81
99148	MOD CS DIFF PHYS < 5 YRS	204
99149	MOD CS DIFF PHYS 5 YRS +	221
99150	MOD CS DIFF PHYS, ADD-ON	90
99170	ANOGENITAL EXAM, CHILD	154
99172	OCULAR FUNCTION SCREEN	48
99173	VISUAL ACUITY SCREEN	33
99174	OCULAR PHOTOSCREENING	143
99175	INDUCTION VOMITING	45
99183	HYPERBARIC OXYGEN THERAPY	181
99185	REGIONAL HYPOTHERMIA	102
99186	TOTAL BODY HYPOTHERMIA	130
99190	SPECIAL PUMP SERVICES	834
99191	SPECIAL PUMP SERVICES	1,137
99192	SPECIAL PUMP SERVICES	473
99195	PHLEBOTOMY	129
99201	OFFICE/OUTPATIENT VISIT, NEW	85
99202	OFFICE/OUTPATIENT VISIT, NEW	126
99203	OFFICE/OUTPATIENT VISIT, NEW	211
99204	OFFICE/OUTPATIENT VISIT, NEW	255
99205	OFFICE/OUTPATIENT VISIT, NEW	239
99211	OFFICE/OUTPATIENT VISIT, EST	44
99212	OFFICE/OUTPATIENT VISIT, EST	66
99213	OFFICE/OUTPATIENT VISIT, EST	89
99214	OFFICE/OUTPATIENT VISIT, EST	139
99215	OFFICE/OUTPATIENT VISIT, EST	159
99217	OBSERVATION CARE DISCHARGE	108
99218	OBSERVATION CARE	101
99219	OBSERVATION CARE	167
99220	OBSERVATION CARE	235
99221	INITIAL HOSPITAL CARE	145
99222	INITIAL HOSPITAL CARE	198
99223	INITIAL HOSPITAL CARE	291
99231	SUBSEQUENT HOSPITAL CARE	60
99232	SUBSEQUENT HOSPITAL CARE	108
99233	SUBSEQUENT HOSPITAL CARE	154
99234	OBSERVE/HOSP SAME DATE	206
99235	OBSERVE/HOSP SAME DATE	269
99236	OBSERVE/HOSP SAME DATE	334
99238	HOSPITAL DISCHARGE DAY	108
99239	HOSPITAL DISCHARGE DAY	156
99241	OFFICE CONSULTATION	53
99242	OFFICE CONSULTATION	113
99243	OFFICE CONSULTATION	157
99244	OFFICE CONSULTATION	249
99245	OFFICE CONSULTATION	311
99251	INPATIENT CONSULTATION	78
99252	INPATIENT CONSULTATION	122
99253	INPATIENT CONSULTATION	186
99254	INPATIENT CONSULTATION	268
99255	INPATIENT CONSULTATION	327
99281	EMERGENCY DEPT VISIT	32
99282	EMERGENCY DEPT VISIT	63
99283	EMERGENCY DEPT VISIT	97
99284	EMERGENCY DEPT VISIT	181
99285	EMERGENCY DEPT VISIT	270

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
99288	DIRECT ADVANCED LIFE SUPPORT	282
99291	CRITICAL CARE, FIRST HOUR	340
99292	CRITICAL CARE, ADDED 30 MIN	170
99304	NURSING FACILITY CARE, INIT	130
99305	NURSING FACILITY CARE, INIT	181
99306	NURSING FACILITY CARE, INIT	232
99307	NURSING FACILITY CARE, SUBSE	65
99308	NURSING FACILITY CARE, SUBSE	99
99309	NURSING FACILITY CARE, SUBSE	131
99310	NURSING FACILITY CARE, SUBSE	193
99315	NURSING FACILITY DISCHARGE D	94
99316	NURSING FACILITY DISCHARGE D	123
99318	ANNUAL NURSING FACILITY ASSE	136
99324	DOMICILE/REST HOME VISIT NEW	88
99325	DOMICILE/REST HOME VISIT NEW	128
99326	DOMICILE/REST HOME VISIT NEW	209
99327	DOMICILE/REST HOME VISIT NEW	273
99328	DOMICILE/REST HOME VISIT NEW	321
99334	DOMICILE/REST HOME VISIT EST	90
99335	DOMICILE/REST HOME VISIT EST	139
99336	DOMICILE/REST HOME VISIT EST	195
99337	DOMICILE/REST HOME VISIT EST	280
99339	DOMICILE/REST HOME CARE SUPE	150
99340	DOMICILE/REST HOME CARE SUPE	228
99341	HOME VISIT, NEW PATIENT	88
99342	HOME VISIT, NEW PATIENT	128
99343	HOME VISIT, NEW PATIENT	204
99344	HOME VISIT, NEW PATIENT	268
99345	HOME VISIT, NEW PATIENT	321
99347	HOME VISIT, EST PATIENT	86
99348	HOME VISIT, EST PATIENT	129
99349	HOME VISIT, EST PATIENT	187
99350	HOME VISIT, EST PATIENT	260
99354	PROLONGED SERVICE, OFFICE	140
99355	PROLONGED SERVICE, OFFICE	139
99356	PROLONGED SERVICE, INPATIENT	135
99357	PROLONGED SERVICE, INPATIENT	136
99358	PROLONGED SERVICE, W/O CONTA	350
99359	PROLONGED SERVICE, W/O CONTA	161
99360	PHYSICIAN STANDBY SERVICES	335
99363	ANTICOAG MGMT, INIT	248
99364	ANTICOAG MGMT, SUBSEQ	92
99366	TEAM CONF W/PAT BY HC PRO	93
99367	TEAM CONF W/O PAT BY PHYS	123
99368	TEAM CONF W/O PAT BY HC PRO	81
99374	HOME HEALTH CARE SUPERVISION	189
99375	HOME HEALTH CARE SUPERVISION	480
99377	HOSPICE CARE SUPERVISION	215
99378	HOSPICE CARE SUPERVISION	239
99379	NURSING FACILITY CARE SUPERV	126
99380	NURSING FACILITY CARE SUPERV	249
99381	PREVENTIVE VISIT NEW PAT, IN	210
99382	PREVENTIVE VISIT NEW PAT, 1-	227
99383	PREVENTIVE VISIT NEW PAT, 5-	230
99384	PREVENTIVE VISIT NEW PAT, 12	254
99385	PREVENTIVE VISIT NEW PAT, 18	287
99386	PREVENTIVE VISIT NEW PAT, 40	321
99387	PREVENTIVE VISIT NEW PAT, 65	317
99391	PREVENTIVE VISIT EST PAT, IN	170
99392	PREVENTIVE VISIT EST PAT, 1-	189

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES

FISCAL YEAR 2010-11

(Effective February 1, 2010)

