

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LAC+USC MEDICAL CENTER
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE*
EFFECTIVE JANUARY 1, 2023
UPDATED AS OF 12/15/2022

					HEALTH NET (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
19120	MALI	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR																
		PRIMARY PROCEDURE	19120		\$ 395.96	not contracted	\$ 423.16	not contracted	\$ 302.26	not contracted	\$ 302.26	not contracted	\$ 302.26	not contracted	\$ 302.26	not contracted	\$ 423.16	\$ 302.26
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 53.70	not contracted	\$ 57.39	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 57.39	\$ 40.99
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 6.85	not contracted	\$ 7.32	not contracted	\$ 5.23	not contracted	\$ 5.23	not contracted	\$ 5.23	not contracted	\$ 5.23	not contracted	\$ 7.32	\$ 5.23
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 6.00	not contracted	\$ 6.41	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 6.41	\$ 4.58
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER	J2405		\$ 5.95	not contracted	\$ 6.36	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 6.36	\$ 4.54
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 6.03	not contracted	\$ 6.44	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 6.44	\$ 4.60
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 9.08	not contracted	\$ 9.70	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 9.70	\$ 6.93
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBAC	PRIMARY PROCEDURE	29826		\$ 792.63	not contracted	\$ 847.08	not contracted	\$ 605.06	not contracted	\$ 605.06	not contracted	\$ 605.06	not contracted	\$ 605.06	not contracted	\$ 847.08	\$ 605.06
		ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPA	29827		\$ 928.19	not contracted	\$ 991.96	not contracted	\$ 708.54	not contracted	\$ 708.54	not contracted	\$ 708.54	not contracted	\$ 708.54	not contracted	\$ 991.96	\$ 708.54
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TISSUE- T	C1713		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 6.85	not contracted	\$ 7.32	not contracted	\$ 5.23	not contracted	\$ 5.23	not contracted	\$ 5.23	not contracted	\$ 5.23	not contracted	\$ 7.32	\$ 5.23
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57

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					HEALTH NET (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 5.95	not contracted	\$ 6.36	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 6.36	\$ 4.54
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 6.03	not contracted	\$ 6.44	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 6.44	\$ 4.60
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 9.08	not contracted	\$ 9.70	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 9.70	\$ 6.93
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL	PRIMARY PROCEDURE	29881		\$ 1,035.36	not contracted	\$ 1,191.06	not contracted	\$ 790.35	not contracted	\$ 790.35	not contracted	\$ 790.35	not contracted	\$ 790.35	not contracted	\$ 1,191.06	\$ 790.35
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES	01400		\$ 95.04	not contracted	\$ 109.33	not contracted	\$ 72.55	not contracted	\$ 72.55	not contracted	\$ 72.55	not contracted	\$ 72.55	not contracted	\$ 109.33	\$ 72.55
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 6.85	not contracted	\$ 7.32	not contracted	\$ 5.23	not contracted	\$ 5.23	not contracted	\$ 5.23	not contracted	\$ 5.23	not contracted	\$ 7.32	\$ 5.23
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 6.00	not contracted	\$ 6.41	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 6.41	\$ 4.58
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 9.45	not contracted	\$ 10.09	not contracted	\$ 7.21	not contracted	\$ 7.21	not contracted	\$ 7.21	not contracted	\$ 7.21	not contracted	\$ 10.09	\$ 7.21
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ 6.56	not contracted	\$ 7.01	not contracted	\$ 5.01	not contracted	\$ 5.01	not contracted	\$ 5.01	not contracted	\$ 5.01	not contracted	\$ 7.01	\$ 5.01
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 5.95	not contracted	\$ 6.36	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 6.36	\$ 4.54
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 9.08	not contracted	\$ 9.70	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 9.70	\$ 6.93
42820	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE 12	PRIMARY PROCEDURE	42820		\$ 316.90	not contracted	\$ 338.67	not contracted	\$ 241.91	not contracted	\$ 241.91	not contracted	\$ 241.91	not contracted	\$ 241.91	not contracted	\$ 338.67	\$ 241.91
		ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY;	00170		\$ 119.00	not contracted	\$ 127.18	not contracted	\$ 90.84	not contracted	\$ 90.84	not contracted	\$ 90.84	not contracted	\$ 90.84	not contracted	\$ 127.18	\$ 90.84
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 39.93	not contracted	\$ 42.67	not contracted	\$ 30.48	not contracted	\$ 30.48	not contracted	\$ 30.48	not contracted	\$ 30.48	not contracted	\$ 42.67	\$ 30.48
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 6.00	not contracted	\$ 6.41	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 6.41	\$ 4.58
		INJECTION, MORPHINE SULFATE, UP TO 10 MG	J2270		\$ 10.00	not contracted	\$ 10.68	not contracted	\$ 7.63	not contracted	\$ 7.63	not contracted	\$ 7.63	not contracted	\$ 7.63	not contracted	\$ 10.68	\$ 7.63
		INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPID	J2274		\$ 24.04	not contracted	\$ 25.69	not contracted	\$ 18.35	not contracted	\$ 18.35	not contracted	\$ 18.35	not contracted	\$ 18.35	not contracted	\$ 25.69	\$ 18.35
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 5.95	not contracted	\$ 6.36	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 6.36	\$ 4.54
		INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	J2765		\$ 7.24	not contracted	\$ 7.74	not contracted	\$ 5.53	not contracted	\$ 5.53	not contracted	\$ 5.53	not contracted	\$ 5.53	not contracted	\$ 7.74	\$ 5.53
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ 9.43	not contracted	\$ 10.08	not contracted	\$ 7.20	not contracted	\$ 7.20	not contracted	\$ 7.20	not contracted	\$ 7.20	not contracted	\$ 10.08	\$ 7.20
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		\$ 6.73	not contracted	\$ 7.20	not contracted	\$ 5.14	not contracted	\$ 5.14	not contracted	\$ 5.14	not contracted	\$ 5.14	not contracted	\$ 7.20	\$ 5.14
		ALBUTEROL, INHALATION SOLUTION, FDA- APPROVED FINAL PROD	J7613		\$ 0.07	not contracted	\$ 0.07	not contracted	\$ 0.05	not contracted	\$ 0.05	not contracted	\$ 0.05	not contracted	\$ 0.05	not contracted	\$ 0.07	\$ 0.05
43235	ESOPHAGOGASTRODU ODENOSCOPY, FLEXIBLE, TRANSORAL; DIAGNO	PRIMARY PROCEDURE	43235		\$ 421.14	not contracted	\$ 450.07	not contracted	\$ 321.48	not contracted	\$ 321.48	not contracted	\$ 321.48	not contracted	\$ 321.48	not contracted	\$ 450.07	\$ 321.48

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
43239	ESOPHAGOGASTRODU ODENOSCOPY, FLEXIBLE, TRANSORAL; WITH B	PRIMARY PROCEDURE	43239		\$ 440.04	not contracted	\$ 470.27	not contracted	\$ 335.91	not contracted	\$ 335.91	not contracted	\$ 335.91	not contracted	\$ 335.91	not contracted	\$ 470.27	\$ 335.91
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 53.70	not contracted	\$ 57.39	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 57.39	\$ 40.99
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
45378	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION	PRIMARY PROCEDURE	45378		\$ 554.76	not contracted	\$ 592.87	not contracted	\$ 423.48	not contracted	\$ 423.48	not contracted	\$ 423.48	not contracted	\$ 423.48	not contracted	\$ 592.87	\$ 423.48
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
45380	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	PRIMARY PROCEDURE	45380		\$ 620.52	not contracted	\$ 663.15	not contracted	\$ 473.68	not contracted	\$ 473.68	not contracted	\$ 473.68	not contracted	\$ 473.68	not contracted	\$ 663.15	\$ 473.68
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 53.70	not contracted	\$ 57.39	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 57.39	\$ 40.99
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
45385	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(PRIMARY PROCEDURE	45385		\$ 752.04	not contracted	\$ 803.71	not contracted	\$ 574.08	not contracted	\$ 574.08	not contracted	\$ 574.08	not contracted	\$ 574.08	not contracted	\$ 803.71	\$ 574.08
		COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380		\$ 620.52	not contracted	\$ 663.15	not contracted	\$ 473.68	not contracted	\$ 473.68	not contracted	\$ 473.68	not contracted	\$ 473.68	not contracted	\$ 663.15	\$ 473.68
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 53.70	not contracted	\$ 57.39	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 57.39	\$ 40.99
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
45391	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMI	PRIMARY PROCEDURE	45391		\$ 318.79	not contracted	\$ 340.69	not contracted	\$ 243.35	not contracted	\$ 243.35	not contracted	\$ 243.35	not contracted	\$ 243.35	not contracted	\$ 340.69	\$ 243.35
		COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380		\$ 620.52	not contracted	\$ 663.15	not contracted	\$ 473.68	not contracted	\$ 473.68	not contracted	\$ 473.68	not contracted	\$ 473.68	not contracted	\$ 663.15	\$ 473.68
		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	74330		\$ 216.33	not contracted	\$ 231.20	not contracted	\$ 165.14	not contracted	\$ 165.14	not contracted	\$ 165.14	not contracted	\$ 165.14	not contracted	\$ 231.20	\$ 165.14
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 53.70	not contracted	\$ 57.39	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 57.39	\$ 40.99
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		\$ 8.25	not contracted	\$ 8.82	not contracted	\$ 6.30	not contracted	\$ 6.30	not contracted	\$ 6.30	not contracted	\$ 6.30	not contracted	\$ 8.82	\$ 6.30
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 5.95	not contracted	\$ 6.36	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 6.36	\$ 4.54
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 6.03	not contracted	\$ 6.44	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 6.44	\$ 4.60
		INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	J2765		\$ 7.24	not contracted	\$ 7.74	not contracted	\$ 5.53	not contracted	\$ 5.53	not contracted	\$ 5.53	not contracted	\$ 5.53	not contracted	\$ 7.74	\$ 5.53

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		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	PRIMARY PROCEDURE	47562		\$ 875.87	not contracted	\$ 936.04	not contracted	\$ 668.60	not contracted	\$ 668.60	not contracted	\$ 668.60	not contracted	\$ 668.60	not contracted	\$ 936.04	\$ 668.60
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDO	00790		\$ 166.37	not contracted	\$ 191.39	not contracted	\$ 127.00	not contracted	\$ 127.00	not contracted	\$ 127.00	not contracted	\$ 127.00	not contracted	\$ 191.39	\$ 127.00
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 39.93	not contracted	\$ 42.67	not contracted	\$ 30.48	not contracted	\$ 30.48	not contracted	\$ 30.48	not contracted	\$ 30.48	not contracted	\$ 42.67	\$ 30.48
		INJECTION, CEFOXITIN SODIUM, 1 GM	J0694		\$ 11.97	not contracted	\$ 12.80	not contracted	\$ 9.14	not contracted	\$ 9.14	not contracted	\$ 9.14	not contracted	\$ 9.14	not contracted	\$ 12.80	\$ 9.14
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 6.00	not contracted	\$ 6.41	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 6.41	\$ 4.58
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 9.45	not contracted	\$ 10.09	not contracted	\$ 7.21	not contracted	\$ 7.21	not contracted	\$ 7.21	not contracted	\$ 7.21	not contracted	\$ 10.09	\$ 7.21
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 5.95	not contracted	\$ 6.36	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 6.36	\$ 4.54
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		\$ 7.58	not contracted	\$ 8.11	not contracted	\$ 5.79	not contracted	\$ 5.79	not contracted	\$ 5.79	not contracted	\$ 5.79	not contracted	\$ 8.11	\$ 5.79
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 9.08	not contracted	\$ 9.70	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 9.70	\$ 6.93
		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT	J7642		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; R	PRIMARY PROCEDURE	49505		\$ 646.42	not contracted	\$ 690.83	not contracted	\$ 493.45	not contracted	\$ 493.45	not contracted	\$ 493.45	not contracted	\$ 493.45	not contracted	\$ 690.83	\$ 493.45

