#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

					(M	(Medi-Cal Managed Care) (Medi-Cal Managed Care)			LD PROMISE anaged Care)		BLUE CROSS anaged Care)		AISER Nanaged Care)		DLINA lanaged Care)		CARE anaged Care)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			an= a .			**		= 11. 44	D ( )	m 111. 44	- C . 1444	- ··· . ·· ·		- 111. 44		- 111. 44	- C . 1444	- ···· · ···	- ···· · · · ·
Code	Service Category  EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR	Procedure Description	CPT Code	Note	Faci	ility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
19120	) MALI	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		Ś	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 INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	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
		1 MG INJECTION, ONDANSETRON	J2250		\$	5.99	not contracted	\$ 6.40		\$ 4.57									
		HYDROCHLORIDE, PER INJECTION,	J2405		\$	5.95	not contracted	-											
		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 RINGERS LACTATE	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
		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
	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF																		
29826	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  ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TISSUE-	29827		\$	928.19	not contracted	\$ 991.96	not contracted	\$ 708.54	not contracted	\$ 708.54	1 not contracted	\$ 708.54	not contracted	\$ 708.54	not contracted	\$ 991.96	\$ 708.54
		T INJECTION,	C1713		not	t 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
		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

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

									D PROMISE anaged Care)		BLUE CROSS anaged Care)		(AISER Managed Care)		OLINA Managed Care)		CARE lanaged Care)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Eacility*	* Professions	***	Eacility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
code	Service Category	INJECTION,	CF1 Code	Note	racility	FIOIESSIOIIA		racility	FTOTESSIONAL	raciiity	riolessional	raciiity	Fioressional	raciity	Fioressional	raciiity	Fiolessional	racinty	racility
		ONDANSETRON																	
		HYDROCHLORIDE, PER 1 MG	J2405		Ś	5.95 not contra	cted \$	6.36	not contracted	\$ 4.54	not contracted	\$ 4.	54 not contracte	d \$ 4.5	4 not contracted	i \$ 4.54	not contracted	l \$ 6.30	5 \$ 4.54
		INJECTION,	12403		۶	3.93 1101 COTILIA	cteu 3	0.30	not contracted	\$ 4.54	not contracted	<b>э</b> 4.	54 Hot contracte	u 5 4.5	4 Hot contracted	3 4.54	not contracted	5 0.50	3 4.54
		PROPOFOL, 10 MG	J2704		\$	6.03 not contra	cted \$	6.44	not contracted	\$ 4.60	not contracted	\$ 4.	not contracte	d \$ 4.6	0 not contracted	\$ 4.60	not contracted	\$ 6.44	\$ 4.60
		INJECTION, ROPIVACAINE																	
		HYDROCHLORIDE, 1																	
		MG	J2795		not ava	lable not contra	cted	not available	not contracted	not available	not contracted	not availab	le not contracte	d not availabl	e not contracted	not available	not contracted	not available	not available
		INJECTION, FENTANYL																	
		CITRATE, 0.1 MG	J3010		\$	6.72 not contra	cted \$	7.18	not contracted	\$ 5.13	not contracted	\$ 5.	13 not contracte	d \$ 5.1	3 not contracted	\$ 5.13	not contracted	\$ 7.18	5.13
		RINGERS LACTATE																	
		INFUSION, UP TO 1000 CC	J7120		Ś	9.08 not contra	cted \$	9.70	not contracted	\$ 6.93	not contracted	\$ 6.	93 not contracte	d \$ 6.9	3 not contracted	i \$ 6.93	not contracted	l \$ 9.70	5 6.93
		1000 CC	37120		7	J.00 Hot contra	cicu y	5.70	not contracted	<del>y</del> 0.55	not contracted	у 0.	33 Hot contracte	u y 0.5	J Hot contracted	0.55	not contracted	3.70	0.55
	ARTHROSCOPY, KNEE,	•																	
	SURGICAL; WITH MENISCECTOMY																		
29881	(MEDIAL	PRIMARY PROCEDURE	29881		\$ 1,0	s5.36 not contra	cted \$	1,191.06	not contracted	\$ 790.35	not contracted	\$ 790.	not contracte	d \$ 790.3	5 not contracted	\$ 790.35	not contracted	\$ 1,191.00	5 \$ 790.35
		ANESTHESIA FOR																	
		OPEN OR SURGICAL ARTHROSCOPIC																	
		PROCEDURES	01400		\$	95.04 not contra	cted \$	109.33	not contracted	\$ 72.55	not contracted	\$ 72.	55 not contracte	d \$ 72.5	5 not contracted	\$ 72.55	not contracted	\$ 109.33	3 \$ 72.55
		INJECTION,																	
		CEFAZOLIN SODIUM, 500 MG	J0690		s	6.85 not contra	cted \$	7.32	not contracted	\$ 5.23	not contracted	\$ 5.	23 not contracte	d \$ 5.2	3 not contracted	i \$ 5.23	not contracted	   \$ 73:	2 \$ 5.23
		INJECTION,	30030		7	0.65 Hot contra	cicu y	7.52	not contracted	<del>y</del> 5.23	not contracted	у <u>у</u> .	23 Hot contracte	u y 3.2	3 Hot contracted	3.23	not contracted	7.5	J.25
		DEXAMETHASONE																	
		SODIUM PHOSPHATE, 1 MG	J1100		\$	6.00 not contra	cted \$	6.41	not contracted	\$ 4.58	not contracted	\$ 4.	58 not contracte	d \$ 4.5	8 not contracted	d \$ 4.58	not contracted	) \$ 6.4:	1 \$ 4.58
		INJECTION,	31100		,		cicu y	01.12	not contracted	ψ50	not contracted	Ψ		<u>ч</u> э			not contracted	,	
		HYDROMORPHONE,	14470					40.00		4 704									7.4
		UP TO 4 MG INJECTION,	J1170		\$	9.45 not contra	cted \$	10.09	not contracted	\$ 7.21	not contracted	\$ 7.	21 not contracte	d \$ 7.2	1 not contracted	5 7.21	not contracted	\$ 10.09	9 \$ 7.21
		KETOROLAC																	
		TROMETHAMINE, PER 15 MG	14005		\$	C FC not contro	cted \$	7.01		Ć 5.01		, F	21	4 ¢ F0	1	l ć 501	not contracted	l \$ 7.0:	L Ć 5.01
		INJECTION,	J1885		\$	6.56 not contra	cteu ș	7.01	not contracted	\$ 5.01	not contracted	\$ 5.	01 not contracte	d \$ 5.0	1 not contracted	5.01	not contracted	3 7.0.	1 \$ 5.01
		MIDAZOLAM																	
		HYDROCHLORIDE, PER 1 MG	J2250		Ś	5.99 not contra	cted \$	6.40	not contract	\$ 4.57	not contract	\$ 4.	not control-1-	d \$ 4.5	7 not contract:	d \$ 4.57	not contract -	, c	) \$ 4.57
		INJECTION,	J225U		>	5.99 not contra	cieu \$	6.40	not contracted	ş 4.5/	not contracted	\$ 4.	57 not contracte	d \$ 4.5	7 not contracted	3 4.57	not contracted	\$ 6.40	y
		ONDANSETRON																	
		HYDROCHLORIDE, PER 1 MG	J2405		Ś	5.95 not contra	cted \$	6.36	not contracted	\$ 4.54	not contracted	\$ 4.	54 not contracte	d \$ 4.5	4 not contracted	d \$ 4.54	not contracted	l \$ 6.30	5 \$ 4.54
		I IVIG	J24U5		٠	J.JJ HOL CONTR	cieu 3	0.30	not contracted	4.54 ډ	not contracted	. 4.	54 Hot contracte	u → 4.5	- HOL CONTRACTED	4.54 پ	not contracted	0.31 ج	4.54 د ر
		INJECTION, FENTANYL																	
		CITRATE, 0.1 MG	J3010		\$	6.72 not contra	cted \$	7.18	not contracted	\$ 5.13	not contracted	\$ 5.	13 not contracte	d \$ 5.1	3 not contracted	5.13	not contracted	\$ 7.18	3 \$ 5.13