PROCEDURE CODE	DESCRIPTION	RATE
99393	PREVENTIVE VISIT EST PAT, 5-	195
99394	PREVENTIVE VISIT EST PAT, 12	213
99395	PREVENTIVE VISIT EST PAT, 18	240
99396	PREVENTIVE VISIT EST PAT, 40	261
99397	PREVENTIVE VISIT EST PAT, 65	266
99401	PREVENTIVE COUNSELING, INDIV	74
99402	PREVENTIVE COUNSELING, INDIV	200
99403	PREVENTIVE COUNSELING, INDIV	246
99404	PREVENTIVE COUNSELING, INDIV	221
99406	BEHAVIOR CHANGE SMOKING 3-10	19
99407	BEHAVIOR CHANGE SMOKING > 10	39
99408	AUDIT/DAST, 15-30 MIN	74
99409	AUDIT/DAST, OVER 30 MIN	144
99411	PREVENTIVE COUNSELING, GROUP	119
99412	PREVENTIVE COUNSELING, GROUP	68
99420	HEALTH RISK ASSESS TEST	53
99441	PHONE E/M BY PHYS 5-10 MIN	23
99442	PHONE E/M BY PHYS 11-20 MIN	42
99443	PHONE E/M BY PHYS 21-30 MIN	62
99460	INIT NEWBORN EM PER DAY, HOS	91
99461	INIT NEWBORN EM PER DAY, NON	102
99462	SUBSQ NEWBORN EM PER DAY, HO	48
99463	SAME DAY NB DISCHARGE	122
99464	ATTENDANCE AT DELIVERY	114
99465	NB RESUSCITATION	235
99466	PED CRITICAL CARE TRANSPORT	373
99467	PED CRITICAL CARE TRANSPORT,	186
99468	NEONATE CRITICAL CARE, INITI	1,390
99469	NEONATE CRITICAL CARE, SUBSQ	610
99471	PEDIATRIC CRITICAL CARE, INI	1,245
99472	PEDIATRIC CRITICAL CARE, SUB	616
99475	PEDIATRIC CRIT CARE AGE 2-5,	855
99476	PEDIATRIC CRIT CARE AGE 2-5,	509
99477	INIT DAY HOSP NEONATE CARE	544
99478	IC, LBW INF < 1500 GM SUBSQ	223
99479	IC LBW INF 1500-2500 G SUBSQ	195
99480	IC INF PBW 2501-5000 G SUBSQ	187
99500	HOME VISIT, PRENATAL	122
99501	HOME VISIT, POSTNATAL	150
99601	HOME INFUSION/VISIT, 2 HRS	249
99602	HOME INFUSION, EACH ADDED HR	204

Undesignated Procedure Codes

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

EXHIBIT B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ITEMIZED CHARGES**FISCAL YEAR 2010-11**

(Effective February 1, 2010)

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

CONTRACTOR'S EEO CERTIFICATION

 Contractor Name

 Address

 Internal Revenue Service Employer Identification Number

GENERAL CERTIFICATION

In accordance with Section 4.32.010 of the Code of the County of Los Angeles, the contractor, supplier, or vendor certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

CONTRACTOR'S SPECIFIC CERTIFICATIONS

- | | | |
|--|------------------------------|-----------------------------|
| 1. The Contractor has a written policy statement prohibiting discrimination in all phases of employment. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. The Contractor periodically conducts a self analysis or utilization analysis of its work force. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. The Contractor has a system for determining if its employment practices are discriminatory against protected groups. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Where problem areas are identified in employment practices, the Contractor has a system for taking reasonable corrective action, to include establishment of goals or timetables. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

 Authorized Official's Printed Name and Title

 Authorized Official's Signature

 Date

COUNTY'S ADMINISTRATION

EXHIBIT D

Page 1 of 2

HARBOR-UCLA MEDICAL CENTER

CONTRACT NO. _____

FACILITY'S PROJECT DIRECTOR:

Name: _____

Title: _____

Address: _____

Telephone: _____ Facsimile: _____

E-Mail Address: _____

FACILITY'S PROJECT MANAGER:

Name: Mr. Miguel de los Reyes

Title: Director, Contracts Management

Address: 1000 W. Carson Street

Torrance, CA 90509

Telephone: (310) 222-2036 Facsimile: _____

E-Mail Address: mireyes@dhs.lacounty.gov

FACILITY'S PROJECT MONITOR:

Name: Mr. Manju Sharma-Rideau

Title: Clinic Coordinator

Address: 1000 W. Carson Street

Torrance, CA 90509

Telephone: (310) 222-2735 Facsimile: _____

E-Mail Address: mr Rideau@dhs.lacounty.gov

COUNTY'S ADMINISTRATION
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

CONTRACT NO. _____

FACILITY'S PROJECT DIRECTOR:

Name: Mr. Jorge Orozco

Title: Chief Executive Officer

Address: 7601 E. Imperial Hwy.

Downey, CA 90242

Telephone: (562) 401-7022 Facsimile: _____

E-Mail Address: jorozco@dhs.lacounty.gov

FACILITY'S PROJECT MANAGER:

Name: Ms. Nancy Barnett

Title: Revenue Manager

Address: 7601 E. Imperial Hwy., SSA 2208

Downey, CA 90242

Telephone: (562) 401-7323 Facsimile: _____

E-Mail Address: nbarnett@dhs.lacounty.gov

FACILITY'S PROJECT MONITOR:

Name: Ms. Nancy Barnett

Title: Revenue Manager

Address: 7601 E. Imperial Hwy., SSA 2208

Downey, CA 90242

Telephone: (562) 401-7323 Facsimile: _____

E-Mail Address: nbarnett@dhs.lacounty.gov

CONTRACTOR'S ADMINISTRATION

CONTRACTOR'S NAME

MASTER AGREEMENT NO. _____

WORK ORDER NO. _____

CONTRACTOR'S PROJECT DIRECTOR:

Name: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

CONTRACTOR'S AUTHORIZED OFFICIAL(S)

Name: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

Name: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

Notices to Contractor shall be sent to the following address:

Name: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

E-Mail Address: _____

CONTRACTOR ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

(Note: This certification is to be executed and returned to County with Contractor's executed Work Order. Work cannot begin on the Work Order until County receives this executed document.)

Contractor Name _____

Work Order No. _____

County Master Agreement No. _____

GENERAL INFORMATION:

The Contractor referenced above has entered into a Master Agreement with the County of Los Angeles to provide certain services to the County. The County requires the Corporation to sign this Contractor Acknowledgement and Confidentiality Agreement.

CONTRACTOR ACKNOWLEDGEMENT:

Contractor understands and agrees that the Contractor employees, consultants, Outsourced Vendors and independent contractors (Contractor's Staff) that will provide services in the above referenced agreement are Contractor's sole responsibility. Contractor understands and agrees that Contractor's Staff must rely exclusively upon Contractor for payment of salary and any and all other benefits payable by virtue of Contractor's Staff's performance of work under the above-referenced Master Agreement.