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					HEALTH NET (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTH	00830		\$ 95.04	not contracted	\$ 101.57	not contracted	\$ 72.55	not contracted	\$ 72.55	not contracted	\$ 72.55	not contracted	\$ 72.55	not contracted	\$ 101.57	\$ 72.55
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		\$ 27.43	not contracted	\$ 29.32	not contracted	\$ 20.94	not contracted	\$ 20.94	not contracted	\$ 20.94	not contracted	\$ 20.94	not contracted	\$ 29.32	\$ 20.94
		MESH (IMPLANTABLE)	C1781		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 6.85	not contracted	\$ 7.32	not contracted	\$ 5.23	not contracted	\$ 5.23	not contracted	\$ 5.23	not contracted	\$ 5.23	not contracted	\$ 7.32	\$ 5.23
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 6.00	not contracted	\$ 6.41	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 6.41	\$ 4.58
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 9.45	not contracted	\$ 10.09	not contracted	\$ 7.21	not contracted	\$ 7.21	not contracted	\$ 7.21	not contracted	\$ 7.21	not contracted	\$ 10.09	\$ 7.21
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ 6.56	not contracted	\$ 7.01	not contracted	\$ 5.01	not contracted	\$ 5.01	not contracted	\$ 5.01	not contracted	\$ 5.01	not contracted	\$ 7.01	\$ 5.01
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 5.95	not contracted	\$ 6.36	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 6.36	\$ 4.54
		INJECTION,	J2710		\$ 7.58	not contracted	\$ 8.11	not contracted	\$ 5.79	not contracted	\$ 5.79	not contracted	\$ 5.79	not contracted	\$ 5.79	not contracted	\$ 8.11	\$ 5.79
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 9.08	not contracted	\$ 9.70	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 9.70	\$ 6.93
		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT	J7642		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE,	PRIMARY PROCEDURE	55700		\$ 164.41	not contracted	\$ 175.70	not contracted	\$ 125.50	not contracted	\$ 125.50	not contracted	\$ 125.50	not contracted	\$ 125.50	not contracted	\$ 175.70	\$ 125.50
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ 70.46	not contracted	\$ 75.31	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 75.31	\$ 53.79

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 53.70	not contracted	\$ 57.39	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 57.39	\$ 40.99
		INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	J1580		\$ 7.69	not contracted	\$ 8.22	not contracted	\$ 5.87	not contracted	\$ 5.87	not contracted	\$ 5.87	not contracted	\$ 5.87	not contracted	\$ 8.22	\$ 5.87
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ 5.88	not contracted	\$ 6.29	not contracted	\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 6.29	\$ 4.49
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)	PRIMARY PROCEDURE	62322		\$ 260.24	not contracted	\$ 278.12	not contracted	\$ 198.66	not contracted	\$ 198.66	not contracted	\$ 198.66	not contracted	\$ 198.66	not contracted	\$ 278.12	\$ 198.66
		DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JO	64635		\$ 367.06	not contracted	\$ 392.28	not contracted	\$ 280.20	not contracted	\$ 280.20	not contracted	\$ 280.20	not contracted	\$ 280.20	not contracted	\$ 392.28	\$ 280.20
		INJECTION, METHYLPREDNISOLO NE ACETATE, 80 MG	J1040		\$ 21.33	not contracted	\$ 22.79	not contracted	\$ 16.28	not contracted	\$ 16.28	not contracted	\$ 16.28	not contracted	\$ 16.28	not contracted	\$ 22.79	\$ 16.28
		INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML	50020		\$ 16.91	not contracted	\$ 18.07	not contracted	\$ 12.91	not contracted	\$ 12.91	not contracted	\$ 12.91	not contracted	\$ 12.91	not contracted	\$ 18.07	\$ 12.91
62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)	PRIMARY PROCEDURE	62323		\$ 413.45	not contracted	\$ 441.85	not contracted	\$ 315.61	not contracted	\$ 315.61	not contracted	\$ 315.61	not contracted	\$ 315.61	not contracted	\$ 441.85	\$ 315.61
64483	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRANS	PRIMARY PROCEDURE	64483		\$ 269.35	not contracted	\$ 287.85	not contracted	\$ 205.61	not contracted	\$ 205.61	not contracted	\$ 205.61	not contracted	\$ 205.61	not contracted	\$ 287.85	\$ 205.61
		INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRANS	64484		\$ 250.45	not contracted	\$ 267.65	not contracted	\$ 191.18	not contracted	\$ 191.18	not contracted	\$ 191.18	not contracted	\$ 191.18	not contracted	\$ 267.65	\$ 191.18
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 52.54	not contracted	\$ 56.15	not contracted	\$ 40.11	not contracted	\$ 40.11	not contracted	\$ 40.11	not contracted	\$ 40.11	not contracted	\$ 56.15	\$ 40.11
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED	PRIMARY PROCEDURE	66821		\$ 349.78	not contracted	\$ 373.81	not contracted	\$ 267.01	not contracted	\$ 267.01	not contracted	\$ 267.01	not contracted	\$ 267.01	not contracted	\$ 373.81	\$ 267.01

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAO	PRIMARY PROCEDURE	66984		\$ 1,888.85	not contracted	\$ 2,018.62	not contracted	\$ 1,441.87	not contracted	\$ 1,441.87	not contracted	\$ 1,441.87	not contracted	\$ 1,441.87	not contracted	\$ 2,018.62	\$ 1,441.87
		ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY	00142		\$ 142.67	not contracted	\$ 164.13	not contracted	\$ 108.91	not contracted	\$ 108.91	not contracted	\$ 108.91	not contracted	\$ 108.91	not contracted	\$ 164.13	\$ 108.91
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 9.08	not contracted	\$ 9.70	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 9.70	\$ 6.93
		POSTERIOR CHAMBER INTRAOCULAR LENS	V2632		\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MA	PRIMARY PROCEDURE	70450		\$ 190.29	not contracted	\$ 203.36	not contracted	\$ 145.26	not contracted	\$ 145.26	not contracted	\$ 145.26	not contracted	\$ 145.26	not contracted	\$ 203.36	\$ 145.26
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
		MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDI	70551		\$ 357.33	not contracted	\$ 381.88	not contracted	\$ 272.77	not contracted	\$ 272.77	not contracted	\$ 272.77	not contracted	\$ 272.77	not contracted	\$ 381.88	\$ 272.77
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDI	PRIMARY PROCEDURE	70553		\$ 584.50	not contracted	\$ 624.65	not contracted	\$ 446.18	not contracted	\$ 446.18	not contracted	\$ 446.18	not contracted	\$ 446.18	not contracted	\$ 624.65	\$ 446.18
		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHO	74183		\$ 626.70	not contracted	\$ 669.76	not contracted	\$ 478.40	not contracted	\$ 478.40	not contracted	\$ 478.40	not contracted	\$ 478.40	not contracted	\$ 669.76	\$ 478.40
		INJECTION, GADOTERATE MEGLUMINE, 0.1 ML	A9575		\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL A	PRIMARY PROCEDURE	72148		\$ 349.51	not contracted	\$ 373.52	not contracted	\$ 266.80	not contracted	\$ 266.80	not contracted	\$ 266.80	not contracted	\$ 266.80	not contracted	\$ 373.52	\$ 266.80

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF L	PRIMARY PROCEDURE	73721		\$ 370.02	not contracted	\$ 395.44	not contracted	\$ 282.46	not contracted	\$ 282.46	not contracted	\$ 282.46	not contracted	\$ 282.46	not contracted	\$ 395.44	\$ 282.46
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATI	PRIMARY PROCEDURE	76700		\$ 156.34	not contracted	\$ 167.08	not contracted	\$ 119.34	not contracted	\$ 119.34	not contracted	\$ 119.34	not contracted	\$ 119.34	not contracted	\$ 167.08	\$ 119.34
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76805		\$ 177.23	not contracted	\$ 189.41	not contracted	\$ 135.29	not contracted	\$ 135.29	not contracted	\$ 135.29	not contracted	\$ 135.29	not contracted	\$ 189.41	\$ 135.29
76830	ULTRASOUND, TRANSVAGINAL	PRIMARY PROCEDURE	76830		\$ 127.12	not contracted	\$ 135.86	not contracted	\$ 97.04	not contracted	\$ 97.04	not contracted	\$ 97.04	not contracted	\$ 97.04	not contracted	\$ 135.86	\$ 97.04
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH	PRIMARY PROCEDURE	77067		\$ 224.46	not contracted	\$ 239.88	not contracted	\$ 171.34	not contracted	\$ 171.34	not contracted	\$ 171.34	not contracted	\$ 171.34	not contracted	\$ 239.88	\$ 171.34
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
80048	BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	PRIMARY PROCEDURE	80048		\$ 9.52	not contracted	\$ 10.18	not contracted	\$ 7.27	not contracted	\$ 7.27	not contracted	\$ 7.27	not contracted	\$ 7.27	not contracted	\$ 10.18	\$ 7.27
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 6.17	not contracted	\$ 6.59	not contracted	\$ 4.71	not contracted	\$ 4.71	not contracted	\$ 4.71	not contracted	\$ 4.71	not contracted	\$ 6.59	\$ 4.71
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		\$ 7.48	not contracted	\$ 7.99	not contracted	\$ 5.71	not contracted	\$ 5.71	not contracted	\$ 5.71	not contracted	\$ 5.71	not contracted	\$ 7.99	\$ 5.71
		PROTHROMBIN TIME;	85610		\$ 4.57	not contracted	\$ 4.89	not contracted	\$ 3.49	not contracted	\$ 3.49	not contracted	\$ 3.49	not contracted	\$ 3.49	not contracted	\$ 4.89	\$ 3.49

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
80053	COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE T	PRIMARY PROCEDURE	80053		\$ 12.16	not contracted	\$ 12.99	not contracted	\$ 9.28	not contracted	\$ 9.28	not contracted	\$ 9.28	not contracted	\$ 9.28	not contracted	\$ 12.99	\$ 9.28
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 33.21	not contracted	\$ 35.49	not contracted	\$ 25.35	not contracted	\$ 25.35	not contracted	\$ 25.35	not contracted	\$ 25.35	not contracted	\$ 35.49	\$ 25.35
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		\$ 8.84	not contracted	\$ 9.45	not contracted	\$ 6.75	not contracted	\$ 6.75	not contracted	\$ 6.75	not contracted	\$ 6.75	not contracted	\$ 9.45	\$ 6.75
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 6.00	not contracted	\$ 6.41	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 6.41	\$ 4.58
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 5.95	not contracted	\$ 6.36	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 6.36	\$ 4.54
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 6.03	not contracted	\$ 6.44	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 6.44	\$ 4.60
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
80061	LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOL	PRIMARY PROCEDURE	80061		\$ 15.12	not contracted	\$ 16.16	not contracted	\$ 11.54	not contracted	\$ 11.54	not contracted	\$ 11.54	not contracted	\$ 11.54	not contracted	\$ 16.16	\$ 11.54
		HEPATIC FUNCTION PANEL THIS PANEL MUST INCLUDE THE FOLL	80076		\$ 8.36	not contracted	\$ 8.93	not contracted	\$ 6.38	not contracted	\$ 6.38	not contracted	\$ 6.38	not contracted	\$ 6.38	not contracted	\$ 8.93	\$ 6.38
		HEMOGLOBIN; GLYCOSYLATED (A1C)	83036		\$ 11.19	not contracted	\$ 11.96	not contracted	\$ 8.54	not contracted	\$ 8.54	not contracted	\$ 8.54	not contracted	\$ 8.54	not contracted	\$ 11.96	\$ 8.54
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81000		\$ 3.38	not contracted	\$ 3.61	not contracted	\$ 2.58	not contracted	\$ 2.58	not contracted	\$ 2.58	not contracted	\$ 2.58	not contracted	\$ 3.61	\$ 2.58

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81001		\$ 3.63	not contracted	\$ 3.88	not contracted	\$ 2.77	not contracted	\$ 2.77	not contracted	\$ 2.77	not contracted	\$ 2.77	not contracted	\$ 3.88	\$ 2.77
81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81002		\$ 2.82	not contracted	\$ 3.01	not contracted	\$ 2.15	not contracted	\$ 2.15	not contracted	\$ 2.15	not contracted	\$ 2.15	not contracted	\$ 3.01	\$ 2.15
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	88175		\$ 30.79	not contracted	\$ 32.90	not contracted	\$ 23.50	not contracted	\$ 23.50	not contracted	\$ 23.50	not contracted	\$ 23.50	not contracted	\$ 32.90	\$ 23.50
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		\$ 40.86	not contracted	\$ 43.67	not contracted	\$ 31.19	not contracted	\$ 31.19	not contracted	\$ 31.19	not contracted	\$ 31.19	not contracted	\$ 43.67	\$ 31.19
		CULTURE, BACTERIAL; QUANTITATIVE COLONY COUNT, URINE	87086		\$ 9.37	not contracted	\$ 10.01	not contracted	\$ 7.15	not contracted	\$ 7.15	not contracted	\$ 7.15	not contracted	\$ 7.15	not contracted	\$ 10.01	\$ 7.15
		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	81000		\$ 3.38	not contracted	\$ 3.61	not contracted	\$ 2.58	not contracted	\$ 2.58	not contracted	\$ 2.58	not contracted	\$ 2.58	not contracted	\$ 3.61	\$ 2.58
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81003		\$ 2.57	not contracted	\$ 2.74	not contracted	\$ 1.96	not contracted	\$ 1.96	not contracted	\$ 1.96	not contracted	\$ 1.96	not contracted	\$ 2.74	\$ 1.96
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	81002		\$ 2.82	not contracted	\$ 3.01	not contracted	\$ 2.15	not contracted	\$ 2.15	not contracted	\$ 2.15	not contracted	\$ 2.15	not contracted	\$ 3.01	\$ 2.15
84153	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	PRIMARY PROCEDURE	84153		\$ 21.42	not contracted	\$ 22.89	not contracted	\$ 16.35	not contracted	\$ 16.35	not contracted	\$ 16.35	not contracted	\$ 16.35	not contracted	\$ 22.89	\$ 16.35
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
84443	THYROID STIMULATING HORMONE (TSH)	PRIMARY PROCEDURE	84443		\$ 19.34	not contracted	\$ 20.66	not contracted	\$ 14.76	not contracted	\$ 14.76	not contracted	\$ 14.76	not contracted	\$ 14.76	not contracted	\$ 20.66	\$ 14.76