#### LAC+USC MEDICAL CENTER

## MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

					(Me	HEALT	H NET nnaged Care)	BLUE SHIEL (Medi-Cal Ma	.D PROMISE anaged Care)		BLUE CROSS anaged Care)		(AISER Managed Care)		OLINA Janaged Care)		CARE lanaged Care)	Maximum Negotiated Rate	Minimo Negotiate	-
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facil	ity**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility	y**
		RINGERS LACTATE INFUSION, UP TO																		
		1000 CC	J7120		\$	9.08	not contracted	\$ 9.70	not contracted	\$ 6.93	not contracted	\$ 6.	not contracte	d \$ 6.93	not contracted	\$ 6.93	not contracted	\$ 9.7	\$	6.93
	TONSILLECTOMY AND																			
	ADENOIDECTOMY; YOUNGER THAN AGE																			
42820		PRIMARY PROCEDURE	42820		\$	316.90	not contracted	\$ 338.67	not contracted	\$ 241.91	not contracted	\$ 241.	not contracte	d \$ 241.9:	not contracted	\$ 241.91	not contracted	\$ 338.6	7 \$	241.91
		ANESTHESIA FOR INTRAORAL																		
		PROCEDURES, INCLUDING BIOPSY;	00170		\$	119.00	not contracted	\$ 127.18	not contracted	\$ 90.84	not contracted	\$ 90.	not contracte	d \$ 90.84	not contracted	\$ 90.84	not contracted	\$ 127.1	3 \$	90.84
		LEVEL III - SURGICAL																		
		PATHOLOGY, GROSS																		
		AND MICROSCOPIC E INJECTION,	88304		\$	39.93	not contracted	\$ 42.67	not contracted	\$ 30.48	not contracted	\$ 30.	18 not contracte	d \$ 30.48	not contracted	\$ 30.48	not contracted	\$ 42.6	7 \$	30.48
		DEXAMETHASONE																		
		SODIUM PHOSPHATE, 1 MG	J1100		Ś	6.00	not contracted	\$ 6.41	not contracted	\$ 4.58	not contracted	\$ 4.	not contracte	d \$ 4.58	not contracted	1 \$ 4.58	not contracted	\$ 6.4	1 \$	4.58
			31100		7	0.00	not contracted	γ 0.41	not contracted	Ų 4.50	not contracted	7	not contracte	u y 4.50	not contracted	7 4.50	not contracted	, U	7	4.30
		INJECTION, MORPHINE SULFATE,																		
		UP TO 10 MG	J2270		\$	10.00	not contracted	\$ 10.68	not contracted	\$ 7.63	not contracted	\$ 7.	not contracte	d \$ 7.63	not contracted	\$ 7.63	not contracted	\$ 10.6	3 \$	7.63
		INJECTION,																		
		MORPHINE SULFATE,																		
		PRESERVATIVE-FREE FOR EPID	J2274		Ś	24.04	not contracted	\$ 25.69	not contracted	\$ 18.35	not contracted	\$ 18.	not contracte	d \$ 18.3!	not contracted	\$ 18.35	not contracted	\$ 25.6	s s	18.35
		INJECTION,	3227		Ť			7		,				7		7		, ,		
		ONDANSETRON HYDROCHLORIDE, PER																		
		1 MG	J2405		\$	5.95	not contracted	\$ 6.36	not contracted	\$ 4.54	not contracted	\$ 4.	not contracte	d \$ 4.54	not contracted	\$ 4.54	not contracted	\$ 6.3	5 \$	4.54
		INJECTION, METOCLOPRAMIDE																		
		HCL, UP TO 10 MG	J2765		\$	7.24	not contracted	\$ 7.74	not contracted	\$ 5.53	not contracted	\$ 5.	not contracte	d \$ 5.53	not contracted	\$ 5.53	not contracted	\$ 7.7	4 \$	5.53
		INFUSION, NORMAL SALINE SOLUTION ,																		
		1000 CC	J7030		\$	9.43	not contracted	\$ 10.08	not contracted	\$ 7.20	not contracted	\$ 7.	20 not contracte	d \$ 7.20	not contracted	\$ 7.20	not contracted	\$ 10.0	\$ \$	7.20
		INFUSION, NORMAL SALINE SOLUTION,																		
		250 CC	J7050		\$	6.73	not contracted	\$ 7.20	not contracted	\$ 5.14	not contracted	\$ 5.	14 not contracte	d \$ 5.14	not contracted	\$ 5.14	not contracted	\$ 7.2	\$	5.14
		ALBUTEROL, INHALATION																		
		SOLUTION, FDA-																		
		APPROVED FINAL PROD	J7613		\$	0.07	not contracted	\$ 0.07	not contracted	\$ 0.05	not contracted	\$ 0.	not contracte	d \$ 0.0!	not contracted	\$ 0.05	not contracted	\$ 0.0	7 \$	0.05
	ESOBHACOC ACTRODU																			
	ESOPHAGOGASTRODU ODENOSCOPY,																			
	FLEXIBLE, TRANSORAL;	DDIMANDY DDOCEDURE	42225		,	424.44		ć 450.0T	mak ag :- t t . 11	ć 224.40		ć 334	10	4 6 336 1		1 6 224 44		ć 450.0	7 6	224 40
43235	DIAGNO	PRIMARY PROCEDURE	43235		\$	421.14	not contracted	\$ 450.07	not contracted	\$ 321.48	not contracted	\$ 321.	not contracte	a \$ 321.48	not contracted	\$ 321.48	not contracted	\$ 450.0	7 \$	321.4