Contractor understands and agrees that Contractor's Staff are not employees of the County of Los Angeles for any purpose whatsoever and that Contractor's Staff do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced Master Agreement. Contractor understands and agrees that Contractor's Staff will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

CONFIDENTIALITY AGREEMENT:

Contractor and Contractor's Staff may be involved with work pertaining to services provided by the County of Los Angeles and, if so, Contractor and Contractor's Staff may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, Contractor and Contractor's Staff may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. Contractor and Contractor's Staff understand that if they are involved in County work, the County must ensure that Contractor and Contractor's Staff, will protect the confidentiality of such data and information. Consequently, Contractor must sign this Confidentiality Agreement as a condition of work to be provided by Contractor's Staff for the County.

Contractor and Contractor's Staff hereby agrees that they will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced Master Agreement between Contractor and the County of Los Angeles. Contractor and Contractor's Staff agree to forward all requests for the release of any data or information received to County's Project Manager.

Contractor and Contractor's Staff agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to Contractor and Contractor's Staff under the above-referenced Master Agreement. Contractor and Contractor's Staff agree to protect these confidential materials against disclosure to other than Contractor or County employees who have a need to know the information. Contractor and Contractor's Staff agree that if proprietary information supplied by other County vendors is provided to me during this employment, Contractor and Contractor's Staff shall keep such information confidential.

Contractor and Contractor's Staff agree to report any and all violations of this agreement by Contractor and Contractor's Staff and/or by any other person of whom Contractor and Contractor's Staff become aware.

Contractor and Contractor's Staff acknowledge that violation of this agreement may subject Contractor and Contractor's Staff to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: _____

DATE: ____/____/____

PRINTED NAME: _____

POSITION: _____

Title 2 ADMINISTRATION
Chapter 2.203.010 through 2.203.090
CONTRACTOR EMPLOYEE JURY SERVICE

2.203.010 Findings.

The board of supervisors makes the following findings. The county of Los Angeles allows its permanent, full-time employees unlimited jury service at their regular pay. Unfortunately, many businesses do not offer or are reducing or even eliminating compensation to employees who serve on juries. This creates a potential financial hardship for employees who do not receive their pay when called to jury service, and those employees often seek to be excused from having to serve. Although changes in the court rules make it more difficult to excuse a potential juror on grounds of financial hardship, potential jurors continue to be excused on this basis, especially from longer trials. This reduces the number of potential jurors and increases the burden on those employers, such as the county of Los Angeles, who pay their permanent, full-time employees while on juror duty. For these reasons, the county of Los Angeles has determined that it is appropriate to require that the businesses with which the county contracts possess reasonable jury service policies. (Ord. 2002-0015 § 1 (part), 2002)

2.203.020 Definitions.

The following definitions shall be applicable to this chapter:

- A. "Contractor" means a person, partnership, corporation or other entity which has a contract with the county or a subcontract with a county contractor and has received or will receive an aggregate sum of \$50,000 or more in any 12-month period under one or more such contracts or subcontracts.
- B. "Employee" means any California resident who is a full-time employee of a contractor under the laws of California.
- C. "Contract" means any agreement to provide goods to, or perform services for or on behalf of, the county but does not include:
 - 1. A contract where the board finds that special circumstances exist that justify a waiver of the requirements of this chapter; or
 - 2. A contract where federal or state law or a condition of a federal or state program mandates the use of a particular contractor; or
 - 3. A purchase made through a state or federal contract; or
 - 4. A monopoly purchase that is exclusive and proprietary to a specific manufacturer, distributor, or reseller, and must match and inter-member with existing supplies, equipment or systems maintained by the county pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, Section P-3700 or a successor provision; or
 - 5. A revolving fund (petty cash) purchase pursuant to the Los Angeles County Fiscal Manual, Section 4.4.0 or a successor provision; or
 - 6. A purchase card purchase pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, Section P-2810 or a successor provision; or
 - 7. A non-agreement purchase with a value of less than \$5,000 pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, Section A-0300 or a successor provision; or

Title 2 ADMINISTRATION
Chapter 2.203.010 through 2.203.090
CONTRACTOR EMPLOYEE JURY SERVICE

8. A bona fide emergency purchase pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, Section PP-1100 or a successor provision.
- D. "Full time" means 40 hours or more worked per week, or a lesser number of hours if:
1. The lesser number is a recognized industry standard as determined by the chief administrative officer, or
 2. The contractor has a long-standing practice that defines the lesser number of hours as full time.
- E. "County" means the county of Los Angeles or any public entities for which the board of supervisors is the governing body. (Ord. 2002-0040 § 1, 2002: Ord. 2002-0015 § 1 (part), 2002)

2.203.030 Applicability.

This chapter shall apply to contractors who enter into contracts that commence after July 11, 2002. This chapter shall also apply to contractors with existing contracts which are extended into option years that commence after July 11, 2002. Contracts that commence after May 28, 2002, but before July 11, 2002, shall be subject to the provisions of this chapter only if the solicitations for such contracts stated that the chapter would be applicable. (Ord. 2002-0040 § 2, 2002: Ord. 2002-0015 § 1 (part), 2002)

2.203.040 Contractor Jury Service Policy.

A contractor shall have and adhere to a written policy that provides that its employees shall receive from the contractor, on an annual basis, no less than five days of regular pay for actual jury service. The policy may provide that employees deposit any fees received for such jury service with the contractor or that the contractor deduct from the employees' regular pay the fees received for jury service. (Ord. 2002-0015 § 1 (part), 2002)

2.203.050 Other Provisions.

- A. Administration. The chief administrative officer shall be responsible for the administration of this chapter. The chief administrative officer may, with the advice of county counsel, issue interpretations of the provisions of this chapter and shall issue written instructions on the implementation and ongoing administration of this chapter. Such instructions may provide for the delegation of functions to other county departments.
- B. Compliance Certification. At the time of seeking a contract, a contractor shall certify to the county that it has and adheres to a policy consistent with this chapter or will have and adhere to such a policy prior to award of the contract. (Ord. 2002-0015 § 1 (part), 2002)

2.203.060 Enforcement and Remedies.

For a contractor's violation of any provision of this chapter, the county department head responsible for administering the contract may do one or more of the following:

1. Recommend to the board of supervisors the termination of the contract; and/or,
2. Pursuant to chapter 2.202, seek the debarment of the contractor. (Ord. 2002-0015 § 1 (part), 2002)

Title 2 ADMINISTRATION
Chapter 2.203.010 through 2.203.090
CONTRACTOR EMPLOYEE JURY SERVICE

2.203.070. Exceptions.

- A. Other Laws. This chapter shall not be interpreted or applied to any contractor or to any employee in a manner inconsistent with the laws of the United States or California.
- B. Collective Bargaining Agreements. This chapter shall be superseded by a collective bargaining agreement that expressly so provides.
- C. Small Business. This chapter shall not be applied to any contractor that meets all of the following:
 - 1. Has ten or fewer employees during the contract period; and,
 - 2. Has annual gross revenues in the preceding twelve months which, if added to the annual amount of the contract awarded, are less than \$500,000; and,
 - 3. Is not an affiliate or subsidiary of a business dominant in its field of operation.