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					HEALTH NET (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	PRIMARY PROCEDURE	85025		\$ 8.84	not contracted	\$ 9.45	not contracted	\$ 6.75	not contracted	\$ 6.75	not contracted	\$ 6.75	not contracted	\$ 6.75	not contracted	\$ 9.45	\$ 6.75
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
85027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	PRIMARY PROCEDURE	85027		\$ 7.48	not contracted	\$ 7.99	not contracted	\$ 5.71	not contracted	\$ 5.71	not contracted	\$ 5.71	not contracted	\$ 5.71	not contracted	\$ 7.99	\$ 5.71
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
85610	PROTHROMBIN TIME;	PRIMARY PROCEDURE	85610		\$ 4.57	not contracted	\$ 4.89	not contracted	\$ 3.49	not contracted	\$ 3.49	not contracted	\$ 3.49	not contracted	\$ 3.49	not contracted	\$ 4.89	\$ 3.49
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90832		\$ 99.35	not contracted	\$ 106.18	not contracted	\$ 75.84	not contracted	\$ 75.84	not contracted	\$ 75.84	not contracted	\$ 75.84	not contracted	\$ 106.18	\$ 75.84
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90834		\$ 126.19	not contracted	\$ 134.86	not contracted	\$ 96.33	not contracted	\$ 96.33	not contracted	\$ 96.33	not contracted	\$ 96.33	not contracted	\$ 134.86	\$ 96.33
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90837		\$ 184.19	not contracted	\$ 196.84	not contracted	\$ 140.60	not contracted	\$ 140.60	not contracted	\$ 140.60	not contracted	\$ 140.60	not contracted	\$ 196.84	\$ 140.60
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PAT	PRIMARY PROCEDURE	90847		\$ 168.45	not contracted	\$ 180.03	not contracted	\$ 128.59	not contracted	\$ 128.59	not contracted	\$ 128.59	not contracted	\$ 128.59	not contracted	\$ 180.03	\$ 128.59
		FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50	90846		\$ 162.81	not contracted	\$ 173.99	not contracted	\$ 124.28	not contracted	\$ 124.28	not contracted	\$ 124.28	not contracted	\$ 124.28	not contracted	\$ 173.99	\$ 124.28
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GR	PRIMARY PROCEDURE	90853		\$ 6.52	not contracted	\$ 6.97	not contracted	\$ 4.98	not contracted	\$ 4.98	not contracted	\$ 4.98	not contracted	\$ 4.98	not contracted	\$ 6.97	\$ 4.98
93000	ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LEADS;	PRIMARY PROCEDURE	93000		\$ 53.93	not contracted	\$ 57.64	not contracted	\$ 41.17	not contracted	\$ 41.17	not contracted	\$ 41.17	not contracted	\$ 41.17	not contracted	\$ 57.64	\$ 41.17

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ 70.46	not contracted	\$ 75.31	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 75.31	\$ 53.79
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 30.81	not contracted	\$ 32.93	not contracted	\$ 23.52	not contracted	\$ 23.52	not contracted	\$ 23.52	not contracted	\$ 23.52	not contracted	\$ 32.93	\$ 23.52
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL IN	PRIMARY PROCEDURE	93452		\$ 1,433.47	not contracted	\$ 1,531.95	not contracted	\$ 1,094.25	not contracted	\$ 1,094.25	not contracted	\$ 1,094.25	not contracted	\$ 1,094.25	not contracted	\$ 1,531.95	\$ 1,094.25
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		\$ 9.52	not contracted	\$ 10.18	not contracted	\$ 7.27	not contracted	\$ 7.27	not contracted	\$ 7.27	not contracted	\$ 7.27	not contracted	\$ 10.18	\$ 7.27
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 6.17	not contracted	\$ 6.59	not contracted	\$ 4.71	not contracted	\$ 4.71	not contracted	\$ 4.71	not contracted	\$ 4.71	not contracted	\$ 6.59	\$ 4.71
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		\$ 7.48	not contracted	\$ 7.99	not contracted	\$ 5.71	not contracted	\$ 5.71	not contracted	\$ 5.71	not contracted	\$ 5.71	not contracted	\$ 7.99	\$ 5.71
		PROTHROMBIN TIME;	85610		\$ 4.57	not contracted	\$ 4.89	not contracted	\$ 3.49	not contracted	\$ 3.49	not contracted	\$ 3.49	not contracted	\$ 3.49	not contracted	\$ 4.89	\$ 3.49
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WI	PRIMARY PROCEDURE	95810		\$ 654.04	not contracted	\$ 698.98	not contracted	\$ 499.27	not contracted	\$ 499.27	not contracted	\$ 499.27	not contracted	\$ 499.27	not contracted	\$ 698.98	\$ 499.27
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES	PRIMARY PROCEDURE	97110		\$ 20.59	not contracted	\$ 22.01	not contracted	\$ 15.72	not contracted	\$ 15.72	not contracted	\$ 15.72	not contracted	\$ 15.72	not contracted	\$ 22.01	\$ 15.72
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99203		\$ 107.49	not contracted	\$ 114.87	not contracted	\$ 82.05	not contracted	\$ 82.05	not contracted	\$ 82.05	not contracted	\$ 82.05	not contracted	\$ 114.87	\$ 82.05

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECT	77066		\$ 278.15	not contracted	\$ 297.26	not contracted	\$ 212.33	not contracted	\$ 212.33	not contracted	\$ 212.33	not contracted	\$ 212.33	not contracted	\$ 297.26	\$ 212.33
		ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DO	76641		\$ 180.82	not contracted	\$ 193.24	not contracted	\$ 138.03	not contracted	\$ 138.03	not contracted	\$ 138.03	not contracted	\$ 138.03	not contracted	\$ 193.24	\$ 138.03
		CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELS	88321		\$ 79.88	not contracted	\$ 85.37	not contracted	\$ 60.98	not contracted	\$ 60.98	not contracted	\$ 60.98	not contracted	\$ 60.98	not contracted	\$ 85.37	\$ 60.98
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99204		\$ 129.47	not contracted	\$ 138.36	not contracted	\$ 98.83	not contracted	\$ 98.83	not contracted	\$ 98.83	not contracted	\$ 98.83	not contracted	\$ 138.36	\$ 98.83
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99205		\$ 155.39	not contracted	\$ 166.07	not contracted	\$ 118.62	not contracted	\$ 118.62	not contracted	\$ 118.62	not contracted	\$ 118.62	not contracted	\$ 166.07	\$ 118.62
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, W	PRIMARY PROCEDURE	99243		\$ 111.81	not contracted	\$ 119.49	not contracted	\$ 85.35	not contracted	\$ 85.35	not contracted	\$ 85.35	not contracted	\$ 85.35	not contracted	\$ 119.49	\$ 85.35
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, W	PRIMARY PROCEDURE	99244		\$ 152.96	not contracted	\$ 163.46	not contracted	\$ 116.76	not contracted	\$ 116.76	not contracted	\$ 116.76	not contracted	\$ 116.76	not contracted	\$ 163.46	\$ 116.76
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99385		\$ 214.41	not contracted	\$ 229.14	not contracted	\$ 163.67	not contracted	\$ 163.67	not contracted	\$ 163.67	not contracted	\$ 163.67	not contracted	\$ 229.14	\$ 163.67
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99386		\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST	74177		\$ 529.52	not contracted	\$ 565.89	not contracted	\$ 404.21	not contracted	\$ 404.21	not contracted	\$ 404.21	not contracted	\$ 404.21	not contracted	\$ 565.89	\$ 404.21

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF 3	72190		\$ 59.29	not contracted	\$ 63.36	not contracted	\$ 45.26	not contracted	\$ 45.26	not contracted	\$ 45.26	not contracted	\$ 45.26	not contracted	\$ 63.36	\$ 45.26
		RADIOLOGIC EXAMINATION; FOREARM, 2 VIEWS	73090		\$ 39.05	not contracted	\$ 41.73	not contracted	\$ 29.81	not contracted	\$ 29.81	not contracted	\$ 29.81	not contracted	\$ 29.81	not contracted	\$ 41.73	\$ 29.81
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99212		\$ 34.01	not contracted	\$ 36.34	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 36.34	\$ 25.96
		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF	72110		\$ 82.40	not contracted	\$ 88.06	not contracted	\$ 62.90	not contracted	\$ 62.90	not contracted	\$ 62.90	not contracted	\$ 62.90	not contracted	\$ 88.06	\$ 62.90
G0463	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	PRIMARY PROCEDURE	G0463		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87591		\$ 40.70	not contracted	\$ 43.50	not contracted	\$ 31.07	not contracted	\$ 31.07	not contracted	\$ 31.07	not contracted	\$ 31.07	not contracted	\$ 43.50	\$ 31.07
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87491		\$ 40.83	not contracted	\$ 43.64	not contracted	\$ 31.17	not contracted	\$ 31.17	not contracted	\$ 31.17	not contracted	\$ 31.17	not contracted	\$ 43.64	\$ 31.17
		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	76815		\$ 118.29	not contracted	\$ 126.42	not contracted	\$ 90.30	not contracted	\$ 90.30	not contracted	\$ 90.30	not contracted	\$ 90.30	not contracted	\$ 126.42	\$ 90.30
		ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGIN	59400		\$ 2,612.17	not contracted	\$ 2,791.63	not contracted	\$ 1,994.02	not contracted	\$ 1,994.02	not contracted	\$ 1,994.02	not contracted	\$ 1,994.02	not contracted	\$ 2,791.63	\$ 1,994.02
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99214		\$ 70.46	not contracted	\$ 75.31	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 75.31	\$ 53.79
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92012		\$ 69.81	not contracted	\$ 74.61	not contracted	\$ 53.29	not contracted	\$ 53.29	not contracted	\$ 53.29	not contracted	\$ 53.29	not contracted	\$ 74.61	\$ 53.29
		BASIC METABOLIC	80048		\$ 9.52	not contracted	\$ 10.18	not contracted	\$ 7.27	not contracted	\$ 7.27	not contracted	\$ 7.27	not contracted	\$ 7.27	not contracted	\$ 10.18	\$ 7.27
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		\$ 8.84	not contracted	\$ 9.45	not contracted	\$ 6.75	not contracted	\$ 6.75	not contracted	\$ 6.75	not contracted	\$ 6.75	not contracted	\$ 9.45	\$ 6.75