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						(Medi-Cal Managed Care) (Medi-Cal Managed Care)		ELD PROMISE Managed Care)		BLUE CROSS lanaged Care)		AISER Managed Care)		OLINA Nanaged Care)		CARE lanaged Care)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility*	* Professional**	* Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facilitv**	Professional***	Facility**	Professional***	Facility**	Facility**
code	Service category	INJECTION, MIDAZOLAM	Ci i code	Note	racinty	Trolessional	racinty	Trolessional	racinty	Troressional	racinty	Totessional	racinty	Trolessional	racinty	Trolessional	racinty	racincy
		HYDROCHLORIDE, PER	J2250		Ś	5.99 not contracte	ed \$ 6.4	0 not contracted	\$ 4.57	' not contracted	l \$ 4.5	7 not contracted	\$ 4.5	7 not contracted	\$ 4.57	not contracted	Š 6.40	) \$ 4.57
		INJECTION, FENTANYL			,													
		CITRATE, 0.1 MG	J3010		\$	6.72 not contracte	d \$ 7.1	8 not contracted	\$ 5.13	not contracted	\$ 5.1	not contracted	\$ 5.1	not contracted	\$ 5.13	not contracted	\$ 7.18	3 \$ 5.13
42220	ESOPHAGOGASTRODU ODENOSCOPY, FLEXIBLE, TRANSORAL;		42220				470.0		4 225.04				4 225.0		4 225 04		470.07	
43239	WITH B	PRIMARY PROCEDURE	43239		\$ 44	0.04 not contracte	ed \$ 470.2	7 not contracted	\$ 335.91	not contracted	\$ 335.9	not contracted	\$ 335.9	not contracted	\$ 335.91	not contracted	\$ 470.27	7 \$ 335.91
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		Ś :	3.70 not contracte	ed \$ 57.3	9 not contracted	\$ 40.99	not contracted	I \$ 40.9	not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 57.39	9 \$ 40.99
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	86303		,	5.70 HOL CONCINCE	.u	not contracted	<del>-</del>	not contracted	40.5	not contracted	7 40.3	not contracted	<b>40.33</b>	not contracted	<b>y</b> 37.33	7 40.55
		1 MG	J2250		\$	5.99 not contracte	ed \$ 6.4	0 not contracted	\$ 4.57	not contracted	\$ 4.5	7 not contracted	\$ 4.5	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	6.72 not contracte	ed \$ 7.1	8 not contracted	\$ 5.13	not contracted	l \$ 5.1	not contracted	\$ 5.1:	not contracted	\$ 5.13	not contracted	\$ 7.18	3 \$ 5.13
	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING																	
45378	COLLECTION	PRIMARY PROCEDURE INJECTION, MIDAZOLAM	45378		\$ 5!	4.76 not contracte	ed \$ 592.8	7 not contracted	\$ 423.48	not contracted	\$ 423.4	8 not contracted	\$ 423.4	not contracted	\$ 423.48	not contracted	\$ 592.87	7 \$ 423.48
		HYDROCHLORIDE, PER 1 MG	J2250		\$	5.99 not contracte	ed \$ 6.4	0 not contracted	\$ 4.57	' not contracted	\$ 4.5	7 not contracted	\$ 4.5	7 not contracted	\$ 4.57	not contracted	\$ 6.40	) \$ 4.57
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		Ś	6.72 not contracte	ed \$ 7.1	8 not contracted	\$ 5.13	not contracted	l \$ 5.1.	3 not contracted	\$ 5.1	not contracted	\$ 5.13	not contracted	Š 7.18	3 \$ 5.13
	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR	,																
45380	MULTIPLE	PRIMARY PROCEDURE	45380		\$ 63	0.52 not contracte	d \$ 663.1	5 not contracted	\$ 473.68	not contracted	\$ 473.6	8 not contracted	\$ 473.6	not contracted	\$ 473.68	not contracted	\$ 663.15	\$ 473.68
		LEVEL IV - SURGICAL PATHOLOGY, GROSS																
		AND MICROSCOPIC EX INJECTION, MIDAZOLAM	88305		\$ !	3.70 not contracte	ed \$ 57.3	9 not contracted	\$ 40.99	not contracted	\$ 40.9	9 not contracted	\$ 40.99	not contracted	\$ 40.99	not contracted	\$ 57.39	9 \$ 40.99
		HYDROCHLORIDE, PER 1 MG	J2250		\$	5.99 not contracte	ed \$ 6.4	0 not contracted	\$ 4.57	not contracted	\$ 4.5	7 not contracted	\$ 4.5	7 not contracted	\$ 4.57	' not contracted	\$ 6.40	) \$ 4.57
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	6.72 not contracte	ed \$ 7.1	8 not contracted	\$ 5.13	not contracted	l \$ 5.1.	not contracted	\$ 5.1	not contracted	\$ 5.13	not contracted	\$ 7.18	3 \$ 5.13

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						TH NET lanaged Care)		LD PROMISE lanaged Care)		BLUE CROSS anaged Care)		ISER lanaged Care)		LINA anaged Care)		CARE anaged 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***	Facilitv**	Professional***	Facility**	Facility**
	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(	PRIMARY PROCEDURE	45385	Note	\$ 752.0					not contracted			\$ 574.08		•		·	·
43363	TUNION(3), POLTP(	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380		\$ 620.5													
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 53.70			not contracted not contracted										
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 5.9	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		\$ 6.77	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
	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC																	
45391	ULTRASOUND EXAMI	PRIMARY PROCEDURE COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR	45391		\$ 318.79													
		MULTIPLE  COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	74330		\$ 620.53					not contracted								
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 53.70													
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		\$ 8.2													
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 5.9												·	
		INJECTION, PROPOFOL, 10 MG INJECTION,	J2704		\$ 6.0													
		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

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

					(Med	(Medi-Cal Managed Care) (Medi			LD PROMISE lanaged Care)		BLUE CROSS anaged Care)		USER Janaged Care)		LINA anaged Care)		CARE anaged Care)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facili	ty**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		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
	LAPAROSCOPY, SURGICAL;																		
47562	CHOLECYSTECTOMY	PRIMARY PROCEDURE ANESTHESIA FOR	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
		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	00790		Ÿ	100.57	not contracted	<del>-</del> 131.33	not contracted	<del>,</del> 127.00	not contracted	<b>3</b> 127.00	not contracted	ÿ 127.00	not contracted	\$ 127.00	not contracted	<del>\$ 131.33</del>	J 127.00
		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		Ś	9.45		\$ 10.09		\$ 7.21		ć 7.21	not controcted	ć 7.21		\$ 7.21	not controcted	\$ 10.09	ć 7.21
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	J1170		۶	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
		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 INJECTION,	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
		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		Ś	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	37120		7	3.08	not contracted	<i>y</i> 3.70	not contracted	<u> </u>	not contracted	, U.93	not contracted	, v 0.33	not contracted	, U.33	not contracted	5.70	Ų 0.33
	REPAIR INITIAL	PRODUCT	J7642		not a	vailable	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
	INGUINAL HERNIA, AGE 5 YEARS OR																		
49505	OLDER; R	PRIMARY PROCEDURE	49505		<b>\$</b>	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

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

					(Med	(Medi-Cal Managed Care) (Med			LD PROMISE anaged Care)		BLUE CROSS anaged Care)		ISER lanaged Care)	_	DLINA anaged Care)		CARE anaged Care)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facili	ty**	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) INJECTION,	C1781		not a	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
		CEFAZOLIN SODIUM, 500 MG INJECTION,	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
		DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		Ś	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		-,		\$ 7.21									
		INJECTION, KETOROLAC TROMETHAMINE, PER			Ş	9.45	not contracted	\$ 10.03	not contracted	\$ 7.21	not contracted	7.21	not contracted	7.21	not contracted	\$ 7.21	not contracted	3 10.09	7.21
		15 MG INJECTION, MIDAZOLAM	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
		HYDROCHLORIDE, PER 1 MG INJECTION, ONDANSETRON	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
		HYDROCHLORIDE, PER 1 MG	J2405 J2710		\$ \$	5.95 7.58	not contracted			\$ 4.54 \$ 5.79							not contracted		
		INJECTION, INJECTION, FENTANYL					not contracted						not contracted						
		CITRATE, 0.1 MG RINGERS LACTATE INFUSION, UP TO	J3010		\$	6.72													
		1000 CC GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED	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
	BIOPSY, PROSTATE;	PRODUCT	J7642		not a	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	NEEDLE OR PUNCH, SINGLE OR MULTIPLE,	PRIMARY PROCEDURE OFFICE OR OTHER	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
		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

#### LAC+USC MEDICAL CENTER

#### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

				[		(Medi-Cal Managed Care) (Medi-Ca		LD PROMISE lanaged Care)		BLUE CROSS anaged Care)		ISER anaged Care)		DLINA anaged Care)		CARE lanaged 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**
		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		\$ 8.22											
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ 5.88													
	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC				<del>у</del> 5.00													
62322	SUBSTANCE(S)	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL	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
		FACET JO INJECTION, METHYLPREDNISOLO	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
		NE ACETATE, 80 MG INJECTION, BUPIVICAINE HYDROCHLORIDE, 30	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(S), OF DIAGNOSTIC OR THERAPEUTIC	ML	S0020		\$ 16.91	l 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
	SUBSTANCE(S) INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID;	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	TRANS	PRIMARY PROCEDURE INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID;	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
		TRANS  FLUOROSCOPY (SEPARATE	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
		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
	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	L not contracted	\$ 373.81	\$ 267.01