"Dominant in its field of operation" means having more than ten employees and annual gross revenues in the preceding twelve months which, if added to the annual amount of the contract awarded, exceed \$500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation. (Ord. 2002-0015 § 1 (part), 2002)

2.203.090. Severability.

If any provision of this chapter is found invalid by a court of competent jurisdiction, the remaining provisions shall remain in full force and effect. (Ord. 2002-0015 § 1 (part), 2002)

SAFELY SURRENDERED BABY LAW

Safely Surrendered



Department of Health and Human Services

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES



Safely Surrendered

California's Safely Surrendered Baby Law allows parents or other persons, with lawful custody, which means anyone to whom the parent has given permission to confidentially surrender a baby. As long as the baby is three days (72 hours) of age or younger and has not been abused or neglected, the baby may be surrendered without fear of arrest or prosecution.

How does it work?

A distressed parent who is unable or unwilling to care for a baby can legally, confidentially, and safely surrender a baby within three days (72 hours) of birth. The baby must be handed to an employee at a hospital or fire station in Los Angeles County. As long as the baby shows no sign of abuse or neglect, no name or other information is required. In case the parent changes his or her mind at a later date and wants the baby back, staff will use bracelets to help connect them to each other. One bracelet will be placed on the baby, and a matching bracelet will be given to the parent or other surrendering adult.

What if a parent wants the baby back?

Parents who change their minds can begin the process of reclaiming their baby within 14 days. These parents should call the Los Angeles County Department of Children and Family Services at 1-800-540-4000.

Can only a parent bring in the baby?

No. While in most cases a parent will bring in the baby, the Law allows other people to bring in the baby if they have lawful custody.

Does the parent or surrendering adult have to call before bringing in the baby?

No. A parent or surrendering adult can bring in a baby anytime, 24 hours a day, 7 days a week, as long as the parent or surrendering adult surrenders the baby to someone who works at the hospital or fire station.

Does the parent or surrendering adult have to tell anything to the people taking the baby?

No. However, hospital or fire station personnel will ask the surrendering party to fill out a questionnaire designed to gather important medical history information, which is very useful in caring for the baby. The questionnaire includes a stamped return envelope and can be sent in at a later time.

What happens to the baby?

The baby will be examined and given medical treatment. Upon release from the hospital, social workers immediately place the baby in a safe and loving home and begin the adoption process.

What happens to the parent or surrendering adult?

Once the parent or surrendering adult surrenders the baby to hospital or fire station personnel, they may leave at any time.

Why is California doing this?

The purpose of the Safely Surrendered Baby Law is to protect babies from being abandoned, hurt or killed by their parents. You may have heard tragic stories of babies left in dumpsters or public bathrooms. Their parents may have been under severe emotional distress. The mothers may have hidden their pregnancies, fearful of what would happen if their families found out. Because they were afraid and had no one or nowhere to turn for help, they abandoned their babies. Abandoning a baby is illegal and places the baby in extreme danger. Too often, it results in the baby's death. The Safely Surrendered Baby Law prevents this tragedy from ever happening again in California.

A baby's story

Early in the morning on April 9, 2005, a healthy baby boy was safely surrendered to nurses at Harbor-UCLA Medical Center. The woman who brought the baby to the hospital identified herself as the baby's aunt and stated the baby's mother had asked her to bring the baby to the hospital on her behalf. The aunt was given a bracelet with a number matching the anklet placed on the baby; this would provide some identification in the event the mother changed her mind about surrendering the baby and wished to reclaim the baby in the 14-day period allowed by the Law. The aunt was also provided with a medical questionnaire and said she would have the mother complete and mail back in the stamped return envelope provided. The baby was examined by medical staff and pronounced healthy and full-term. He was placed with a loving family that had been approved to adopt him by the Department of Children and Family Services.

Ley de Entrega de Bebés Sin Peligro



Los recién nacidos pueden ser entregados en forma segura al personal de cualquier hospital o cuartel de bomberos del Condado de Los Angeles

Suena Sin culpa Sin nombres

CONSEJO DE LA ALFABETIZACIÓN DE LOS NIÑOS

www.alfabetizacion.org



Ley de Entrega de Bebés

La Ley de Entrega de Bebés sin Peligro de California permite la entrega confidencial de un recién nacido por parte de sus padres u otras personas con custodia legal, es decir cualquier persona a quien los padres le hayan dado permiso. Siempre que el bebé tenga tres días (72 horas) de vida o menos, y no haya sufrido abuso ni negligencia, pueden entregar al recién nacido sin temor de ser arrestados o procesados.

Cada recién nacido se merece la oportunidad de tener un inicio saludable. Si alguien que usted conoce está pensando en abandonar a un recién nacido, infórmele que tiene otras opciones. Hasta tres días (72 horas) después del nacimiento, se puede entregar un recién nacido al personal de cualquier hospital o cuartel de bomberos del condado de Los Angeles.

¿Cómo funciona?

El padre/madre con dificultades que no pueda o no quiera cuidar de su recién nacido puede entregarlo en forma legal, confidencial y segura dentro de los tres días (72 horas) del nacimiento. El bebé debe ser entregado a un empleado de cualquier hospital o cuartel de bomberos del Condado de Los Angeles. Siempre que el bebé no presente signos de abuso o negligencia, no será necesario suministrar nombres ni información alguna. Si el padre/madre cambia de opinión posteriormente y desea recuperar a su bebé, los trabajadores utilizarán brazaletes para poder vincularlos. El bebé llevará un brazaletes y el padre/madre o el adulto que lo entregue recibirá un brazaletes igual.

¿Qué pasa si el padre/madre desea recuperar a su bebé?

Los padres que cambien de opinión pueden comenzar el proceso de reclamar a su recién nacido dentro de los 14 días. Estos padres deberán llamar al Departamento de Servicios para Niños y Familias (Department of Children and Family Services) del Condado de Los Angeles al 1-800-540-4000.

¿Sólo los padres podrán llevar al recién nacido?

No. Si bien en la mayoría de los casos son los padres los que llevan al bebé, la ley permite que otras personas lo hagan si tienen custodia legal.

¿Los padres o el adulto que entrega al bebé deben llamar antes de llevar al bebé?

No. El padre/madre o adulto puede llevar al bebé en cualquier momento, las 24 horas del día, los 7 días de la semana, siempre y cuando entreguen a su bebé a un empleado del hospital o cuartel de bomberos.

¿Es necesario que el padre/madre o adulto diga algo a las personas que reciben al bebé?