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLO	85730		\$ 7.00	not contracted	\$ 7.48	not contracted	\$ 5.34	not contracted	\$ 5.34	not contracted	\$ 5.34	not contracted	\$ 5.34	not contracted	\$ 7.48	\$ 5.34
		PROTHROMBIN TIME;	85610		\$ 4.57	not contracted	\$ 4.89	not contracted	\$ 3.49	not contracted	\$ 3.49	not contracted	\$ 3.49	not contracted	\$ 3.49	not contracted	\$ 4.89	\$ 3.49
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99211		\$ 22.55	not contracted	\$ 24.09	not contracted	\$ 17.21	not contracted	\$ 17.21	not contracted	\$ 17.21	not contracted	\$ 17.21	not contracted	\$ 24.09	\$ 17.21
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99202		\$ 64.45	not contracted	\$ 68.88	not contracted	\$ 49.20	not contracted	\$ 49.20	not contracted	\$ 49.20	not contracted	\$ 49.20	not contracted	\$ 68.88	\$ 49.20
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99215		\$ 107.49	not contracted	\$ 114.87	not contracted	\$ 82.05	not contracted	\$ 82.05	not contracted	\$ 82.05	not contracted	\$ 82.05	not contracted	\$ 114.87	\$ 82.05
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARA	PRIMARY PROCEDURE	67028		\$ 684.19	not contracted	\$ 731.19	not contracted	\$ 522.28	not contracted	\$ 522.28	not contracted	\$ 522.28	not contracted	\$ 522.28	not contracted	\$ 731.19	\$ 522.28
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	PRIMARY PROCEDURE	D0140		\$ 45.85	not contracted	\$ 49.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 49.00	\$ 35.00
99392	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99392		\$ 70.26	not contracted	\$ 75.08	not contracted	\$ 53.63	not contracted	\$ 53.63	not contracted	\$ 53.63	not contracted	\$ 53.63	not contracted	\$ 75.08	\$ 53.63
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99391		\$ 65.19	not contracted	\$ 69.66	not contracted	\$ 49.76	not contracted	\$ 49.76	not contracted	\$ 49.76	not contracted	\$ 49.76	not contracted	\$ 69.66	\$ 49.76
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	PRIMARY PROCEDURE	90471		\$ 8.38	not contracted	\$ 8.96	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 8.96	\$ 6.40
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
1220F	PATIENT SCREENED FOR DEPRESSION (SUD)	PRIMARY PROCEDURE	1220F		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AN	PRIMARY PROCEDURE	D7140		\$ 53.71	not contracted	\$ 57.40	not contracted	\$ 41.00	not contracted	\$ 41.00	not contracted	\$ 41.00	not contracted	\$ 41.00	not contracted	\$ 57.40	\$ 41.00
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
		PANORAMIC FILM	D0330		\$ 32.75	not contracted	\$ 35.00	not contracted	\$ 25.00	not contracted	\$ 25.00	not contracted	\$ 25.00	not contracted	\$ 25.00	not contracted	\$ 35.00	\$ 25.00
		LOCAL ANESTHESIA	D9215		not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	n/a	n/a
99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99442		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
		LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOL	80061		\$ 15.12	not contracted	\$ 16.16	not contracted	\$ 11.54	not contracted	\$ 11.54	not contracted	\$ 11.54	not contracted	\$ 11.54	not contracted	\$ 16.16	\$ 11.54
		RENAL FUNCTION PANEL THIS PANEL MUST INCLUDE THE FOLLOW	80069		\$ 9.96	not contracted	\$ 10.64	not contracted	\$ 7.60	not contracted	\$ 7.60	not contracted	\$ 7.60	not contracted	\$ 7.60	not contracted	\$ 10.64	\$ 7.60
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		\$ 7.48	not contracted	\$ 7.99	not contracted	\$ 5.71	not contracted	\$ 5.71	not contracted	\$ 5.71	not contracted	\$ 5.71	not contracted	\$ 7.99	\$ 5.71
		HEMOGLOBIN; GLYCOSYLATED (A1C)	83036		\$ 11.19	not contracted	\$ 11.96	not contracted	\$ 8.54	not contracted	\$ 8.54	not contracted	\$ 8.54	not contracted	\$ 8.54	not contracted	\$ 11.96	\$ 8.54
		ALBUMIN; URINE (EG, MICROALBUMIN), QUANTITATIVE	82043		\$ 6.65	not contracted	\$ 7.11	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 5.08	not contracted	\$ 7.11	\$ 5.08
		CREATINE	82540		\$ 5.40	not contracted	\$ 5.77	not contracted	\$ 4.12	not contracted	\$ 4.12	not contracted	\$ 4.12	not contracted	\$ 4.12	not contracted	\$ 5.77	\$ 4.12
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
99024	POSTOPERATIVE FOLLOW-UP VISIT, NORMALLY INCLUDED IN THE	PRIMARY PROCEDURE	99024		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
		DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECT	77065		\$ 220.00	not contracted	\$ 235.12	not contracted	\$ 167.94	not contracted	\$ 167.94	not contracted	\$ 167.94	not contracted	\$ 167.94	not contracted	\$ 235.12	\$ 167.94

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					HEALTH NET (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DO	76642		\$ 147.43	not contracted	\$ 157.56	not contracted	\$ 112.54	not contracted	\$ 112.54	not contracted	\$ 112.54	not contracted	\$ 112.54	not contracted	\$ 157.56	\$ 112.54
92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, PO	PRIMARY PROCEDURE	92134		\$ 60.60	not contracted	\$ 64.76	not contracted	\$ 46.26	not contracted	\$ 46.26	not contracted	\$ 46.26	not contracted	\$ 46.26	not contracted	\$ 64.76	\$ 46.26
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92014		\$ 72.21	not contracted	\$ 77.17	not contracted	\$ 55.12	not contracted	\$ 55.12	not contracted	\$ 55.12	not contracted	\$ 55.12	not contracted	\$ 77.17	\$ 55.12
		INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARA	67028		\$ 684.19	not contracted	\$ 731.19	not contracted	\$ 522.28	not contracted	\$ 522.28	not contracted	\$ 522.28	not contracted	\$ 522.28	not contracted	\$ 731.19	\$ 522.28
99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99441		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
99393	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99393		\$ 82.40	not contracted	\$ 88.06	not contracted	\$ 62.90	not contracted	\$ 62.90	not contracted	\$ 62.90	not contracted	\$ 62.90	not contracted	\$ 88.06	\$ 62.90
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WIT	PRIMARY PROCEDURE	49083		\$ 168.83	not contracted	\$ 180.43	not contracted	\$ 128.88	not contracted	\$ 128.88	not contracted	\$ 128.88	not contracted	\$ 128.88	not contracted	\$ 180.43	\$ 128.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
99394	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99394		\$ 103.03	not contracted	\$ 110.11	not contracted	\$ 78.65	not contracted	\$ 78.65	not contracted	\$ 78.65	not contracted	\$ 78.65	not contracted	\$ 110.11	\$ 78.65
U0003	SARS-COV-2 COVID-19 AMP PRB HIGH THROUGHPUT TECH	PRIMARY PROCEDURE	U0003		\$ 140.93	not contracted	\$ 150.61	not contracted	\$ 107.58	not contracted	\$ 107.58	not contracted	\$ 107.58	not contracted	\$ 107.58	not contracted	\$ 150.61	\$ 107.58
		COV-19 AMP PRB HGH THRUPUT WITHIN 2 DAYS COLLECT	U0005		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	PRIMARY PROCEDURE	96413		\$ 53.72	not contracted	\$ 57.41	not contracted	\$ 41.01	not contracted	\$ 41.01	not contracted	\$ 41.01	not contracted	\$ 41.01	not contracted	\$ 57.41	\$ 41.01
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ 70.46	not contracted	\$ 75.31	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 75.31	\$ 53.79
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99381		\$ 85.18	not contracted	\$ 91.03	not contracted	\$ 65.02	not contracted	\$ 65.02	not contracted	\$ 65.02	not contracted	\$ 65.02	not contracted	\$ 91.03	\$ 65.02
99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99443		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CON	PRIMARY PROCEDURE	76827		\$ 108.18	not contracted	\$ 115.61	not contracted	\$ 82.58	not contracted	\$ 82.58	not contracted	\$ 82.58	not contracted	\$ 82.58	not contracted	\$ 115.61	\$ 82.58
52000	CYSTOURETHROSCOP Y (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	52000		\$ 163.00	not contracted	\$ 174.20	not contracted	\$ 124.43	not contracted	\$ 124.43	not contracted	\$ 124.43	not contracted	\$ 124.43	not contracted	\$ 174.20	\$ 124.43
		BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	51700		\$ 147.62	not contracted	\$ 157.77	not contracted	\$ 112.69	not contracted	\$ 112.69	not contracted	\$ 112.69	not contracted	\$ 112.69	not contracted	\$ 157.77	\$ 112.69
		PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	84153		\$ 21.42	not contracted	\$ 22.89	not contracted	\$ 16.35	not contracted	\$ 16.35	not contracted	\$ 16.35	not contracted	\$ 16.35	not contracted	\$ 22.89	\$ 16.35
		PROSTATE SPECIFIC ANTIGEN (PSA); FREE	84154		\$ 21.42	not contracted	\$ 22.89	not contracted	\$ 16.35	not contracted	\$ 16.35	not contracted	\$ 16.35	not contracted	\$ 16.35	not contracted	\$ 22.89	\$ 16.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ 34.01	not contracted	\$ 36.34	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 36.34	\$ 25.96
		CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE	88112		\$ 79.81	not contracted	\$ 85.29	not contracted	\$ 60.92	not contracted	\$ 60.92	not contracted	\$ 60.92	not contracted	\$ 60.92	not contracted	\$ 85.29	\$ 60.92
		PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED (DIRECT MEAS	84152		\$ 21.42	not contracted	\$ 22.89	not contracted	\$ 16.35	not contracted	\$ 16.35	not contracted	\$ 16.35	not contracted	\$ 16.35	not contracted	\$ 22.89	\$ 16.35

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	81001		\$ 3.63	not contracted	\$ 3.88	not contracted	\$ 2.77	not contracted	\$ 2.77	not contracted	\$ 2.77	not contracted	\$ 2.77	not contracted	\$ 3.88	\$ 2.77
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	PRIMARY PROCEDURE	92083		\$ 57.33	not contracted	\$ 61.26	not contracted	\$ 43.76	not contracted	\$ 43.76	not contracted	\$ 43.76	not contracted	\$ 43.76	not contracted	\$ 61.26	\$ 43.76
67228	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG,	PRIMARY PROCEDURE	67228		\$ 563.85	not contracted	\$ 602.59	not contracted	\$ 430.42	not contracted	\$ 430.42	not contracted	\$ 430.42	not contracted	\$ 430.42	not contracted	\$ 602.59	\$ 430.42
93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE D	PRIMARY PROCEDURE	93306		\$ 450.52	not contracted	\$ 481.47	not contracted	\$ 343.91	not contracted	\$ 343.91	not contracted	\$ 343.91	not contracted	\$ 343.91	not contracted	\$ 481.47	\$ 343.91
90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUBUNIT,	PRIMARY PROCEDURE	90750		\$ 312.80	not contracted	\$ 334.29	not contracted	\$ 238.78	not contracted	\$ 238.78	not contracted	\$ 238.78	not contracted	\$ 238.78	not contracted	\$ 334.29	\$ 238.78
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 8.38	not contracted	\$ 8.96	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 8.96	\$ 6.40
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADD	PRIMARY PROCEDURE	51798		\$ 111.25	not contracted	\$ 118.89	not contracted	\$ 84.92	not contracted	\$ 84.92	not contracted	\$ 84.92	not contracted	\$ 84.92	not contracted	\$ 118.89	\$ 84.92
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
99396	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99396		\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	PRIMARY PROCEDURE	96372		\$ 35.24	not contracted	\$ 37.66	not contracted	\$ 26.90	not contracted	\$ 26.90	not contracted	\$ 26.90	not contracted	\$ 26.90	not contracted	\$ 37.66	\$ 26.90

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
99395	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99395		\$ 193.36	not contracted	\$ 206.64	not contracted	\$ 147.60	not contracted	\$ 147.60	not contracted	\$ 147.60	not contracted	\$ 147.60	not contracted	\$ 206.64	\$ 147.60
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	PRIMARY PROCEDURE	51705		\$ 110.52	not contracted	\$ 118.12	not contracted	\$ 84.37	not contracted	\$ 84.37	not contracted	\$ 84.37	not contracted	\$ 84.37	not contracted	\$ 118.12	\$ 84.37
		HOSPITAL	G0463		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
D1110	PROPHYLAXIS-ADULT	PRIMARY PROCEDURE	D1110		\$ 52.40	not contracted	\$ 56.00	not contracted	\$ 40.00	not contracted	\$ 40.00	not contracted	\$ 40.00	not contracted	\$ 40.00	not contracted	\$ 56.00	\$ 40.00
		DENTAL PROPHYLAXIS AND TOPICAL FLUORIDE TREATMENT	D1208		Child 0-5: \$23.58 Child 6-20: \$10.48 Adult: \$7.86	not contracted	Child 0-5: \$25.20 Child 6-20: \$11.20 Adult: \$8.40	not contracted	Child 0-5: \$18 Child 6-20: \$8 Adult: \$6	not contracted	Child 0-5: \$18 Child 6-20: \$8 Adult: \$6	not contracted	Child 0-5: \$18 Child 6-20: \$8 Adult: \$6	not contracted	Child 0-5: \$18 Child 6-20: \$8 Adult: \$6	not contracted	\$ 25.20	\$ 6.00
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	n/a	n/a
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 45.85	not contracted	\$ 49.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 49.00	\$ 35.00
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99383		\$ 103.03	not contracted	\$ 110.11	not contracted	\$ 78.65	not contracted	\$ 78.65	not contracted	\$ 78.65	not contracted	\$ 78.65	not contracted	\$ 110.11	\$ 78.65
93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYS	PRIMARY PROCEDURE	93288		\$ 71.45	not contracted	\$ 76.36	not contracted	\$ 54.54	not contracted	\$ 54.54	not contracted	\$ 54.54	not contracted	\$ 54.54	not contracted	\$ 76.36	\$ 54.54
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	PRIMARY PROCEDURE	D0120		\$ 19.65	not contracted	\$ 21.00	not contracted	\$ 15.00	not contracted	\$ 15.00	not contracted	\$ 15.00	not contracted	\$ 15.00	not contracted	\$ 21.00	\$ 15.00
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	PRIMARY PROCEDURE	51700		\$ 147.62	not contracted	\$ 157.77	not contracted	\$ 112.69	not contracted	\$ 112.69	not contracted	\$ 112.69	not contracted	\$ 112.69	not contracted	\$ 157.77	\$ 112.69
		MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADD	51798		\$ 111.25	not contracted	\$ 118.89	not contracted	\$ 84.92	not contracted	\$ 84.92	not contracted	\$ 84.92	not contracted	\$ 84.92	not contracted	\$ 118.89	\$ 84.92