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						(Medi-Cal Managed Care) (Med		LD PROMISE lanaged Care)		BLUE CROSS anaged Care)		NISER lanaged Care)		DLINA Janaged Care)		CARE anaged 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**
	EXTRACAPSULAR																	
	CATARACT REMOVAL																	
6600	WITH INSERTION OF	201144214200	55004		4 400				4 4440		4 444 0		4 4440-					4 444 07
66984	INTRAO	PRIMARY PROCEDURE ANESTHESIA FOR	66984		\$ 1,888	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
		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		\$ !	.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
		11110	32230		,		0.40	not contracted	<del>,</del> 4.37	not contracted	y 4.57	Hot contracted	Ţ 4.57	Hot contracted	Ţ 4.57	not contracted	Ç 0.40	, Ç 4.57
		INJECTION, FENTANYL																
		CITRATE, 0.1 MG	J3010		\$ (	.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		\$	.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
		1000 CC	37120		,	.oo not contracted	3.70	not contracted	<del>,</del> 0.55	not contracted	ý 0.5c	not contracted	ψ 0.5c	not contracted	Ç 0.55	not contracted	ÿ 3.70	σ.55
		POSTERIOR CHAMBER																
		INTRAOCULAR LENS	V2632		\$	- not contracted	\$	not contracted	\$ -	not contracted	\$	not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT																	
70450	CONTRAST MA	PRIMARY PROCEDURE	70450		\$ 190	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			10	\$ 48.20		\$ 34.43		24.45		\$ 34.43		24.43		\$ 48.20	24.42
		MAGNETIC	99213		\$ 45	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
		RESONANCE (EG, PROTON) IMAGING,																
	MAGNETIC	BRAIN (INCLUDI	70551		\$ 35	'.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	3 \$ 272.77
	RESONANCE (EG, PROTON) IMAGING,																	
70553	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		\$ 620	i.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	5 \$ 478.40
		INJECTION, GADOTERATE MEGLUMINE, 0.1 ML	A9575		\$	- not contracted	ı \$	not contracted	\$ -	not contracted	\$	- not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
	MAGNETIC RESONANCE (EG, PROTON) IMAGING,																	
72148	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

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						EALTH NET al Managed Care)		LD PROMISE lanaged Care)		BLUE CROSS anaged Care)		NISER lanaged Care)		OLINA lanaged Care)		CARE lanaged Care)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary																		
Code	ů,	Procedure Description	CPT Code	Note	Facility*	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
	MAGNETIC RESONANCE (EG, PROTON) IMAGING,																	
73721	ANY JOINT OF L	PRIMARY PROCEDURE	73721		\$ 37	0.02 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	00040			5.40	40.20		Ć 24.42		24.45		ć 24.45		24.43		40.20	ć 24.42
	ULTRASOUND,	AND	99213		\$ 4	5.10 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
	ABDOMINAL, REAL TIME WITH IMAGE																	
76700	DOCUMENTATI	PRIMARY PROCEDURE	76700		\$ 15	6.34 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
	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH																	
76805	IMAGE DOCUM	PRIMARY PROCEDURE	76805		\$ 17	7.23 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		Š 12	7.12 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		\$ 4	5.10 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
	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW																	
77067	STUDY OF EACH	PRIMARY PROCEDURE	77067		\$ 22	4.46 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			5.10 not contracted	l \$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	l \$ 34.43	not contracted	d \$ 48.20	\$ 34.43
	BASIC METABOLIC PANEL (CALCIUM,	AND	99213		\$ 4	5.10 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
	TOTAL) THIS PANEL	PRIMARY PROCEDURE	20242		Ś	9.52 not contracted	) \$ 10.18		\$ 7.27		, c 7.2-		\$ 7.27	7	   \$ 7.27		10.10	ć 7.27
80048	MUST	INJECTION, HEPARIN SODIUM, PER 1000	80048		·	9.52 not contracted	\$ 10.18	not contracted			\$ 7.27	not contracted	\$ 7.27	7 not contracted			\$ 10.18	\$ 7.27
		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	d \$ 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

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						(Medi-Cal Managed Care) (Med		LD PROMISE anaged Care)		BLUE CROSS anaged Care)		ISER anaged Care)		LINA anaged Care)		CARE anaged 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																
		VENIOUS BLOOD BY	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
	COMPREHENSIVE	VEINI ONCIONE	30413		not available	Hot 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
	METABOLIC PANEL																	
	THIS PANEL MUST																	
80053	INCLUDE T	PRIMARY PROCEDURE	80053		\$ 12.10	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		\$ 33.23	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,	05005		\$ 8.84				4 675				<b>.</b>		4 675			
		HCT, RBC, INJECTION,	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
		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,	J2405		\$ 5.93	iot contracteu	\$ 0.50	not contracted	ş 4.54	not contracted	\$ 4.54	not contracted	ş 4.54	not contracted	Ş 4.54	not contracted	\$ 0.50	ş 4.54
		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
	LIPID PANEL THIS	VEINII OIVETORE	30413		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
	PANEL MUST INCLUDE	<u> </u>																
	THE FOLLOWING:																	
80061	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
	1		30070		, J.J.		, U.33	contracted	÷ 0.50		÷ 0.56	contracted	÷ 0.50		, 0.50		- 0.55	<sub>+</sub> 0.50
		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	26445		met evell-let		mak ayail-l-l-		mak avail-1-1-	nat contro-4	nataunil-l-l-	mak aamkua -tl	mak ayail-1-1-	nat aantra -tl	mak ayail-1-1-	nat aantra -t!	met eveil-1-1-	nak availatele
	URINALYSIS, BY DIP	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
	STICK OR TABLET																	
	REAGENT FOR																	
81000	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

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

					ALTH NET Managed Care)		LD PROMISE anaged Care)		BLUE CROSS anaged Care)		ISER anaged Care)		LINA anaged Care)		CARE anaged Care)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code Note	e Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR																
	BILIRUBI URINALYSIS, BY DIP STICK OR TABLET	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
	REAGENT FOR BILIRUBI	PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT	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
		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						4 22.50		4 22.50				4 22.50			4 22.50
		SYSTE INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA	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
		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 URINALYSIS, BY DIP STICK OR TABLET	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	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
	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 URINALYSIS, BY DIP	G0463	not availa	ble 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
		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
	PROSTATE SPECIFIC ANTIGEN (PSA); TOTA	L 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 availa	ble 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
94442	THYROID STIMULATING HORMONE (TSH)	PRIMARY PROCEDURE	84443		.34 not contracted		not contracted								not contracted		
04443	HOMINIONE (13H)	I MINIMAN FROCEDURE	04443	19 ډ ا	.57 HOL COMMACLEC	20.00	not contracted	14./0	not contracted	14./0	not contracted	14.70	not contracted	14./0	not contracted	\$ 20.66	\$ 14.76

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						TH NET		LD PROMISE lanaged Care)		BLUE CROSS anaged Care)		ISER anaged Care)	_	LINA anaged Care)		CARE anaged Care)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary															<u> </u>		-	
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
	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
	BLOOD COUNT;	VEIVII OIVETORE	30413		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
	COMPLETE (CBC),																	
	AUTOMATED (HGB,	DD14.4.DV DD0.05DV.D5	05007		ā 7.6										<u> </u>			
85027	HCT, RBC,	PRIMARY PROCEDURE COLLECTION OF	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
		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
95610	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
83010	FROTTINOIVIBIN TIIVIL,	COLLECTION OF	83010		ý 4.57	not contracted	y 4.83	not contracted	3 3.43	not contracted	3 3.43	not contracted	3 3.43	not contracted	3.43	not contracted	3 4.63	3.43
		VENOUS BLOOD BY																
	DOVOLOTUEDADY 20	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
	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
	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	, c 06.33
90834	PSYCHOTHERAPY, 60	PRIMARY PROCEDURE	90834		\$ 126.15	not contracted	\$ 134.80	not contracted	\$ 90.33	not contracted	\$ 96.33	not contracted	\$ 96.33	not contracted	\$ 90.33	not contracted	\$ 134.80	\$ 96.33
	MINUTES WITH																	
90837	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
	FAMILY PSYCHOTHERAPY																	
	(CONJOINT																	
	PSYCHOTHERAPY)																	
90847	(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
	GROUP																	<b> </b>
	PSYCHOTHERAPY																	
	(OTHER THAN OF A	DDIN 4 A DV 5												]				
90853	MULTIPLE-FAMILY GR ELECTROCARDIOGRA	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
	M, ROUTINE ECG																	<b> </b>
	WITH AT LEAST 12																	
93000	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