No. Sin embargo, el personal del hospital o cuartel de bomberos le pedirá a la persona que entregue al bebé que llene un cuestionario con la finalidad de recabar antecedentes médicos importantes, que resultan de gran utilidad para cuidar bien del bebé. El cuestionario incluye un sobre con el sello postal pagado para enviarlo en otro momento.

¿Qué pasará con el bebé?

El bebé será examinado y le brindarán atención médica. Cuando le den el alta del hospital, los trabajadores sociales inmediatamente ubicarán al bebé en un hogar seguro donde estará bien atendido, y se comenzará el proceso de adopción.

¿Qué pasará con el padre/madre o adulto que entregue al bebé?

Una vez que los padres o adulto hayan entregado al bebé al personal del hospital o cuartel de bomberos, pueden irse en cualquier momento.

¿Por qué se está haciendo esto en California? ?

La finalidad de la Ley de Entrega de Bebés sin Peligro es proteger a los bebés para que no sean abandonados, lastimados o muertos por sus padres. Usted probablemente haya escuchado historias trágicas sobre bebés abandonados en basureros o en baños públicos. Los padres de esos bebés probablemente hayan estado pasando por dificultades emocionales graves. Las madres pueden haber ocultado su embarazo, por temor a lo que pasaría si sus familias se enteraran. Abandonaron a sus bebés porque tenían miedo y no tenían nadie a quien pedir ayuda. El abandono de un recién nacido es ilegal y pone al bebé en una situación de peligro extremo. Muy a menudo el abandono provoca la muerte del bebé. La Ley de Entrega de Bebés sin Peligro impide que vuelva a suceder esta tragedia en California.

Historia de un bebé

A la mañana temprano del día 9 de abril de 2005, se entregó un recién nacido saludable a las enfermeras del Harbor-UCLA Medical Center. La mujer que llevó el recién nacido al hospital se dio a conocer como la tía del bebé, y dijo que la madre le había pedido que llevara al bebé al hospital en su nombre. Le entregaron a la tía un brazaletes con un número que coincidía con la pulsera del bebé; esto serviría como identificación en caso de que la madre cambiara de opinión con respecto a la entrega del bebé y decidiera recuperarlo dentro del período de 14 días que permite esta ley. También le dieron a la tía un cuestionario médico, y ella dijo que la madre lo llenaría y lo enviaría de vuelta dentro del sobre con franqueo pagado que le habían dado. El personal médico examinó al bebé y se determinó que estaba saludable y a término. El bebé fue ubicado con una buena familia que ya había sido aprobada para adoptarlo por el Departamento de Servicios para Niños y Familias.

CONTRACTOR'S OBLIGATIONS AS A BUSINESS ASSOCIATE UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 AND THE HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH ACT (BUSINESS ASSOCIATE AGREEMENT)

Under this Agreement, Contractor ("Business Associate") provides services ("Services") to County ("Covered Entity") and Business Associate receives, has access to or creates Protected Health Information in order to provide those Services.

Covered Entity is subject to the Administrative Simplification requirements of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), and regulations promulgated thereunder, including the Standards for Privacy of Individually Identifiable Health Information ("Privacy Regulations") and the Health Insurance Reform: Security Standards ("the Security Regulations") at 45 Code of Federal Regulations (C.F.R.) Parts 160 and 164 (together, the "Privacy and Security Regulations"). The Privacy and Security Regulations require Covered Entity to enter into a contract with Business Associate ("Business Associate Agreement") in order to mandate certain protections for the privacy and security of Protected Health Information, and those Regulations prohibit the disclosure to or use of Protected Health Information by Business Associate if such a contract is not in place.

Further, pursuant to the Health Information Technology for Economic and Clinical Health Act, Title XIII and Title IV of Division B of Public Law 111-005 ("HITECH Act"), effective February 17, 2010, certain provisions of the HIPAA Privacy and Security Regulations apply to Business Associates in the same manner as they apply to Covered Entity and such provisions must be incorporated into the Business Associate Agreement.

This Business Associate Agreement and the following provisions are intended to protect the privacy and provide for the security of Protected Health Information disclosed to or used by Business Associate in compliance with HIPAA's Privacy and Security Regulations and the HITECH Act, as they now exist or may hereafter be amended.

Therefore, the parties agree as follows:

DEFINITIONS

- 1.1 "Breach" has the same meaning as the term "breach" in 45 C.F.R. § 164.402.
- 1.2 "Disclose" and "Disclosure" mean, with respect to Protected Health Information, the release, transfer, provision of access to, or divulging in any other manner of Protected Health Information outside Business Associate's internal operations or to other than its employees.

- 1.3 "Electronic Health Record" has the same meaning as the term "electronic health record" in the HITECH Act, 42 U.S.C. section 17921. Electronic Health Record means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff.
- 1.4 "Electronic Media" has the same meaning as the term "electronic media" in 45 C.F.R. § 160.103. Electronic Media means (1) Electronic storage media including memory devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card; or (2) Transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the internet (wide-open), extranet (using internet technology to link a business with information accessible only to collaborating parties), leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media. Certain transmissions, including of paper, via facsimile, and of voice, via telephone, are not considered to be transmissions via electronic media, because the information being exchanged did not exist in electronic form before the transmission. The term "Electronic Media" draws no distinction between internal and external data, at rest (that is, in storage) as well as during transmission.
- 1.5 "Electronic Protected Health Information" has the same meaning as the term "electronic protected health information" in 45 C.F.R. § 160.103. Electronic Protected Health Information means Protected Health Information that is (i) transmitted by electronic media; (ii) maintained in electronic media.
- 1.6 "Individual" means the person who is the subject of Protected Health Information and shall include a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502(g).
- 1.7 "Minimum Necessary" refers to the minimum necessary standard in 45 C.F.R. § 162.502 (b) as in effect or as amended.
- 1.8 "Privacy Rule" means the Standards for Privacy of Individually Identifiable Health Information at 45 Code of Federal Regulations (C.F.R.) Parts 160 and 164, also referred to as the Privacy Regulations.
- 1.9 "Protected Health Information" has the same meaning as the term "protected health information" in 45 C.F.R. § 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity. Protected Health Information includes information that (i) relates to the past, present or future physical or mental health or condition of an Individual; the provision of health care to an Individual, or the past, present or future payment for the provision of health care to an Individual; (ii) identifies the Individual (or for which there is a reasonable basis for believing that the information can be used to identify the Individual); and (iii) is received by Business Associate from or on behalf of Covered Entity, or is created by

Business Associate, or is made accessible to Business Associate by Covered Entity. "Protected Health Information" includes Electronic Health Information.