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99215		\$ 107.49	not contracted	\$ 114.87	not contracted	\$ 82.05	not contracted	\$ 82.05	not contracted	\$ 82.05	not contracted	\$ 82.05	not contracted	\$ 114.87	\$ 82.05
90653	INFLUENZA VACCINE, INACTIVATED (IIV), SUBUNIT, ADJUVANT	PRIMARY PROCEDURE	90653		\$ 120.24	not contracted	\$ 128.51	not contracted	\$ 91.79	not contracted	\$ 91.79	not contracted	\$ 91.79	not contracted	\$ 91.79	not contracted	\$ 128.51	\$ 91.79
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 8.38	not contracted	\$ 8.96	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 8.96	\$ 6.40
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99382		\$ 88.56	not contracted	\$ 94.64	not contracted	\$ 67.60	not contracted	\$ 67.60	not contracted	\$ 67.60	not contracted	\$ 67.60	not contracted	\$ 94.64	\$ 67.60
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIM	PRIMARY PROCEDURE	51702		\$ 186.90	not contracted	\$ 199.74	not contracted	\$ 142.67	not contracted	\$ 142.67	not contracted	\$ 142.67	not contracted	\$ 142.67	not contracted	\$ 199.74	\$ 142.67
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 22.55	not contracted	\$ 24.09	not contracted	\$ 17.21	not contracted	\$ 17.21	not contracted	\$ 17.21	not contracted	\$ 17.21	not contracted	\$ 24.09	\$ 17.21
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECT	PRIMARY PROCEDURE	97602		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
90715	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VAC	PRIMARY PROCEDURE	90715		\$ 76.33	not contracted	\$ 81.58	not contracted	\$ 58.27	not contracted	\$ 58.27	not contracted	\$ 58.27	not contracted	\$ 58.27	not contracted	\$ 81.58	\$ 58.27
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 8.38	not contracted	\$ 8.96	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 8.96	\$ 6.40

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76811		\$ 298.17	not contracted	\$ 318.65	not contracted	\$ 227.61	not contracted	\$ 227.61	not contracted	\$ 227.61	not contracted	\$ 227.61	not contracted	\$ 318.65	\$ 227.61
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92002		\$ 69.81	not contracted	\$ 74.61	not contracted	\$ 53.29	not contracted	\$ 53.29	not contracted	\$ 53.29	not contracted	\$ 53.29	not contracted	\$ 74.61	\$ 53.29
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATI	PRIMARY PROCEDURE	D0150		\$ 32.75	not contracted	\$ 35.00	not contracted	\$ 25.00	not contracted	\$ 25.00	not contracted	\$ 25.00	not contracted	\$ 25.00	not contracted	\$ 35.00	\$ 25.00
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99384		\$ 123.60	not contracted	\$ 132.09	not contracted	\$ 94.35	not contracted	\$ 94.35	not contracted	\$ 94.35	not contracted	\$ 94.35	not contracted	\$ 132.09	\$ 94.35
92133	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, PO	PRIMARY PROCEDURE	92133		\$ 60.60	not contracted	\$ 64.76	not contracted	\$ 46.26	not contracted	\$ 46.26	not contracted	\$ 46.26	not contracted	\$ 46.26	not contracted	\$ 64.76	\$ 46.26
92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERA	PRIMARY PROCEDURE	92025		\$ 50.40	not contracted	\$ 53.86	not contracted	\$ 38.47	not contracted	\$ 38.47	not contracted	\$ 38.47	not contracted	\$ 38.47	not contracted	\$ 53.86	\$ 38.47
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVI	PRIMARY PROCEDURE	58100		\$ 77.12	not contracted	\$ 82.42	not contracted	\$ 58.87	not contracted	\$ 58.87	not contracted	\$ 58.87	not contracted	\$ 58.87	not contracted	\$ 82.42	\$ 58.87
		OFFICE OR OTHER	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 53.70	not contracted	\$ 57.39	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 57.39	\$ 40.99
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	PRIMARY PROCEDURE	90792		\$ 194.01	not contracted	\$ 207.34	not contracted	\$ 148.10	not contracted	\$ 148.10	not contracted	\$ 148.10	not contracted	\$ 148.10	not contracted	\$ 207.34	\$ 148.10

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					HEALTH NET (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99205		\$ 155.39	not contracted	\$ 166.07	not contracted	\$ 118.62	not contracted	\$ 118.62	not contracted	\$ 118.62	not contracted	\$ 118.62	not contracted	\$ 166.07	\$ 118.62
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	PRIMARY PROCEDURE	90686		\$ 48.82	not contracted	\$ 52.18	not contracted	\$ 37.27	not contracted	\$ 37.27	not contracted	\$ 37.27	not contracted	\$ 37.27	not contracted	\$ 52.18	\$ 37.27
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 8.38	not contracted	\$ 8.96	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 8.96	\$ 6.40
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
90694	INFLUENZA VIRUS VACCINE, QUADRIVALENT (AIIV4), INACTIVA	PRIMARY PROCEDURE	90694		\$ 143.08	not contracted	\$ 152.91	not contracted	\$ 109.22	not contracted	\$ 109.22	not contracted	\$ 109.22	not contracted	\$ 109.22	not contracted	\$ 152.91	\$ 109.22
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 8.38	not contracted	\$ 8.96	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 8.96	\$ 6.40
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76815		\$ 118.29	not contracted	\$ 126.42	not contracted	\$ 90.30	not contracted	\$ 90.30	not contracted	\$ 90.30	not contracted	\$ 90.30	not contracted	\$ 126.42	\$ 90.30
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOL	PRIMARY PROCEDURE	67040		\$ 1,727.25	not contracted	\$ 1,845.91	not contracted	\$ 1,318.51	not contracted	\$ 1,318.51	not contracted	\$ 1,318.51	not contracted	\$ 1,318.51	not contracted	\$ 1,845.91	\$ 1,318.51
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92012		\$ 69.81	not contracted	\$ 74.61	not contracted	\$ 53.29	not contracted	\$ 53.29	not contracted	\$ 53.29	not contracted	\$ 53.29	not contracted	\$ 74.61	\$ 53.29
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WIT	PRIMARY PROCEDURE	49082		\$ 110.05	not contracted	\$ 117.61	not contracted	\$ 84.01	not contracted	\$ 84.01	not contracted	\$ 84.01	not contracted	\$ 84.01	not contracted	\$ 117.61	\$ 84.01
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOIN	PRIMARY PROCEDURE	20610		\$ 86.04	not contracted	\$ 91.95	not contracted	\$ 65.68	not contracted	\$ 65.68	not contracted	\$ 65.68	not contracted	\$ 65.68	not contracted	\$ 91.95	\$ 65.68

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ 34.01	not contracted	\$ 36.34	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 36.34	\$ 25.96
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ 5.88	not contracted	\$ 6.29	not contracted	\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 6.29	\$ 4.49
		INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECI	J3301		\$ 7.30	not contracted	\$ 7.80	not contracted	\$ 5.57	not contracted	\$ 5.57	not contracted	\$ 5.57	not contracted	\$ 5.57	not contracted	\$ 7.80	\$ 5.57
		INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML	50020		\$ 16.91	not contracted	\$ 18.07	not contracted	\$ 12.91	not contracted	\$ 12.91	not contracted	\$ 12.91	not contracted	\$ 12.91	not contracted	\$ 18.07	\$ 12.91
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAG	PRIMARY PROCEDURE	96365		\$ 117.62	not contracted	\$ 125.71	not contracted	\$ 89.79	not contracted	\$ 89.79	not contracted	\$ 89.79	not contracted	\$ 89.79	not contracted	\$ 125.71	\$ 89.79
		INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE I	J2916		\$ 8.36	not contracted	\$ 8.93	not contracted	\$ 6.38	not contracted	\$ 6.38	not contracted	\$ 6.38	not contracted	\$ 6.38	not contracted	\$ 8.93	\$ 6.38
59025	FETAL NON-STRESS TEST	PRIMARY PROCEDURE	59025		\$ 42.84	not contracted	\$ 45.78	not contracted	\$ 32.70	not contracted	\$ 32.70	not contracted	\$ 32.70	not contracted	\$ 32.70	not contracted	\$ 45.78	\$ 32.70
		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	76815		\$ 118.29	not contracted	\$ 126.42	not contracted	\$ 90.30	not contracted	\$ 90.30	not contracted	\$ 90.30	not contracted	\$ 90.30	not contracted	\$ 126.42	\$ 90.30
43237	ESOPHAGOGASTRODU ODENOSCOPY, FLEXIBLE, TRANSORAL; WITH E	PRIMARY PROCEDURE	43237		\$ 235.11	not contracted	\$ 251.26	not contracted	\$ 179.47	not contracted	\$ 179.47	not contracted	\$ 179.47	not contracted	\$ 179.47	not contracted	\$ 251.26	\$ 179.47
		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA TOGRAPHY (ERCP);	43275		\$ 642.91	not contracted	\$ 687.08	not contracted	\$ 490.77	not contracted	\$ 490.77	not contracted	\$ 490.77	not contracted	\$ 490.77	not contracted	\$ 687.08	\$ 490.77
		ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM	74328		\$ 216.33	not contracted	\$ 231.20	not contracted	\$ 165.14	not contracted	\$ 165.14	not contracted	\$ 165.14	not contracted	\$ 165.14	not contracted	\$ 231.20	\$ 165.14
		ENDOSCOPIC CANNULATION OF PAPILLA WITH DIRECT VISUALIZA	43273		\$ 175.59	not contracted	\$ 187.66	not contracted	\$ 134.04	not contracted	\$ 134.04	not contracted	\$ 134.04	not contracted	\$ 134.04	not contracted	\$ 187.66	\$ 134.04

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	74330		\$ 216.33	not contracted	\$ 231.20	not contracted	\$ 165.14	not contracted	\$ 165.14	not contracted	\$ 165.14	not contracted	\$ 165.14	not contracted	\$ 231.20	\$ 165.14
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		\$ 8.25	not contracted	\$ 8.82	not contracted	\$ 6.30	not contracted	\$ 6.30	not contracted	\$ 6.30	not contracted	\$ 6.30	not contracted	\$ 8.82	\$ 6.30
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 5.95	not contracted	\$ 6.36	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 6.36	\$ 4.54
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 6.03	not contracted	\$ 6.44	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 6.44	\$ 4.60
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 9.08	not contracted	\$ 9.70	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 9.70	\$ 6.93
92235	FLUORESC EIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) W	PRIMARY PROCEDURE	92235		\$ 153.57	not contracted	\$ 164.12	not contracted	\$ 117.23	not contracted	\$ 117.23	not contracted	\$ 117.23	not contracted	\$ 117.23	not contracted	\$ 164.12	\$ 117.23
D0220	INTRAORAL- PERIAPICAL-FIRST FILM	PRIMARY PROCEDURE	D0220		\$ 13.10	not contracted	\$ 14.00	not contracted	\$ 10.00	not contracted	\$ 10.00	not contracted	\$ 10.00	not contracted	\$ 10.00	not contracted	\$ 14.00	\$ 10.00
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 45.85	not contracted	\$ 49.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 49.00	\$ 35.00
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOM	PRIMARY PROCEDURE	58558		\$ 329.44	not contracted	\$ 352.07	not contracted	\$ 251.48	not contracted	\$ 251.48	not contracted	\$ 251.48	not contracted	\$ 251.48	not contracted	\$ 352.07	\$ 251.48
		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF	00952		\$ 95.04	not contracted	\$ 101.57	not contracted	\$ 72.55	not contracted	\$ 72.55	not contracted	\$ 72.55	not contracted	\$ 72.55	not contracted	\$ 101.57	\$ 72.55
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 53.70	not contracted	\$ 57.39	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 57.39	\$ 40.99
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		\$ 8.84	not contracted	\$ 9.45	not contracted	\$ 6.75	not contracted	\$ 6.75	not contracted	\$ 6.75	not contracted	\$ 6.75	not contracted	\$ 9.45	\$ 6.75