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

				- [		TH NET anaged Care)		LD PROMISE anaged Care)		BLUE CROSS anaged Care)		ISER anaged Care)		DLINA Janaged Care)		CARE anaged 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**
	3 ,	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ 70.46				·									·
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 70.40					not contracted					\$ 23.52			
02452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL IN		93452		\$ 1,433.47			not contracted				not contracted						
95452	INTRAPROCEDURAL IN	BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL			,													
		MUST INJECTION, HEPARIN SODIUM, PER 1000 UNITS	80048 J1644		\$ 9.52 \$ 6.17										\$ 7.27 \$ 4.71			
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER																
		1 MG INJECTION, FENTANYL CITRATE, 0.1 MG	J2250 J3010		\$ 5.99 \$ 6.72			not contracted							\$ 4.57 \$ 5.13			
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB,																
		PROTHROMBIN TIME;	85027 85610		\$ 7.48 \$ 4.57		\$ 7.99 \$ 4.89		·						\$ 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
	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP																	
95810	STAGING WI	PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	95810		\$ 654.04		\$ 698.98			not contracted					\$ 499.27	not contracted		
	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH	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	15 MINUTES OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	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		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

#### LAC+USC MEDICAL CENTER

#### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

				Г				LD PROMISE		BLUE CROSS anaged Care)		ISER lanaged Care)		DLINA Janaged Care)		CARE anaged Care)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary					(Micur cur ii	I	(ivical calli	I	(ivical carity	l	(Medi edi ii	l care,	(Wear carry	lanagea care,	(Mear carry	l anageu eure,	Negotiated Nate	regotiated Rate
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		\$ 297.26	not contracted	\$ 212.33	not contracted	\$ 212.33		\$ 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					\$ 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
	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
	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
	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
	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED	PRIVIART PROCEDURE	99243		\$ 111.61	. not contracted	\$ 119.45	not contracted	\$ 65.55	not contracted	\$ 65.53	not contracted	\$ 65.53	not contracted	\$ 63.33	not contracted	\$ 119.49	\$ 65.55
	PATIENT, W INITIAL COMPREHENSIVE PREVENTIVE MEDICINE	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
	EVALUATION AN INITIAL COMPREHENSIVE PREVENTIVE	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
	MEDICINE EVALUATION AN OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	PRIMARY PROCEDURE	99386		\$	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99213		PRIMARY PROCEDURE COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH	99213		\$ 45.10										\$ 34.43			
		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	\$ 404.2

#### LAC+USC MEDICAL CENTER

#### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						(Medi-Cal Managed Care) (Med		LD PROMISE lanaged Care)		BLUE CROSS anaged Care)		ISER anaged Care)		DLINA anaged Care)		CARE anaged 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**
		RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF 3 RADIOLOGIC	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
		EXAMINATION; FOREARM, 2 VIEWS	73090		\$ 39.0	not contracted	\$ 41.73	not contracted	\$ 29.81	not contracted	\$ 29.81	not contracted	\$ 29.81	not contracted	\$ 29.81	not contracted	i \$ 41.73	\$ 29.81
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION																	
99212	AND	PRIMARY PROCEDURE	99212		\$ 34.0	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;			4 00 4				4 52.00						4 52.00			
	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND	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		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) INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA	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
		OR RNA) ULTRASOUND, PREGNANT UTERUS,	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
		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,																
	OFFICE OR OTHER	VAGIN	59400		\$ 2,612.1	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
	OUTPATIENT VISIT FOR THE EVALUATION																	
99214	AND	PRIMARY PROCEDURE	99214		\$ 70.4	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
	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND																	
92012	EVAL	PRIMARY PROCEDURE BASIC METABOLIC	92012 80048		\$ 69.83 \$ 9.53		\$ 74.61 \$ 10.18			not contracted not contracted					\$ 53.29 \$ 7.27			
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB,	00040		۶.5.	not contracted	7 10.18	not contracted	٧.21	not contracted	7.21	not contracted	<i>γ</i> 1.21	not contracted	<i>э</i> 1.21	not contracted	J 7 10.18	γ 7.27
		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

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						LTH NET Managed Care)		LD PROMISE lanaged Care)		BLUE CROSS anaged Care)		ISER anaged Care)		DLINA anaged Care)		CARE lanaged 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**
5545	January Catalogus y	THROMBOPLASTIN	Ci i dode	11010	ruumey	1101000101101	. acmey	1.101000101101	. usincy	1101000101101	. usinty	1101000101101	Tuemey	7 101035101101	. acmey	1101000101101	. acmey	. acmey
		TIME, PARTIAL (PTT);																
		PLASMA OR WHOLE	05700												<b>.</b>			
		BLO	85730		\$ 7.0	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		\$ 4.5	7 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																
İ		VENOUS BLOOD BY	26445															a stancilable
	OFFICE OR OTHER	VENIPUNCTURE	36415		not availab	le 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
	OUTPATIENT VISIT																	
	FOR THE EVALUATION																	
99211		PRIMARY PROCEDURE	99211		\$ 22.5	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
	OFFICE OR OTHER OUTPATIENT VISIT																	
	FOR THE EVALUATION																	
99202	AND	PRIMARY PROCEDURE	99202		\$ 64.4	15 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
	OFFICE OR OTHER																	
	OUTPATIENT VISIT																	
99215	FOR THE EVALUATION	PRIMARY PROCEDURE	99215		\$ 107.4	19 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
	INTRAVITREAL	THE STATE OF THE S	33213		ψ 107.	is not contracted	Ų 111107	not contracted	φ 02.03	1101 001111 00100	φ 02.03	not contracted	φ σ2.03	not contracted	φ 02.00	, increasing access	Ų 111107	φ σ2.03
	INJECTION OF A																	
	PHARMACOLOGIC									_								
	AGENT (SEPARA LIMITED ORAL	PRIMARY PROCEDURE	67028		\$ 684.1	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
	EVALUATION -																	
	PROBLEM FOCUSED	PRIMARY PROCEDURE	D0140		\$ 45.8	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
	PERIODIC																	
	COMPREHENSIVE PREVENTIVE																	
I	MEDICINE																	
	REEVALUATION	PRIMARY PROCEDURE	99392		\$ 70.2	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
	PERIODIC																	
	COMPREHENSIVE																	
	PREVENTIVE MEDICINE																	
	REEVALUATION	PRIMARY PROCEDURE	99391		\$ 65.1	.9 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
I	IMMUNIZATION																	
	ADMINISTRATION (INCLUDES																	
	•	PRIMARY PROCEDURE	90471		\$ 8.3	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	00212		\$ 45.1	not contracted	\$ 48.20	not contracted	¢ 24.42	not contracted	¢ 24.42	not contracted	¢ 24.42	not contracted	\$ 34.43	not contracted	\$ 48.20	¢ 24.42
	PATIENT SCREENED	AND	99213		\$ 45.1	.0 not contracted	\$ 48.20	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	34.43 ډ	not contracted	48.20	\$ 34.43
	FOR DEPRESSION													[				
1220F	(SUD)	PRIMARY PROCEDURE	1220F		not availab	le 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