- 1.10 "Required By Law" means a mandate contained in law that compels an entity to make a Use or Disclosure of Protected Health Information and that is enforceable in a court of law. Required by law includes, but is not limited to, court orders and court-ordered warrants; subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or any administrative body authorized to require the production of information; a civil or an authorized investigative demand; Medicare conditions of participation with respect to health care providers participating in the program; and statutes or regulations that require the production of information, including statutes or regulations that require such information if payment is sought under a government program providing benefits.
- 1.11 "Security Incident" means the attempted or successful unauthorized access, Use, Disclosure, modification, or destruction of information in, or interference with system operations of, an Information System which contains Electronic Protected Health Information. However, Security Incident does not include attempts to access an Information System when those attempts are not reasonably considered by Business Associate to constitute an actual threat to the Information System.
- 1.12 "Security Rule" means the Security Standards for the Protection of Electronic Health Information also referred to as the Security Regulations at 45 Code of Federal Regulations (C.F.R.) Part 160 and 164.
- 1.13 "Services" means the provision of billing and appeal services, including the gathering of data necessary to submit claims or to appeal their denial.
- 1.14 "Unsecured Protected Health Information" has the same meaning as the term "unsecured protected health information" in 45 C.F.R. § 164.402.
- 1.15 "Use" or "Uses" mean, with respect to Protected Health Information, the sharing, employment, application, utilization, examination or analysis of such Information within Business Associate's internal operations.
- 1.16 Terms used, but not otherwise defined in this Business Associate Agreement shall have the same meaning as those terms in the HIPAA Regulations and HITECH Act.

OBLIGATIONS OF BUSINESS ASSOCIATE

- 2.1 Permitted Uses and Disclosures of Protected Health Information. Business Associate:

(a) shall Use and Disclose Protected Health Information only as necessary to perform the Services, and as provided in Sections 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 4.3 and 5.2 of this Agreement;

(b) shall Disclose Protected Health Information to Covered Entity upon request;

(c) may, as necessary for the proper management and administration of its business or to carry out its legal responsibilities:

(i) Use Protected Health Information; and

(ii) Disclose Protected Health Information if the Disclosure is Required by Law.

Business Associate shall not Use or Disclose Protected Health Information for any other purpose or in any manner that would constitute a violation of the Privacy Regulations or the HITECH Act if so Used or Disclosed by Covered Entity.

2.2 Prohibited Uses and Disclosures of Protected Health Information. Business Associate:

(a) shall not Use or Disclose Protected Health Information for fundraising or marketing purposes.

(b) shall not disclose Protected Health Information to a health plan for payment or health care operations purposes if the Individual has requested this special restriction and has paid out of pocket in full for the health care item or service to which the Protected Health Information solely relates.

(c) shall not directly or indirectly receive payment in exchange for Protected Health Information, except with the prior written consent of Covered Entity and as permitted by the HITECH Act. This prohibition shall not affect payment by Covered Entity to Business Associate. Covered Entity shall not provide such written consent except upon express approval of the departmental privacy officer and only to the extent permitted by law, including HIPAA and the HITECH Act.

2.3 Adequate Safeguards for Protected Health Information. Business Associate:

(a) shall implement and maintain appropriate safeguards to prevent the Use or Disclosure of Protected Health Information in any manner other than as permitted by this Business Associate Agreement. Business Associate agrees to limit the Use and Disclosure of Protected Health Information to the Minimum Necessary in accordance with the Privacy Regulation's minimum necessary standard as in effect or as amended.

(b) as to Electronic Protected Health Information, shall implement and maintain administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Electronic Protected Health Information; effective February 17, 2010, said safeguards shall be in accordance with 45 C.F.R. Sections 164.308, 164.310, and 164.312, and shall comply with the Security Rule's policies and procedure and documentation requirements.

2.4 Reporting Non-Permitted Use or Disclosure and Security Incidents and Breaches of Unsecured Protected Health Information. Business Associate

(a) shall report to Covered Entity each Use or Disclosure of Protected Health Information that is made by Business Associate, its employees, representatives, Agents, subcontractors, or other parties under Business Associate's control with access to Protected Health Information but which is not specifically permitted by this Business Associate Agreement or otherwise required by law.

(b) shall report to Covered Entity each Security Incident of which Business Associate becomes aware.

(c) shall notify Covered Entity of each Breach by Business Associate, its employees, representatives, agents or subcontractors of Unsecured Protected Health Information that is known to Business Associate or, by exercising reasonable diligence, would have been known to Business Associate. Business Associate shall be deemed to have knowledge of a Breach of Unsecured Protected Health Information if the Breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the Breach, who is an employee, officer, or other agent of the Business Associate as determined in accordance with the federal common law of agency.

2.4.1 Immediate Telephonic Report. Except as provided in Section 2.4.3, notification shall be made immediately upon discovery of the non-permitted Use or Disclosure of Protected Health Information, Security Incident or Breach of Unsecured Protected Health Information by telephone call to (562) 940-3335.

2.4.2 Written Report. Except as provided in Section 2.4.3, the initial telephonic notification shall be followed by written notification made without unreasonable delay and in no event later than three (3) business days from the date of discovery of the non-permitted Use or Disclosure of Protected Health Information, Security Incident, or Breach by the Business Associate to the Chief Privacy Officer at:

Chief Privacy Officer
Kenneth Hahn Hall of Administration
500 West Temple Street
Suite 525

Los Angeles, California 90012
HIPAA@auditor.lacounty.gov
(213) 974-2166

(a) The notification required by section 2.4 shall include, to the extent possible, the identification of each Individual whose Unsecured Protected Health Information has been, or is reasonably believed by the Business Associate to have been, accessed, acquired, Used, or Disclosed; and

(b) the notification required by section 2.4 shall include, to the extent possible, all information required to provide notification to the Individual under 45 C.F.R. 164.404(c), including:

(i) A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known;

(ii) A description of the types of Unsecured Protected Health Information that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);

(iii) Any other details necessary to conduct an assessment of whether there is a risk of harm to the Individual;

(iv) Any steps Business Associate believes that the Individual could take to protect him or herself from potential harm resulting from the breach;

(v) A brief description of what Business Associate is doing to investigate the Breach, to mitigate harm to the Individual, and to protect against any further Breaches; and

(vi) The name and contact information for the person most knowledgeable regarding the facts and circumstances of the Breach.

If Business Associate is not able to provide the information specified in section 2.3.2 (a) or (b) at the time of the notification required by section 2.4.2, Business Associate shall provide such information promptly thereafter as such information becomes available.

2.4.3 Request for Delay by Law Enforcement. Business Associate may delay the notification required by section 2.4 if a law enforcement official states to Business Associate that notification would impede a criminal investigation or cause damage to national security. If the law enforcement official's statement is in writing and specifies the time for which a delay is required, Business Associate shall delay notification, notice, or posting for the time period specified by the

official; if the statement is made orally, Business Associate shall document the statement, including the identity of the official making the statement, and delay the notification, notice, or posting temporarily and no longer than 30 days from the date of the oral statement, unless a written statement as described in paragraph (a) of this section is submitted during that time.

2.5 Mitigation of Harmful Effect. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a Use or Disclosure of Protected Health Information by Business Associate in violation of the requirements of this Business Associate Agreement.