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 9.08	not contracted	\$ 9.70	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 9.70	\$ 6.93
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 3.41	not contracted	\$ 3.64	not contracted	\$ 2.60	not contracted	\$ 2.60	not contracted	\$ 2.60	not contracted	\$ 2.60	not contracted	\$ 3.64	\$ 2.60
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 3.22	not contracted	\$ 3.44	not contracted	\$ 2.46	not contracted	\$ 2.46	not contracted	\$ 2.46	not contracted	\$ 2.46	not contracted	\$ 3.44	\$ 2.46
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 3.12	not contracted	\$ 3.33	not contracted	\$ 2.38	not contracted	\$ 2.38	not contracted	\$ 2.38	not contracted	\$ 2.38	not contracted	\$ 3.33	\$ 2.38
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCL	PRIMARY PROCEDURE	78452		\$ 654.14	not contracted	\$ 699.08	not contracted	\$ 499.34	not contracted	\$ 499.34	not contracted	\$ 499.34	not contracted	\$ 499.34	not contracted	\$ 699.08	\$ 499.34
		INJECTION, REGADENOSON, 0.1 MG	J2785		\$ 86.13	not contracted	\$ 92.05	not contracted	\$ 65.75	not contracted	\$ 65.75	not contracted	\$ 65.75	not contracted	\$ 65.75	not contracted	\$ 92.05	\$ 65.75
43244	ESOPHAGOGASTRODU ODENOSCOPY, FLEXIBLE, TRANSORAL; WITH B	PRIMARY PROCEDURE	43244		\$ 403.66	not contracted	\$ 431.40	not contracted	\$ 308.14	not contracted	\$ 308.14	not contracted	\$ 308.14	not contracted	\$ 308.14	not contracted	\$ 431.40	\$ 308.14
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	PRIMARY PROCEDURE	92250		\$ 79.16	not contracted	\$ 84.60	not contracted	\$ 60.43	not contracted	\$ 60.43	not contracted	\$ 60.43	not contracted	\$ 60.43	not contracted	\$ 84.60	\$ 60.43
50435	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING	PRIMARY PROCEDURE	50435		\$ 816.21	not contracted	\$ 872.28	not contracted	\$ 623.06	not contracted	\$ 623.06	not contracted	\$ 623.06	not contracted	\$ 623.06	not contracted	\$ 872.28	\$ 623.06

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH C	75984		\$ 127.27	not contracted	\$ 136.01	not contracted	\$ 97.15	not contracted	\$ 97.15	not contracted	\$ 97.15	not contracted	\$ 97.15	not contracted	\$ 136.01	\$ 97.15
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; W	PRIMARY PROCEDURE	76519		\$ 103.01	not contracted	\$ 110.08	not contracted	\$ 78.63	not contracted	\$ 78.63	not contracted	\$ 78.63	not contracted	\$ 78.63	not contracted	\$ 110.08	\$ 78.63
		COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERA	92025		\$ 50.40	not contracted	\$ 53.86	not contracted	\$ 38.47	not contracted	\$ 38.47	not contracted	\$ 38.47	not contracted	\$ 38.47	not contracted	\$ 53.86	\$ 38.47
93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93458		\$ 1,785.12	not contracted	\$ 1,907.77	not contracted	\$ 1,362.69	not contracted	\$ 1,362.69	not contracted	\$ 1,362.69	not contracted	\$ 1,362.69	not contracted	\$ 1,907.77	\$ 1,362.69
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 6.17	not contracted	\$ 6.59	not contracted	\$ 4.71	not contracted	\$ 4.71	not contracted	\$ 4.71	not contracted	\$ 4.71	not contracted	\$ 6.59	\$ 4.71
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ 5.88	not contracted	\$ 6.29	not contracted	\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 6.29	\$ 4.49
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, FENTANYL	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEEC	PRIMARY PROCEDURE	92557		\$ 76.78	not contracted	\$ 82.05	not contracted	\$ 58.61	not contracted	\$ 58.61	not contracted	\$ 58.61	not contracted	\$ 58.61	not contracted	\$ 82.05	\$ 58.61
		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550		\$ 33.21	not contracted	\$ 35.49	not contracted	\$ 25.35	not contracted	\$ 25.35	not contracted	\$ 25.35	not contracted	\$ 25.35	not contracted	\$ 35.49	\$ 25.35
99606	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A	PRIMARY PROCEDURE	99606		\$ 80.80	not contracted	\$ 86.35	not contracted	\$ 61.68	not contracted	\$ 61.68	not contracted	\$ 61.68	not contracted	\$ 61.68	not contracted	\$ 86.35	\$ 61.68

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
92015	DETERMINATION OF	PRIMARY PROCEDURE	92015		\$ 15.05	not contracted	\$ 16.09	not contracted	\$ 11.49	not contracted	\$ 11.49	not contracted	\$ 11.49	not contracted	\$ 11.49	not contracted	\$ 16.09	\$ 11.49
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92004		\$ 93.53	not contracted	\$ 99.96	not contracted	\$ 71.40	not contracted	\$ 71.40	not contracted	\$ 71.40	not contracted	\$ 71.40	not contracted	\$ 99.96	\$ 71.40
52310	CYSTOURETHROSCOP Y, WITH REMOVAL OF FOREIGN BODY, CALCUL	PRIMARY PROCEDURE	52310		\$ 554.06	not contracted	\$ 592.13	not contracted	\$ 422.95	not contracted	\$ 422.95	not contracted	\$ 422.95	not contracted	\$ 422.95	not contracted	\$ 592.13	\$ 422.95
D0210	INTRAORAL- COMPLETE SERIES (INCLUDING BITEWINGS)	PRIMARY PROCEDURE	D0210		\$ 52.40	not contracted	\$ 56.00	not contracted	\$ 40.00	not contracted	\$ 40.00	not contracted	\$ 40.00	not contracted	\$ 40.00	not contracted	\$ 56.00	\$ 40.00
		COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATI	D0150		\$ 32.75	not contracted	\$ 35.00	not contracted	\$ 25.00	not contracted	\$ 25.00	not contracted	\$ 25.00	not contracted	\$ 25.00	not contracted	\$ 35.00	\$ 25.00
90658	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	PRIMARY PROCEDURE	90658		\$ 42.65	not contracted	\$ 45.58	not contracted	\$ 32.56	not contracted	\$ 32.56	not contracted	\$ 32.56	not contracted	\$ 32.56	not contracted	\$ 45.58	\$ 32.56
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 8.38	not contracted	\$ 8.96	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 8.96	\$ 6.40
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	PRIMARY PROCEDURE	88175		\$ 30.79	not contracted	\$ 32.90	not contracted	\$ 23.50	not contracted	\$ 23.50	not contracted	\$ 23.50	not contracted	\$ 23.50	not contracted	\$ 32.90	\$ 23.50
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		\$ 40.86	not contracted	\$ 43.67	not contracted	\$ 31.19	not contracted	\$ 31.19	not contracted	\$ 31.19	not contracted	\$ 31.19	not contracted	\$ 43.67	\$ 31.19
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	88142		\$ 23.58	not contracted	\$ 25.20	not contracted	\$ 18.00	not contracted	\$ 18.00	not contracted	\$ 18.00	not contracted	\$ 18.00	not contracted	\$ 25.20	\$ 18.00
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE	PRIMARY PROCEDURE	64566		\$ 221.08	not contracted	\$ 236.26	not contracted	\$ 168.76	not contracted	\$ 168.76	not contracted	\$ 168.76	not contracted	\$ 168.76	not contracted	\$ 236.26	\$ 168.76

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	PRIMARY PROCEDURE	D0603		\$ 19.65	not contracted	\$ 21.00	not contracted	\$ 15.00	not contracted	\$ 15.00	not contracted	\$ 15.00	not contracted	\$ 15.00	not contracted	\$ 21.00	\$ 15.00
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	D1206		Child 0-5: \$23.58 Child 6-20: \$10.48 Adult 21 & over: \$7.86	not contracted	Child 0-5: \$25.20 Child 6-20: \$11.20 Adult 21 & over: \$8.40	not contracted	Child 0-5: \$18 Child 6-20: \$8 Adult 21 & over: \$6	not contracted	Child 0-5: \$18 Child 6-20: \$8 Adult 21 & over: \$6	not contracted	Child 0-5: \$18 Child 6-20: \$8 Adult 21 & over: \$6	not contracted	Child 0-5: \$18 Child 6-20: \$8 Adult 21 & over: \$6	not contracted	\$ 25.20	\$ 6.00
		PROPHYLAXIS-CHILD	D1120		\$ 39.30	not contracted	\$ 42.00	not contracted	\$ 30.00	not contracted	\$ 30.00	not contracted	\$ 30.00	not contracted	\$ 30.00	not contracted	\$ 42.00	\$ 30.00
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	n/a	n/a
		ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE	D0145		\$ 26.20	not contracted	\$ 28.00	not contracted	\$ 20.00	not contracted	\$ 20.00	not contracted	\$ 20.00	not contracted	\$ 20.00	not contracted	\$ 28.00	\$ 20.00
90460	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	PRIMARY PROCEDURE	90460		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	90461		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ 34.01	not contracted	\$ 36.34	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 36.34	\$ 25.96
90736	ZOSTER (SHINGLES) VACCINE (HZV), LIVE, FOR SUBCUTANEOUS	PRIMARY PROCEDURE	90736		\$ 408.00	not contracted	\$ 436.03	not contracted	\$ 311.45	not contracted	\$ 311.45	not contracted	\$ 311.45	not contracted	\$ 311.45	not contracted	\$ 436.03	\$ 311.45
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 8.38	not contracted	\$ 8.96	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 8.96	\$ 6.40
		OFFICE OR OTHER	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13), FOR	PRIMARY PROCEDURE	90670		\$ 461.95	not contracted	\$ 493.68	not contracted	\$ 352.63	not contracted	\$ 352.63	not contracted	\$ 352.63	not contracted	\$ 352.63	not contracted	\$ 493.68	\$ 352.63