#### LAC+USC MEDICAL CENTER

## MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						LTH NET Managed Care)	BLUE SHIEL (Medi-Cal Ma	D PROMISE anaged Care)	ANTHEM E			NISER Nanaged Care)		DLINA Janaged Care)		CARE anaged 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		\$ 45.1	0 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
	EXTRACTION,																	
	ERUPTED TOOTH OR																	
D7140	EXPOSED ROOT (ELEVATION AN	PRIMARY PROCEDURE	D7140		\$ 53.7	1 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
D7140	(LLLVATION AIV	OFFICE OR OTHER	D7140		ý 33. <i>i</i>	1 Hot contracted	ÿ 37.40	not contracted	7 41.00	not contracted	ÿ 41.00	not contracted	7 41.00	not contracted	7 41.00	not contracted	37.40	7 41.00
		OUTPATIENT VISIT																
		FOR THE EVALUATION																
		AND	99213		\$ 45.1 \$ 32.7		•		\$ 34.43	not contracted	•							
		PANORAMIC FILM	D0330		\$ 32.7 not payabl	_	\$ 35.00 not payable	not contracted	\$ 25.00 not payable	not contracted	\$ 25.00 not payable	not contracted	\$ 25.00 not payable		\$ 25.00 not payable	not contracted	\$ 35.00	\$ 25.00
		LOCAL ANESTHESIA	D9215		separate		separately	not contracted	separately	not contracted		not contracted		not contracted	separately	not contracted	n/a	n/a
						,	,		,		,		,		,		,	,
	TELEPHONE																	
	EVALUATION AND																	
99442	MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99442		not availabl	e 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
33442	SERVICE BY ATTITISTE	LIPID PANEL THIS	33442		not available	e 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
		PANEL MUST INCLUDE																
		THE FOLLOWING:																
		CHOL	80061		\$ 15.1	2 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		\$ 9.9	6 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		\$ 7.4	8 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
		TICT, NDC,	83027		, , , , , , , , , , , , , , , , , , ,	o not contracted	ý 7.55	not contracted	<del>y</del> 5.71	not contracted	, J.71	not contracted	, J.71	not contracted	ÿ 5.71	not contracted	7.55	5.71
		HEMOGLOBIN;																
		GLYCOSYLATED (A1C)	83036		\$ 11.1	9 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
		ALDUMANN LIDING (CC																
		ALBUMIN; URINE (EG, MICROALBUMIN),																
		QUANTITATIVE	82043		\$ 6.6	5 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		\$ 5.4				•									
		COLLECTION OF																
		VENOUS BLOOD BY	26445															
	POSTOPERATIVE	VENIPUNCTURE	36415		not availabl	e 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
	FOLLOW-UP VISIT,																	[
	NORMALLY INCLUDED																	[
99024	IN THE	PRIMARY PROCEDURE	99024		not availabl	e 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		\$ 220.0	0 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

#### LAC+USC MEDICAL CENTER

#### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						ALTH NET Managed Care)	BLUE SHIEL	.D PROMISE anaged Care)		BLUE CROSS anaged Care)		ISER anaged Care)		LINA anaged Care)		CARE anaged 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.	13 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
92124	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, PO	PRIMARY PROCEDURE	92134		\$ 60.	50 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
92134	IIVIAGING, PO	PRIIVIART PROCEDURE	92134		\$ 60.	50 Hot contracted	\$ 64.76	not contracted	\$ 40.20	not contracted	\$ 40.20	not contracted	\$ 40.20	not contracted	\$ 40.20	not contracted	\$ 64.76	\$ 40.20
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND	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	0.00		,		,		,		,		*		7		, , , , ,	,
		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	DDIMARY DROCENIDE	99441		not availak	le 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
33441	PERIODIC COMPREHENSIVE PREVENTIVE	PRIVIANT PROCEDURE	99441		not availat	not contracted	Hot available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	Hot available	not available
99393	MEDICINE REEVALUATION	PRIMARY PROCEDURE	99393		\$ 82.	10 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
	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR																	
49083	THERAPEUTIC); WIT	PRIMARY PROCEDURE	49083		\$ 168.	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
	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE		33213		,		y Konzo	not contiduced	<u> </u>	- Hot dontification	<b>V</b> 311.13	not contracted	<u> </u>	not contracted	<b>V</b> 3	not contracted	Ų 18.29	<u> </u>
99394	REEVALUATION	PRIMARY PROCEDURE	99394		\$ 103.	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
2333		COV-19 AMP PRB HGH THRUPUT WITHIN 2	30003		, 240.		, 155.01		, 107.30		, 207.50		, 107.30		, 207.30		, 255.01	, 107.30
		DAYS COLLECT	U0005		not availab	le 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

#### LAC+USC MEDICAL CENTER

#### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

							LD PROMISE		BLUE CROSS anaged Care)		ISER lanaged Care)		DLINA Janaged Care)		CARE lanaged Care)	Maximum Negotiated Pate	Minimum Negotiated Rate
Dulmann				(IVIEUI-Cai IV	I care	(Ivieui-cai ivi	lanageu Care)	(IVIEUI-Cai IVI	I	(Ivieui-cai iv	I	(Ivieui-Cai Ivi	allageu Calej	(Ivieur-car ivi	Tallageu Cale)	Negotiateu Kate	Negotiateu Kate
Primary Code	Service Category	Procedure Description	CPT Code Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
06443	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS	PRIMARY PROCEDURE	96413	\$ 53.72				Ć 44 04						, A1 01			
96413	INFUSION TECHN	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214	\$ 53.72													
	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE		3322			, , , , ,		*		,		,				, , , ,	
99381	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
	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	d not available	e not available
	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	d \$ 115.61	1 \$ 82.58
70027	CYSTOURETHROSCOP	PRIIVIANT PROCEDURE	70027	3 106.16	ilot contracted	\$ 115.01	. Hot contracted	\$ 62.56	not contracted	\$ 62.30	not contracted	\$ 62.56	not contracted	<b>ξ</b> 02.50	not contracted	3 113.61	3 62.36
52000	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	d \$ 174.20	) \$ 124.43
32000	HOCEBOIL	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	51700	\$ 147.62													
		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	d \$ 22.89	9 \$ 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	d \$ 22.89	9 \$ 16.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212	\$ 34.01													
		CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT	00113	ć 70.00		ć 05.30		ć (2.22		ć co.00		¢ (0.00		ć co.00		d 6 05 30	
		TECHNIQUE PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED (DIRECT MEAS	88112 84152	\$ 79.81			not contracted  not contracted				not contracted		not contracted		not contracted		
			U-132	y 21.42				- 10.55		<sub>+</sub> 10.55	Jointracted	10.55	contracted	+ 10.33		. 7 22.03	. 7 10.5

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						LTH NET Managed Care)		LD PROMISE anaged Care)	ANTHEM E	LUE CROSS anaged Care)		ISER anaged Care)	_	DLINA Janaged Care)		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**
		URINALYSIS, BY DIP STICK OR TABLET																
		REAGENT FOR																
		BILIRUBI	81001		\$ 3.6	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 availabl	e 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
	VISUAL FIELD																	
	EXAMINATION, UNILATERAL OR																	
92083	BILATERAL, WITH	PRIMARY PROCEDURE	92083		\$ 57.3	3 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
32000	TREATMENT OF	THIND WITH THOOLEGUE	32000		<del>,</del> 57.15		υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ	not contracted	Ų 15.7 C	1101 001111 00100	ψ 15176	not continueted	, isi70	not contracted	ψ 15170	1101 001111 00100		ψ .5.70
	EXTENSIVE OR																	
	PROGRESSIVE																	
67228	RETINOPATHY (EG,	PRIMARY PROCEDURE	67228		\$ 563.8	5 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
	5011004551005451111																	
	ECHOCARDIOGRAPHY, TRANSTHORACIC,																	
	REAL-TIME WITH																	
93306	IMAGE D	PRIMARY PROCEDURE	93306		\$ 450.5	2 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
	ZOSTER (SHINGLES)				•								,		•			
	VACCINE (HZV),																	
	RECOMBINANT,																	
90750	SUBUNIT,	PRIMARY PROCEDURE	90750		\$ 312.8	0 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		\$ 8.3	8 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	00040														40.00	4 24.42
	MEASUREMENT OF	AND	99213		\$ 45.1	0 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
	POST-VOIDING																	
	RESIDUAL URINE																	
51798	AND/OR BLADD	PRIMARY PROCEDURE	51798		\$ 111.2	5 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	00343		\$ 45.1		40.20		ć 24.42		¢ 24.42		ć 24.43		ć 24.42		40.20	6 24.42
	PERIODIC	AND	99213		\$ 45.1	0 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
	COMPREHENSIVE																	
	PREVENTIVE																	<b> </b>
	MEDICINE																	
99396	REEVALUATION	PRIMARY PROCEDURE	99396		\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	1 \$ -	\$ -
	THERAPEUTIC,																	
	PROPHYLACTIC, OR DIAGNOSTIC																	
	INJECTION (SPE	PRIMARY PROCEDURE	96372		\$ 35.2	4 not contracted	37 66	not contracted	\$ 26.90	not contracted	\$ 26.00	not contracted	\$ 26.00	not contracted	\$ 26.00	not contracted	\$ 37.66	\$ 26.90
JUJ/Z	HASECHON (SEE	I MINIAMI I NOCEDORE	30372		ى ئ	- not contracted	37.00	not contracted	20.90	not contracted	20.90	not contracted	20.90	not contracted	y 20.90	iot contracted	37.00	20.30