2.6 Breach Notification. Business Associate shall, to the extent Covered Entity determines that there has been a Breach of Unsecured Protected Health Information, provide Breach notification for each and every Breach of Unsecured Protected Health Information by Business Associate, its employees, representatives, agents or subcontractors, in a manner that permits Covered Entity to comply with its obligations under Subpart D, Notification in the Case of Breach of Unsecured PHI, of the Privacy and Security Regulations, including:

(a) Notifying each Individual whose Unsecured Protected Health Information has been, or is reasonably believed to have been, accessed, acquired, Used, or Disclosed as a result of such Breach;

(b) The notification required by paragraph (a) of this Section 2.6 shall include, to the extent possible:

(i) A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known;

(ii) A description of the types of Unsecured Protected Health Information that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);

(iii) Any steps the Individual should take to protect him or herself from potential harm resulting from the Breach;

(iv) A brief description of what Business Associate is doing to investigate the Breach, to mitigate harm to individuals, and to protect against any further Breaches; and

(v) Contact procedures for Individual(s) to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, Web site, or postal address.

(vi) The notification required by paragraph (a) of this section shall be written in plain language

Covered Entity, in its sole discretion, may elect to provide the notification required by this Section 2.6, and Business Associate shall reimburse Covered Entity any and all costs incurred by Covered Entity, including costs of notification, internet posting, or media publication, as a result of Business Associate's Breach of Unsecured Protected Health Information.

- 2.7 Availability of Internal Practices, Books and Records to Government Agencies. Business Associate agrees to make its internal practices, books and records relating to the Use and Disclosure of Protected Health Information available to the Secretary of the federal Department of Health and Human Services for purposes of determining Covered Entity's compliance with the Privacy and Security Regulations. Business Associate shall immediately notify Covered Entity of any requests made by the Secretary and provide Covered Entity with copies of any documents produced in response to such request.
- 2.8 Access to Protected Health Information. Business Associate shall, to the extent Covered Entity determines that any Protected Health Information constitutes a "designated record set" as defined by 45 C.F.R. § 164.501, make the Protected Health Information specified by Covered Entity available to the Individual(s) identified by Covered Entity as being entitled to access and copy that Protected Health Information. Business Associate shall provide such access for inspection of that Protected Health Information within two (2) business days after receipt of request from Covered Entity. Business Associate shall provide copies of that Protected Health Information within five (5) business days after receipt of request from Covered Entity. If Business Associate maintains an Electronic Health Record, Business Associate shall provide such information in electronic format to enable Covered Entity to fulfill its obligations under the HITECH Act.
- 2.9 Amendment of Protected Health Information. Business Associate shall, to the extent Covered Entity determines that any Protected Health Information constitutes a "designated record set" as defined by 45 C.F.R. § 164.501, make any amendments to Protected Health Information that are requested by Covered Entity. Business Associate shall make such amendment within ten (10) business days after receipt of request from Covered Entity in order for Covered Entity to meet the requirements under 45 C.F.R. § 164.526.
- 2.10 Accounting of Disclosures. Upon Covered Entity's request, Business Associate shall provide to Covered Entity an accounting of each Disclosure of Protected Health Information made by Business Associate or its employees, agents, representatives or subcontractors, in order to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528 and/or the HITECH Act which requires an

Accounting of Disclosures of Protected Health Information maintained in an Electronic Health Record for treatment, payment, and health care operations.

However, Business Associate is not required to provide an Accounting of Disclosures that are necessary to perform the Services because such Disclosures are for either payment or health care operations purposes, or both.

Any accounting provided by Business Associate under this Section 2.10 shall include: (a) the date of the Disclosure; (b) the name, and address if known, of the entity or person who received the Protected Health Information; (c) a brief description of the Protected Health Information disclosed; and (d) a brief statement of the purpose of the Disclosure. For each Disclosure that could require an accounting under this Section 2.10, Business Associate shall document the information specified in (a) through (d), above, and shall securely maintain the information for six (6) years from the date of the Disclosure. Business Associate shall provide to Covered Entity, within ten (10) business days after receipt of request from Covered Entity, information collected in accordance with this Section 2.10 to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528. If Business Associate maintains an Electronic Health Record, Business Associate shall provide such information in electronic format to enable Covered Entity to fulfill its obligations under the HITECH Act.

2.11 Indemnification. Business Associate shall indemnify, defend, and hold harmless Covered Entity, including its elected and appointed officers, employees, and agents, from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, penalties and fines (including regulatory penalties and/or fines), and expenses (including attorney and expert witness fees), arising from or connected with Business Associate's acts and/or omissions arising from and/or relating to this Business Associate Agreement; Business Associate's obligations under this provision extend to compliance and/or enforcement actions and/or activities, whether formal or informal, of Secretary of the federal Department of Health and Human Services and/or Office for Civil Rights.

OBLIGATION OF COVERED ENTITY

3.1 Obligation of Covered Entity. Covered Entity shall notify Business Associate of any current or future restrictions or limitations on the use of Protected Health Information that would affect Business Associate's performance of the Services, and Business Associate shall thereafter restrict or limit its own uses and disclosures accordingly.

TERM AND TERMINATION

4.1 Term. This Agreement shall be deemed effective as of February 1, 2010 and shall remain in effect until the earlier of the following two events (a) Business Associate no longer receives, has access to, or creates Protected Health

Information, or (b) this Agreement is superseded by another Agreement which controls the use and disclosure of Protected Health Information. Business Associate's obligations under Sections 2.1 (as modified by Section 4.2), 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 4.3 and 5.2 shall survive the termination or expiration of this Agreement."

4.2 Termination for Cause. In addition to and notwithstanding the termination provisions set forth in this Agreement, upon either party's knowledge of a material breach by the other party, the party with knowledge of the other party's breach shall:

(a) Provide an opportunity for the breaching party to cure the breach or end the violation and terminate this Agreement if the breaching party does not cure the breach or end the violation within the time specified by the non-breaching party;

(b) Immediately terminate this Agreement if a party has breached a material term of this Agreement and cure is not possible; or

(c) If neither termination nor cure is feasible, report the violation to the Secretary of the federal Department of Health and Human Services.

4.3 Disposition of Protected Health Information Upon Termination or Expiration.

(a) Except as provided in paragraph (b) of this section, upon termination for any reason or expiration of this Agreement, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.

(b) In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make infeasible. If return or destruction is infeasible, Business Associate shall extend the protections of this Business Associate Agreement to such Protected Health Information and limit further Uses and Disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

MISCELLANEOUS

5.1 No Third Party Beneficiaries. Nothing in this Business Associate Agreement shall confer upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.