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 8.38	not contracted	\$ 8.96	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 8.96	\$ 6.40
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AN	PRIMARY PROCEDURE	11042		\$ 195.18	not contracted	\$ 208.59	not contracted	\$ 148.99	not contracted	\$ 148.99	not contracted	\$ 148.99	not contracted	\$ 148.99	not contracted	\$ 208.59	\$ 148.99
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ 34.01	not contracted	\$ 36.34	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 25.96	not contracted	\$ 36.34	\$ 25.96
95806	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF, HEA	PRIMARY PROCEDURE	95806		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
		EDUCATION AND TRAINING FOR PATIENT SELF- MANAGEMENT BY A	98960		\$ 50.09	not contracted	\$ 53.54	not contracted	\$ 38.24	not contracted	\$ 38.24	not contracted	\$ 38.24	not contracted	\$ 38.24	not contracted	\$ 53.54	\$ 38.24
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY	PRIMARY PROCEDURE	64612		\$ 156.72	not contracted	\$ 167.48	not contracted	\$ 119.63	not contracted	\$ 119.63	not contracted	\$ 119.63	not contracted	\$ 119.63	not contracted	\$ 167.48	\$ 119.63
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, W	PRIMARY PROCEDURE	99242		\$ 88.69	not contracted	\$ 94.78	not contracted	\$ 67.70	not contracted	\$ 67.70	not contracted	\$ 67.70	not contracted	\$ 67.70	not contracted	\$ 94.78	\$ 67.70
52332	CYSTOURETHROSCOP	PRIMARY PROCEDURE	52332		\$ 1,034.66	not contracted	\$ 1,105.75	not contracted	\$ 789.82	not contracted	\$ 789.82	not contracted	\$ 789.82	not contracted	\$ 789.82	not contracted	\$ 1,105.75	\$ 789.82
		UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	74420		\$ 106.02	not contracted	\$ 113.30	not contracted	\$ 80.93	not contracted	\$ 80.93	not contracted	\$ 80.93	not contracted	\$ 80.93	not contracted	\$ 113.30	\$ 80.93
		INJECTION, MORPHINE SULFATE, UP TO 10 MG	J2270		\$ 10.00	not contracted	\$ 10.68	not contracted	\$ 7.63	not contracted	\$ 7.63	not contracted	\$ 7.63	not contracted	\$ 7.63	not contracted	\$ 10.68	\$ 7.63
91300	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-C	PRIMARY PROCEDURE	91300		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT (PPSV23)	PRIMARY PROCEDURE	90732		\$ 259.18	not contracted	\$ 276.99	not contracted	\$ 197.85	not contracted	\$ 197.85	not contracted	\$ 197.85	not contracted	\$ 197.85	not contracted	\$ 276.99	\$ 197.85
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 8.38	not contracted	\$ 8.96	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 8.96	\$ 6.40
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
52356	CYSTOURETHROSCOP Y, WITH URETEROSCOPY AND/OR PYELOSCOPY;	PRIMARY PROCEDURE	52356		\$ 665.30	not contracted	\$ 711.00	not contracted	\$ 507.86	not contracted	\$ 507.86	not contracted	\$ 507.86	not contracted	\$ 507.86	not contracted	\$ 711.00	\$ 507.86
		ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE;	00872		\$ 166.37	not contracted	\$ 177.80	not contracted	\$ 127.00	not contracted	\$ 127.00	not contracted	\$ 127.00	not contracted	\$ 127.00	not contracted	\$ 177.80	\$ 127.00
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 52.54	not contracted	\$ 56.15	not contracted	\$ 40.11	not contracted	\$ 40.11	not contracted	\$ 40.11	not contracted	\$ 40.11	not contracted	\$ 56.15	\$ 40.11
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 30.81	not contracted	\$ 32.93	not contracted	\$ 23.52	not contracted	\$ 23.52	not contracted	\$ 23.52	not contracted	\$ 23.52	not contracted	\$ 32.93	\$ 23.52
		CALCULUS; INFRARED SPECTROSCOPY	82365		\$ 15.01	not contracted	\$ 16.04	not contracted	\$ 11.46	not contracted	\$ 11.46	not contracted	\$ 11.46	not contracted	\$ 11.46	not contracted	\$ 16.04	\$ 11.46
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		\$ 8.25	not contracted	\$ 8.82	not contracted	\$ 6.30	not contracted	\$ 6.30	not contracted	\$ 6.30	not contracted	\$ 6.30	not contracted	\$ 8.82	\$ 6.30
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	J0696		\$ 6.47	not contracted	\$ 6.92	not contracted	\$ 4.94	not contracted	\$ 4.94	not contracted	\$ 4.94	not contracted	\$ 4.94	not contracted	\$ 6.92	\$ 4.94
		INJECTION, PROCHLORPERAZINE, UP TO 10 MG	J0780		\$ 11.33	not contracted	\$ 12.11	not contracted	\$ 8.65	not contracted	\$ 8.65	not contracted	\$ 8.65	not contracted	\$ 8.65	not contracted	\$ 12.11	\$ 8.65

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 6.00	not contracted	\$ 6.41	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 6.41	\$ 4.58
		INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	J2175		\$ 13.99	not contracted	\$ 14.95	not contracted	\$ 10.68	not contracted	\$ 10.68	not contracted	\$ 10.68	not contracted	\$ 10.68	not contracted	\$ 14.95	\$ 10.68
		INJECTION,	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 5.95	not contracted	\$ 6.36	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 6.36	\$ 4.54
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 6.03	not contracted	\$ 6.44	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 6.44	\$ 4.60
		INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	J2765		\$ 7.24	not contracted	\$ 7.74	not contracted	\$ 5.53	not contracted	\$ 5.53	not contracted	\$ 5.53	not contracted	\$ 5.53	not contracted	\$ 7.74	\$ 5.53
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTER	PRIMARY PROCEDURE	97802		\$ 57.02	not contracted	\$ 60.94	not contracted	\$ 43.53	not contracted	\$ 43.53	not contracted	\$ 43.53	not contracted	\$ 43.53	not contracted	\$ 60.94	\$ 43.53
93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93456		\$ 1,850.90	not contracted	\$ 1,978.06	not contracted	\$ 1,412.90	not contracted	\$ 1,412.90	not contracted	\$ 1,412.90	not contracted	\$ 1,412.90	not contracted	\$ 1,978.06	\$ 1,412.90
		GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HC	82803		\$ 15.52	not contracted	\$ 16.59	not contracted	\$ 11.85	not contracted	\$ 11.85	not contracted	\$ 11.85	not contracted	\$ 11.85	not contracted	\$ 16.59	\$ 11.85
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ 5.88	not contracted	\$ 6.29	not contracted	\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 6.29	\$ 4.49
64644	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLES	PRIMARY PROCEDURE	64644		\$ 114.02	not contracted	\$ 121.86	not contracted	\$ 87.04	not contracted	\$ 87.04	not contracted	\$ 87.04	not contracted	\$ 87.04	not contracted	\$ 121.86	\$ 87.04
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
		INJECTION, ONABOTULINUMTOXI NA, 1 UNIT	J0585		\$ 13.95	not contracted	\$ 14.91	not contracted	\$ 10.65	not contracted	\$ 10.65	not contracted	\$ 10.65	not contracted	\$ 10.65	not contracted	\$ 14.91	\$ 10.65

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
93247	EXTERNAL ELECTROCARDIOGRAP HIC RECORDING FOR MORE THAN 7	PRIMARY PROCEDURE	93247		\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93289	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYS	PRIMARY PROCEDURE	93289		\$ 109.36	not contracted	\$ 116.87	not contracted	\$ 83.48	not contracted	\$ 83.48	not contracted	\$ 83.48	not contracted	\$ 83.48	not contracted	\$ 116.87	\$ 83.48
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTUR	PRIMARY PROCEDURE	58661		\$ 918.81	not contracted	\$ 981.93	not contracted	\$ 701.38	not contracted	\$ 701.38	not contracted	\$ 701.38	not contracted	\$ 701.38	not contracted	\$ 981.93	\$ 701.38
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		\$ 27.43	not contracted	\$ 29.32	not contracted	\$ 20.94	not contracted	\$ 20.94	not contracted	\$ 20.94	not contracted	\$ 20.94	not contracted	\$ 29.32	\$ 20.94
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 6.00	not contracted	\$ 6.41	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 6.41	\$ 4.58
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 5.95	not contracted	\$ 6.36	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 6.36	\$ 4.54
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 6.03	not contracted	\$ 6.44	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 6.44	\$ 4.60
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	PRIMARY PROCEDURE	D2392		\$ 62.88	not contracted	\$ 67.20	not contracted	\$ 48.00	not contracted	\$ 48.00	not contracted	\$ 48.00	not contracted	\$ 48.00	not contracted	\$ 67.20	\$ 48.00
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	n/a	n/a
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 45.85	not contracted	\$ 49.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 49.00	\$ 35.00
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG,	PRIMARY PROCEDURE	11055		\$ 31.48	not contracted	\$ 33.64	not contracted	\$ 24.03	not contracted	\$ 24.03	not contracted	\$ 24.03	not contracted	\$ 24.03	not contracted	\$ 33.64	\$ 24.03

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					HEALTH NET (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 3 OR	PRIMARY PROCEDURE	20553		\$ 105.64	not contracted	\$ 112.90	not contracted	\$ 80.64	not contracted	\$ 80.64	not contracted	\$ 80.64	not contracted	\$ 80.64	not contracted	\$ 112.90	\$ 80.64
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		\$ 95.12	not contracted	\$ 101.65	not contracted	\$ 72.61	not contracted	\$ 72.61	not contracted	\$ 72.61	not contracted	\$ 72.61	not contracted	\$ 101.65	\$ 72.61
91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS	PRIMARY PROCEDURE	91010		\$ 129.86	not contracted	\$ 138.78	not contracted	\$ 99.13	not contracted	\$ 99.13	not contracted	\$ 99.13	not contracted	\$ 99.13	not contracted	\$ 138.78	\$ 99.13
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	PRIMARY PROCEDURE	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SU	PRIMARY PROCEDURE	36589		\$ 255.35	not contracted	\$ 272.89	not contracted	\$ 194.92	not contracted	\$ 194.92	not contracted	\$ 194.92	not contracted	\$ 194.92	not contracted	\$ 272.89	\$ 194.92
		REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	49422		\$ 591.14	not contracted	\$ 631.75	not contracted	\$ 451.25	not contracted	\$ 451.25	not contracted	\$ 451.25	not contracted	\$ 451.25	not contracted	\$ 631.75	\$ 451.25
45384	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(PRIMARY PROCEDURE	45384		\$ 704.48	not contracted	\$ 752.88	not contracted	\$ 537.77	not contracted	\$ 537.77	not contracted	\$ 537.77	not contracted	\$ 537.77	not contracted	\$ 752.88	\$ 537.77
		LEVEL IV - SURGICAL	88305		\$ 53.70	not contracted	\$ 57.39	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 57.39	\$ 40.99
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	PRIMARY PROCEDURE	D2391		\$ 51.09	not contracted	\$ 54.60	not contracted	\$ 39.00	not contracted	\$ 39.00	not contracted	\$ 39.00	not contracted	\$ 39.00	not contracted	\$ 54.60	\$ 39.00
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	n/a	n/a

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 45.85	not contracted	\$ 49.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 49.00	\$ 35.00
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TI	PRIMARY PROCEDURE	76825		\$ 153.10	not contracted	\$ 163.62	not contracted	\$ 116.87	not contracted	\$ 116.87	not contracted	\$ 116.87	not contracted	\$ 116.87	not contracted	\$ 163.62	\$ 116.87
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99205		\$ 155.39	not contracted	\$ 166.07	not contracted	\$ 118.62	not contracted	\$ 118.62	not contracted	\$ 118.62	not contracted	\$ 118.62	not contracted	\$ 166.07	\$ 118.62
90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 3	PRIMARY PROCEDURE	90651		\$ 483.51	not contracted	\$ 516.73	not contracted	\$ 369.09	not contracted	\$ 369.09	not contracted	\$ 369.09	not contracted	\$ 369.09	not contracted	\$ 516.73	\$ 369.09
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 8.38	not contracted	\$ 8.96	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 6.40	not contracted	\$ 8.96	\$ 6.40
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
36902	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS	PRIMARY PROCEDURE	36902		\$ 2,089.63	not contracted	\$ 2,233.20	not contracted	\$ 1,595.14	not contracted	\$ 1,595.14	not contracted	\$ 1,595.14	not contracted	\$ 1,595.14	not contracted	\$ 2,233.20	\$ 1,595.14
		UROGRAPHY, ANTEGRADE, RADIOLOGICAL SUPERVISION AND INTE	74425		\$ 94.31	not contracted	\$ 100.79	not contracted	\$ 71.99	not contracted	\$ 71.99	not contracted	\$ 71.99	not contracted	\$ 71.99	not contracted	\$ 100.79	\$ 71.99
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, L	PRIMARY PROCEDURE	67145		\$ 699.58	not contracted	\$ 747.64	not contracted	\$ 534.03	not contracted	\$ 534.03	not contracted	\$ 534.03	not contracted	\$ 534.03	not contracted	\$ 747.64	\$ 534.03
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	PRIMARY PROCEDURE	92550		\$ 33.21	not contracted	\$ 35.49	not contracted	\$ 25.35	not contracted	\$ 25.35	not contracted	\$ 25.35	not contracted	\$ 25.35	not contracted	\$ 35.49	\$ 25.35