#### LAC+USC MEDICAL CENTER

#### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

					HEAL (Medi-Cal M	TH NET anaged Care)		LD PROMISE anaged Care)	ANTHEM BI (Medi-Cal Ma			ISER anaged Care)		LINA anaged Care)		CARE anaged 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	00343		5 45.10		40.20		ć 24.42		ć 24.42		ć 24.42		Ć 24.42		6 40.20	ć 24.42
	PERIODIC	AND	99213	3	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
	COMPREHENSIVE PREVENTIVE MEDICINE																	
99395	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
	CHANGE OF CYSTOSTOMY TUBE;																	
51705	SIMPLE	PRIMARY PROCEDURE HOSPITAL	51705 G0463		\$ 110.52 not available	not contracted not contracted	\$ 118.12 not available	not contracted not contracted		not contracted not contracted	\$ 84.37 not available	not contracted	\$ 84.37 not available	not contracted	\$ 84.37 not available	not contracted	\$ 118.12 not available	\$ 84.37 not available
		HUSPITAL	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	5	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		C	hild 0-5: \$23.58		Child 0-5: \$25.20											
		AND TOPICAL			Child 6-20:		Child 6-20:		Child 0-5: \$18		Child 0-5: \$18		Child 0-5: \$18		Child 0-5: \$18			
		FLUORIDE TREATMENT	D1208		\$10.48 Adult: \$7.86	not contracted	\$11.20 Adult: \$8.40	not contracted	Child 6-20: \$8 Adult: \$6	not contracted	Child 6-20: \$8 Adult: \$6	not contracted	Child 6-20: \$8 Adult: \$6	not contracted	Child 6-20: \$8 Adult: \$6	not contracted	\$ 25.20	\$ 6.00
		ORAL HYGIENE			not payable		not payable		not payable		not payable		not payable		not payable		7 -5.25	7 333
		INSTRUCTION	D1330		separately	not contracted	separately	not contracted	separately	not contracted	separately	not contracted	separately	not contracted	separately	not contracted	n/a	n/a
		LIMITED ORAL EVALUATION -																
		PROBLEM FOCUSED	D0140	Ş	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
	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
	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYS	PRIMARY PROCEDURE	93288		5 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	Ş	\$ 45.10	not contracted				not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 34.43	not contracted	\$ 48.20	\$ 34.43
	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	DDIMARY DROCEDURE	D0120		5 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
D0170	ESTABLISHED PATIENT	PRIIVIART PRUCEDURE	D0120	3	19.65	not contracted	ې <u>21.00</u>	not contracted	φ 15.00	not contracted	ې 15.00	not contracted	\$ 15.00	not contracted	ې 15.00	not contracted	ې <u>21.00</u>	ş 15.00
	BLADDER IRRIGATION, SIMPLE, LAVAGE																	
51700	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
		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

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

					LTH NET Managed Care)		LD PROMISE lanaged Care)		BLUE CROSS anaged Care)		ISER anaged Care)		LINA anaged Care)	L.A. ( (Medi-Cal Ma	CARE anaged 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***	Facilitv**	Professional***	Facility**	Facility**
Code	Service Category	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99215	\$ 107.				·	not contracted			·		,		·	
	INFLUENZA VACCINE, INACTIVATED (IIV), SUBUNIT, ADJUVANT	PRIMARY PROCEDURE	90653	\$ 120.	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	\$ 8.3	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
	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE																
	EVALUATION AN INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER;	PRIMARY PROCEDURE	99382	\$ 88.	66 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	SIM	PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	51702	\$ 186.9					not contracted								
	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECT	PRIMARY PROCEDURE	99211	\$ 22.										\$ 17.21			\$ 17.21
97602	INON-SELECT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213	\$ 45.											not contracted		
	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS	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
30713	7716	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		not contracted		not contracted				not contracted		not contracted				

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						TH NET lanaged Care)		LD PROMISE anaged Care)		BLUE CROSS anaged Care)		ISER anaged Care)		DLINA Janaged Care)		CARE lanaged Care)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Camilia Catanana	Procedure Description	CDT Code	Nete	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Duef!   ***	Facility**	Professional***	Facility**	Facility**
Code	Service Category	OFFICE OR OTHER	CP1 Code	Note	racility	Professional	Facility	Professional	racility	Professional	racility	Professional	Facility	Professional***	racility	Professional	Facility	Facility
		OUTPATIENT VISIT																
		FOR THE EVALUATION	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	l \$ 48.20	\$ 34.43
	ULTRASOUND,	AND	33213		<del>3</del> 45.10	not contracted	3 48.20	not contracted	3 34.43	not contracted	3 34.43	not contracted	3 34.43	not contracted	3 34.43	not contracted	7 48.20	3 34.43
	PREGNANT UTERUS,																	
70011	REAL TIME WITH	PRIMARY PROCEDURE	70044		\$ 298.17	7	ć 210.CE	not controcted	ć 227.C1		ć 227.61		ć 227.64	not contracted	ć 227.C1		210.65	ć 227.61
76811	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
ı	OPHTHALMOLOGICAL																	
	SERVICES: MEDICAL																	
92002	EXAMINATION AND	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
32002	COMPREHENSIVE	T KIIVIAKT T KOCEDOKE	32002		Ç 05.63	not contracted	7 74.01	not contracted	ÿ 55.25	not contracted	ÿ 55.25	not contracted	ÿ 55.25	not contracted	ψ 55.25	not contracted	74.01	33.23
	ORAL EVALUATION -																	
	NEW OR ESTABLISHED		D0450		\$ 32.75		ć 25.00		ć 25.00		ć 25.00		¢ 25.00		ć 25.00		25.00	, ć 35.00
D0150	INITIAL	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
	COMPREHENSIVE																	
	PREVENTIVE																	
00284	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	l \$ 132.09	\$ 94.35
33364	SCANNING	PRIMARI PROCEDURE	33364		ÿ 123.00	not contracted	\$ 132.03	not contracted	3 34.33	not contracted	\$ 34.33	not contracted	3 34.33	not contracted	\$ 34.33	not contracted	3 132.09	3 94.33
	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
32133	COMPUTERIZED	T KIIVI KI T KOCEDOKE	32133		<del>y</del> 00.00	not contracted	ŷ 04.70	not contracted	ÿ 40.20	not contracted	7 40.20	not contracted	7 40.20	not contracted	7 40.20	not contracted	ў 04.70	40.20
	CORNEAL																	
	TOPOGRAPHY, UNILATERAL OR																	
92025	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
	ENDOMETRIAL	7.11.5	33210		y 15120	inot dominaded	ψ .0.20	not contracted	ў э.н.s	not contracted	φ 5.1.15	not contracted	ψ 311.13	not contracted	ψ 51115	not contracted	10120	,
	SAMPLING (BIOPSY)																	
58100	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
30100	LINDOCLINI	OFFICE OR OTHER	99213		\$ 45.10		\$ 48.20			not contracted	-		\$ 34.43					
							,		,		•				·			
		LEVEL IV - SURGICAL																<b> </b>
		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
	PSYCHIATRIC	II III II	55505		, 33.70		, 31.33		, .3.33		, .0.55				, .0.55		27.33	
	DIAGNOSTIC																	<b> </b>
	EVALUATION WITH MEDICAL SERVICES	PRIMARY PROCEDURE	90792		\$ 194.01	not contracted	\$ 207.24	not contracted	\$ 148.10	not contracted	\$ 1/10/10	not contracted	\$ 140.10	not contracted	\$ 1/10 10	not contracted	l \$ 207.34	\$ 148.10
90/92	IVILDICAL SERVICES	L VIINIAVI SKOCEDOKE	90/92		[194.0] د	I not contracted	207.34	I not contracted	148.10 ډ	not contracted	148.10 ب	not contracted	148.10 د	not contracted	148.10 پ	not contracted	207.34 ج ا	148.10 ډ