- 5.2 Use of Subcontractors and Agents. Business Associate shall require each of its agents and subcontractors that receive Protected Health Information from Business Associate, or create Protected Health Information for Business Associate, on behalf of Covered Entity, to execute a written agreement obligating the agent or subcontractor to comply with all the terms of this Business Associate Agreement.
- 5.3 Regulatory References. A reference in this Business Associate Agreement to a section in the Privacy or Security Regulations means the section as in effect or as amended.
- 5.4 Interpretation. Any ambiguity in this Business Associate Agreement shall be resolved in favor of a meaning that permits Covered Entity to comply with the Privacy and Security Regulations.
- 5.5 Amendment. The parties agree to take such action as is necessary to amend this Business Associate Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy and Security Regulations and other privacy laws governing Protected Health Information.

IN WITNESS WHEREOF, the parties hereto have executed this HIPAA Business Associate Agreement effective as of the date stated below.

BUSINESS ASSOCIATE	COVERED ENTITY:
<u>MEDICAL</u> <u>HARBOR-UCLA FOUNDATION, INC.</u> Company Name	COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES
Print Name: <u>Mack Oliver</u>	By: <u>Kathy Hunt</u>
Sign: <u>[Signature]</u>	Title: <u>Director, Contract Admin's Special program</u>
Title: <u>CEO</u>	Dated: <u>10/11/10</u>
Dated: <u>9/28/10</u>	

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
INELIGIBILITY AND VOLUNTARY EXCLUSION –
LOWER TIER COVERED TRANSACTIONS (45 C.F.R. PART 76)**

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Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

1. This certification is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that Contractor knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
2. Contractor shall provide immediate written notice if at any time Contractor learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this certification, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this contract is submitted for assistance in obtaining a copy of those regulations.
4. Contractor agrees it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
5. Contractor further agrees it will include the provision entitled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)," as set forth in the text of the Contract without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. Contractor acknowledges that a participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. Contractor acknowledges that a participant may decide the method and frequency by which it determines the eligibility of its principals. Contractor acknowledges that each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.

7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the required certification. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
9. Where Contractor and/or its subcontractor(s) is or are unable to certify to any of the statements in this Certification, Contractor shall attach a written explanation to its proposal in lieu of submitting this Certification. Contractor's written explanation shall describe the specific circumstances concerning the inability to certify. It further shall identify any owner, officer, partner, director, or other principal of the Contractor and/or subcontractor who is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. The written explanation shall provide that person's or those persons' job description(s) and function(s) as they relate to the contract.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

Contractor hereby certifies that neither it nor any of its owners, officers, partners, directors, other principals or subcontractors is currently debarred, suspended proposed for debarment, declared ineligible or excluded from securing federally funded contracts by any federal department or agency.

Dated: _____

Signature of Authorized Representative

Title of Authorized Representative

Printed Name of Authorized Representative

CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	

The Contractor certifies that:

- It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; AND

To the best of its knowledge, after a reasonable inquiry, the Contractor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; AND

The Contractor agrees to comply with the County's Defaulted Property Tax Reduction Program during the term of any awarded contract.

OR

- I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, Pursuant to Los Angeles County Code Section 2.206.060, for the following reason:

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name: _____	Title: _____
Signature: _____	Date: _____

Date: _____

Medical Health Screening

All potential Contractor personnel shall complete to the satisfaction of County a medical health screening to determine if the person meets the medical criteria and immunizations standards established for the prospective job classification/assignment at the Contractor's expense before commencing services. The Contractor shall use the DHS Forms and medical health screening methodology provided in the Contractor package available from

The medical health screening shall be performed by a physician or other licensed healthcare professional (PLHCP) authorized to perform such a physical screening, with such cost at the expense of the Contractor. If the Contractor chooses to have the DHS Employee Health Services (EHS) perform such assessments and screening, the Contractor will be billed for the services regardless if the Contractor's staff passes or fails the screening. Contractor personnel shall present a letter on Contractor letterhead authorizing personnel to obtain the screening from DHS' EHS. DHS EHS will bill the Contractor for the cost and/or deduct the amount from funds owed.

Contractor personnel shall provide DHS EHS with documentation of health screenings and evidence of the absence of communicable diseases using the County's "Health Clearance Certification, E2" form. The Certification form must be completed by the prospective Contractor personnel and their health care provider, then by the Contractor attesting verification of completion of DHS forms.

The Contractor must provide DHS EHS with the source documents for review within four (4) hours of a request. Source documents pertaining to the pre-employment health evaluation, Tuberculosis, Respiratory Fit Testing, and other immunizations will be maintained by the contractor. Failure to provide appropriate source documentation of health screenings/clearance will result in immediate termination of assignment and placement of Contractor's personnel in a "Do Not Send" status until compliant.

DHS Facility Staff are required to ensure the Contractor personnel receives the appropriate documents; has submitted them to the facility EHS and has obtained health clearance prior to beginning the work assignment.

No person will be allowed to work at anytime inside a DHS medical facility without appropriate documentation of health screening. In those instances where persons have no demonstrated immunity, and have refused vaccination, a waiver to that effect must be obtained and on file. Lack of immunity to certain diseases will restrict assignment locations within the hospital.

All Contractor personnel who have potential exposure to respiratory hazards and/or aerosol transmissible disease shall provide appropriate documentation of a respiratory fit test on the same make, model, style, and size of respirator that will be used in facility. If indicated, this requirement is mandatory annually. Per County policy, Contractor personnel are required to comply with annual health screening. Unless provided for per contract, Contractor personnel shall have their PLHCP conduct the assessment in accordance with County policy and procedures. This documentation is the "Health Clearance Certification, E2". The workforce member will be provided with the necessary documentation for completion and submission to their PLHCP. The PLHCP will complete the documents and submit them to the Contractor, as appropriate, with the completed certification form.

Contractor personnel may be given a 30-day reminder to comply with annual health screening requirements. Contractor personnel who do not comply with annual or other health screening requirements will be given a letter indicating they have five (5) days to comply or face termination of assignment. A copy of the "letter" will be provided to the Contractor personnel's supervisor for action. Failure to provide documentation of health screening/clearance will result in immediate termination of assignment and placement in a "Do Not Send" status until compliant.

Emergency services will be provided post-exposure to Contractor personnel who have potential exposure to occupational hazards within the allowable time frames, but will be billed to the Contractor, as appropriate. Contractor personnel who are exposed to occupational hazard or incur injury while performing their duties for the County will be reported on the OSHA Log 300/301, as required by state and federal regulation and guidelines.

In the event of an occupational needlestick injury or other exposure to Contractor personnel to blood and body fluids or airborne contaminants will be provided by the DHS EHS, but will be billed to the Contractor, as appropriate. Contractor personnel may go to the facility DHS EHS or the designated department for initial care within the allowable treatment time frames. Cost of initial treatment will be billed to the Contractor, as appropriate. Subsequent follow-up treatment will be conducted through the appropriate agency's medical provider or the employee's personal physician. If Contractor chooses to have the DHS EHS provide subsequent follow-up care, the Contractor will be billed accordingly.