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEEC	92557		\$ 76.78	not contracted	\$ 82.05	not contracted	\$ 58.61	not contracted	\$ 58.61	not contracted	\$ 58.61	not contracted	\$ 58.61	not contracted	\$ 82.05	\$ 58.61
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE	PRIMARY PROCEDURE	D0145		\$ 26.20	not contracted	\$ 28.00	not contracted	\$ 20.00	not contracted	\$ 20.00	not contracted	\$ 20.00	not contracted	\$ 20.00	not contracted	\$ 28.00	\$ 20.00
		CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	D0603		\$ 19.65	not contracted	\$ 21.00	not contracted	\$ 15.00	not contracted	\$ 15.00	not contracted	\$ 15.00	not contracted	\$ 15.00	not contracted	\$ 21.00	\$ 15.00
		PROPHYLAXIS-CHILD	D1120		\$ 39.30	not contracted	\$ 42.00	not contracted	\$ 30.00	not contracted	\$ 30.00	not contracted	\$ 30.00	not contracted	\$ 30.00	not contracted	\$ 42.00	\$ 30.00
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	D1206		Child 0-5: \$23.58 Child 6-20: \$10.48 Adult 21 & over: \$7.86	not contracted	Child 0-5: \$25.20 Child 6-20: \$11.20 Adult 21 & over: \$8.40	not contracted	Child 0-5: \$18 Child 6-20: \$8 Adult 21 & over: \$6	not contracted	Child 0-5: \$18 Child 6-20: \$8 Adult 21 & over: \$6	not contracted	Child 0-5: \$18 Child 6-20: \$8 Adult 21 & over: \$6	not contracted	Child 0-5: \$18 Child 6-20: \$8 Adult 21 & over: \$6	not contracted	\$ 25.20	\$ 6.00
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	n/a	n/a
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR	PRIMARY PROCEDURE	67210		\$ 792.63	not contracted	\$ 847.08	not contracted	\$ 605.06	not contracted	\$ 605.06	not contracted	\$ 605.06	not contracted	\$ 605.06	not contracted	\$ 847.08	\$ 605.06
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92014		\$ 72.21	not contracted	\$ 77.17	not contracted	\$ 55.12	not contracted	\$ 55.12	not contracted	\$ 55.12	not contracted	\$ 55.12	not contracted	\$ 77.17	\$ 55.12
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTE	PRIMARY PROCEDURE	58571		\$ 1,406.29	not contracted	\$ 1,502.90	not contracted	\$ 1,073.50	not contracted	\$ 1,073.50	not contracted	\$ 1,073.50	not contracted	\$ 1,073.50	not contracted	\$ 1,502.90	\$ 1,073.50
		CYSTOURETHROSCOP Y (SEPARATE PROCEDURE)	52000		\$ 163.00	not contracted	\$ 174.20	not contracted	\$ 124.43	not contracted	\$ 124.43	not contracted	\$ 124.43	not contracted	\$ 124.43	not contracted	\$ 174.20	\$ 124.43
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		\$ 114.81	not contracted	\$ 122.70	not contracted	\$ 87.64	not contracted	\$ 87.64	not contracted	\$ 87.64	not contracted	\$ 87.64	not contracted	\$ 122.70	\$ 87.64
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 6.85	not contracted	\$ 7.32	not contracted	\$ 5.23	not contracted	\$ 5.23	not contracted	\$ 5.23	not contracted	\$ 5.23	not contracted	\$ 7.32	\$ 5.23
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 6.00	not contracted	\$ 6.41	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 4.58	not contracted	\$ 6.41	\$ 4.58

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 9.45	not contracted	\$ 10.09	not contracted	\$ 7.21	not contracted	\$ 7.21	not contracted	\$ 7.21	not contracted	\$ 7.21	not contracted	\$ 10.09	\$ 7.21
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 5.95	not contracted	\$ 6.36	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 6.36	\$ 4.54
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 6.03	not contracted	\$ 6.44	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 6.44	\$ 4.60
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		\$ 7.58	not contracted	\$ 8.11	not contracted	\$ 5.79	not contracted	\$ 5.79	not contracted	\$ 5.79	not contracted	\$ 5.79	not contracted	\$ 8.11	\$ 5.79
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT	J7642		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	PRIMARY PROCEDURE	92082		\$ 64.02	not contracted	\$ 68.42	not contracted	\$ 48.87	not contracted	\$ 48.87	not contracted	\$ 48.87	not contracted	\$ 48.87	not contracted	\$ 68.42	\$ 48.87
66761	IRIDOTOMY/IRIDECTO MY BY LASER SURGERY (EG, FOR GLAUCOMA	PRIMARY PROCEDURE	66761		\$ 395.96	not contracted	\$ 423.16	not contracted	\$ 302.26	not contracted	\$ 302.26	not contracted	\$ 302.26	not contracted	\$ 302.26	not contracted	\$ 423.16	\$ 302.26
52287	CYSTOURETHROSCOP Y, WITH INJECTION(S) FOR CHEMODENERVATI	PRIMARY PROCEDURE	52287		\$ 258.15	not contracted	\$ 275.88	not contracted	\$ 197.06	not contracted	\$ 197.06	not contracted	\$ 197.06	not contracted	\$ 197.06	not contracted	\$ 275.88	\$ 197.06
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
		INJECTION, ONABOTULINUMTOXI NA, 1 UNIT	J0585		\$ 13.95	not contracted	\$ 14.91	not contracted	\$ 10.65	not contracted	\$ 10.65	not contracted	\$ 10.65	not contracted	\$ 10.65	not contracted	\$ 14.91	\$ 10.65
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ 5.88	not contracted	\$ 6.29	not contracted	\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 6.29	\$ 4.49

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93460		\$ 2,105.09	not contracted	\$ 2,249.72	not contracted	\$ 1,606.94	not contracted	\$ 1,606.94	not contracted	\$ 1,606.94	not contracted	\$ 1,606.94	not contracted	\$ 2,249.72	\$ 1,606.94
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ 70.46	not contracted	\$ 75.31	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 75.31	\$ 53.79
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		\$ 9.52	not contracted	\$ 10.18	not contracted	\$ 7.27	not contracted	\$ 7.27	not contracted	\$ 7.27	not contracted	\$ 7.27	not contracted	\$ 10.18	\$ 7.27
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 6.17	not contracted	\$ 6.59	not contracted	\$ 4.71	not contracted	\$ 4.71	not contracted	\$ 4.71	not contracted	\$ 4.71	not contracted	\$ 6.59	\$ 4.71
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		\$ 7.48	not contracted	\$ 7.99	not contracted	\$ 5.71	not contracted	\$ 5.71	not contracted	\$ 5.71	not contracted	\$ 5.71	not contracted	\$ 7.99	\$ 5.71
		PROTHROMBIN TIME;	85610		\$ 4.57	not contracted	\$ 4.89	not contracted	\$ 3.49	not contracted	\$ 3.49	not contracted	\$ 3.49	not contracted	\$ 3.49	not contracted	\$ 4.89	\$ 3.49
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE	PRIMARY PROCEDURE	67113		\$ 2,207.17	not contracted	\$ 2,358.80	not contracted	\$ 1,684.86	not contracted	\$ 1,684.86	not contracted	\$ 1,684.86	not contracted	\$ 1,684.86	not contracted	\$ 2,358.80	\$ 1,684.86
		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOL	67040		\$ 1,727.25	not contracted	\$ 1,845.91	not contracted	\$ 1,318.51	not contracted	\$ 1,318.51	not contracted	\$ 1,318.51	not contracted	\$ 1,318.51	not contracted	\$ 1,845.91	\$ 1,318.51
		INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL	67025		\$ 950.73	not contracted	\$ 1,016.05	not contracted	\$ 725.75	not contracted	\$ 725.75	not contracted	\$ 725.75	not contracted	\$ 725.75	not contracted	\$ 1,016.05	\$ 725.75
		INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARA	67028		\$ 684.19	not contracted	\$ 731.19	not contracted	\$ 522.28	not contracted	\$ 522.28	not contracted	\$ 522.28	not contracted	\$ 522.28	not contracted	\$ 731.19	\$ 522.28
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 9.08	not contracted	\$ 9.70	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 9.70	\$ 6.93
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUC	PRIMARY PROCEDURE	99401		\$ 24.31	not contracted	\$ 25.98	not contracted	\$ 18.56	not contracted	\$ 18.56	not contracted	\$ 18.56	not contracted	\$ 18.56	not contracted	\$ 25.98	\$ 18.56
		MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH	96040		not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	PRIMARY PROCEDURE	31624		\$ 400.86	not contracted	\$ 428.40	not contracted	\$ 306.00	not contracted	\$ 306.00	not contracted	\$ 306.00	not contracted	\$ 306.00	not contracted	\$ 428.40	\$ 306.00
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESC NT	87281		\$ 13.23	not contracted	\$ 14.14	not contracted	\$ 10.10	not contracted	\$ 10.10	not contracted	\$ 10.10	not contracted	\$ 10.10	not contracted	\$ 14.14	\$ 10.10
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHN	87305		\$ 11.34	not contracted	\$ 12.12	not contracted	\$ 8.66	not contracted	\$ 8.66	not contracted	\$ 8.66	not contracted	\$ 8.66	not contracted	\$ 12.12	\$ 8.66
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, A	87116		\$ 11.95	not contracted	\$ 12.77	not contracted	\$ 9.12	not contracted	\$ 9.12	not contracted	\$ 9.12	not contracted	\$ 9.12	not contracted	\$ 12.77	\$ 9.12
		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPT	87102		\$ 9.75	not contracted	\$ 10.42	not contracted	\$ 7.44	not contracted	\$ 7.44	not contracted	\$ 7.44	not contracted	\$ 7.44	not contracted	\$ 10.42	\$ 7.44
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
		CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS	87015		\$ 7.61	not contracted	\$ 8.13	not contracted	\$ 5.81	not contracted	\$ 5.81	not contracted	\$ 5.81	not contracted	\$ 5.81	not contracted	\$ 8.13	\$ 5.81
		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; FLUORESCENT	87206		\$ 6.27	not contracted	\$ 6.71	not contracted	\$ 4.79	not contracted	\$ 4.79	not contracted	\$ 4.79	not contracted	\$ 4.79	not contracted	\$ 6.71	\$ 4.79

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOO	87070		\$ 9.84	not contracted	\$ 10.51	not contracted	\$ 7.51	not contracted	\$ 7.51	not contracted	\$ 7.51	not contracted	\$ 7.51	not contracted	\$ 10.51	\$ 7.51
		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEM	87205		\$ 4.53	not contracted	\$ 4.84	not contracted	\$ 3.46	not contracted	\$ 3.46	not contracted	\$ 3.46	not contracted	\$ 3.46	not contracted	\$ 4.84	\$ 3.46
		CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINA	89050		\$ 6.84	not contracted	\$ 7.31	not contracted	\$ 5.22	not contracted	\$ 5.22	not contracted	\$ 5.22	not contracted	\$ 5.22	not contracted	\$ 7.31	\$ 5.22
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW,	PRIMARY PROCEDURE	20680		\$ 285.44	not contracted	\$ 305.05	not contracted	\$ 217.89	not contracted	\$ 217.89	not contracted	\$ 217.89	not contracted	\$ 217.89	not contracted	\$ 305.05	\$ 217.89
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 45.10	not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	PRIMARY PROCEDURE	20206		\$ 123.83	not contracted	\$ 132.34	not contracted	\$ 94.53	not contracted	\$ 94.53	not contracted	\$ 94.53	not contracted	\$ 94.53	not contracted	\$ 132.34	\$ 94.53
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG,	77012		\$ 208.67	not contracted	\$ 223.01	not contracted	\$ 159.29	not contracted	\$ 159.29	not contracted	\$ 159.29	not contracted	\$ 159.29	not contracted	\$ 223.01	\$ 159.29
		COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	72193		\$ 384.17	not contracted	\$ 410.56	not contracted	\$ 293.26	not contracted	\$ 293.26	not contracted	\$ 293.26	not contracted	\$ 293.26	not contracted	\$ 410.56	\$ 293.26
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMI STRY, PER SPECIM	88341		\$ 79.41	not contracted	\$ 84.87	not contracted	\$ 60.62	not contracted	\$ 60.62	not contracted	\$ 60.62	not contracted	\$ 60.62	not contracted	\$ 84.87	\$ 60.62
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 53.70	not contracted	\$ 57.39	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 57.39	\$ 40.99
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMI STRY, PER SPECIM	88342		\$ 70.46	not contracted	\$ 75.31	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 75.31	\$ 53.79
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57

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		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 6.72	not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
55866	SURGICAL REMOVAL OF PROSTATE AND SURROUNDING LYMPH NODES USING AN ENDOSCOPE			This procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
59510	ROUTINE OBSTETRIC CARE FOR CESAREAN DELIVERY, INCLUDING PRE-AND POST- DELIVERY CARE			This procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
59610	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY AFTER PRIOR CESAREAN DELIVERY INCLUDING PRE-AND POST- DELIVERY CARE			This procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
80055	OBSTETRIC BLOOD TEST PANEL			Not offered	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Footnotes:
* Outpatient services presented are commonly provided by Health Services hospitals, excluding services which are not considered "shoppable".
** Facility Rates are based on the contract terms, using Medi-Cal Hospital Outpatient Fee Schedule published on October 15, 2022.
Dental services' rates use Medi-Cal Dental Schedule of Maximum Allowances published on July 1, 2022, excluding supplemental payments.
*** Professional services are not contracted.