#### LAC+USC MEDICAL CENTER

## MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						HEALTH Cal Mar	l NET naged Care)		D PROMISE anaged Care)		BLUE CROSS lanaged Care)		KAISER Managed Care)	(Medi	MOLINA Cal Managed Care)	(Medi-C	L.A. CARE al 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		\$ 1	155.39	not contracted	\$ 166.07	not contracted	\$ 118.62	not contracted	\$ 118	.62 not contrac	ed \$	.18.62 not contra	cted \$ 1:	.8.62 not contracte	d \$ 166.0	7 \$ 118.62
,	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	PRIMARY PROCEDURE	90686			48.82	not contracted								37.27 not contra		7.27 not contracte		
30000	J. ETT VIII.	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$	8.38	not contracted						40 not contrac		6.40 not contra		6.40 not contracte		6 \$ 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 contrac	ed \$	34.43 not contra	cted \$	14.43 not contracte	d \$ 48.2	0 \$ 34.43
,	INFLUENZA VIRUS VACCINE, QUADRIVALENT				,														
90694	(AIIV4), INACTIVA	PRIMARY PROCEDURE  IMMUNIZATION  ADMINISTRATION  (INCLUDES	90694		\$ 1	143.08	not contracted	\$ 152.91	not contracted	\$ 109.22	not contracted	\$ 109	.22 not contrac	ed \$	09.22 not contra	ted \$ 10	19.22 not contracte	d \$ 152.9	1 \$ 109.22
		PERCUTANEOUS, INT OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	90471		\$		not contracted		not contracted		not contracted		40 not contrac		6.40 not contra		6.40 not contracte		6 \$ 6.40
	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH	AND PRIMARY PROCEDURE	99213 76815		·	45.10	not contracted								34.43 not contra		not contracte		2 \$ 90.30
	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;				·														
67040	WITH ENDOL	PRIMARY PROCEDURE  OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND	67040		\$ 1,7	727.25	not contracted	\$ 1,845.91	not contracted	\$ 1,318.51	not contracted	\$ 1,318	51 not contrac	ed \$ 1,	18.51 not contra	ted \$ 1,31	.8.51 not contracte	d \$ 1,845.9	1 \$ 1,318.51
	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR	EVAL	92012			69.81	not contracted						29 not contrac		53.29 not contra		not contracte		
	THERAPEUTIC); WIT  ARTHROCENTESIS,  ASPIRATION AND/OR INJECTION, MAJOR	PRIMARY PROCEDURE	49082		\$ 1	110.05	not contracted	\$ 117.61	not contracted	\$ 84.01	not contracted	\$ 84	01 not contrac	ea \$	84.01 not contra	cted \$ 8	44.01 not contracte	d \$ 117.6	1 \$ 84.01
20610		PRIMARY PROCEDURE	20610		\$	86.04	not contracted	\$ 91.95	not contracted	\$ 65.68	not contracted	\$ 65	.68 not contrac	ed \$	65.68 not contra	cted \$	5.68 not contracte	d \$ 91.9	5 \$ 65.68

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						(Medi-Cal Managed Care) (Medi-C		LD PROMISE lanaged Care)		BLUE CROSS anaged Care)		ISER anaged Care)		DLINA Janaged Care)		CARE lanaged 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			·				4 25.06				·		4 25.06			
		AND INJECTION, LIDOCAINE HCL FOR INTRAVENOUS	99212		\$ 34.0		\$ 36.34			not contracted								
		INFUSION, 10 M INJECTION, TRIAMCINOLONE ACETONIDE, NOT	J2001		\$ 5.8			not contracted										
		OTHERWISE SPECI INJECTION, BUPIVICAINE HYDROCHLORIDE, 30	J3301		\$ 7.3										\$ 5.57			
	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR	ML	S0020		\$ 16.9	1 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	DIAG	PRIMARY PROCEDURE INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE	96365		\$ 117.6													
	FETAL NON-STRESS	l .	J2916		, ото				-									
59025	TEST	PRIMARY PROCEDURE ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH	59025		\$ 42.8		\$ 45.78			not contracted			\$ 32.70		\$ 32.70			
	ESOPHAGOGASTRODU ODENOSCOPY, FLEXIBLE, TRANSORAL;	IMAGE DOCUM	76815		\$ 118.2	9 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
	WITH E	PRIMARY PROCEDURE ENDOSCOPIC RETROGRADE	43237		\$ 235.1	1 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
		CHOLANGIOPANCREA TOGRAPHY (ERCP); ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL	43275		\$ 642.9	1 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
		SYSTEM ENDOSCOPIC CANNULATION OF	74328		\$ 216.3	3 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
		PAPILLA WITH DIRECT VISUALIZA	43273		\$ 175.5	9 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

#### LAC+USC MEDICAL CENTER

#### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						(Medi-Cal Managed Care) (Me		LD PROMISE anaged Care)		BLUE CROSS anaged Care)		ISER lanaged Care)		LINA anaged Care)		CARE anaged 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**
		COMBINED																
		ENDOSCOPIC																
		CATHETERIZATION OF																
		THE BILIARY AND	74330		\$ 210	.33 not contracte	d \$ 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 contracte	d \$ 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,					Ť		•				·		,			
		ONDANSETRON																
		HYDROCHLORIDE, PER 1 MG	12.405		\$ 1	OF not contracts	d \$ 6.36	not controcted	\$ 4.54		l ¢ 4.5/		Ć 4.54		\$ 4.54	not contracted	l \$ 636	ć 4.54
		INJECTION,	J2405		\$ :	not contracte	d \$ 6.36	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 6.36	\$ 4.54
		PROPOFOL, 10 MG	J2704		\$ 6	.03 not contracte	d \$ 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 RINGERS LACTATE	J3010		\$ (	not contracte	d \$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
		INFUSION, UP TO																
		1000 CC	J7120		\$ 9	.08 not contracte	d \$ 9.70	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 6.93	not contracted	\$ 9.70	\$ 6.93
	FLUORESCEIN																	
1	ANGIOGRAPHY (INCLUDES																	
	MULTIFRAME																	
92235	IMAGING) W	PRIMARY PROCEDURE	92235		\$ 153	.57 not contracte	d \$ 164.12	not contracted	\$ 117.23	not contracted	\$ 117.23	not contracted	\$ 117.23	not contracted	\$ 117.23	not contracted	\$ 164.12	\$ 117.23
	INTRAORAL-																	
	PERIAPICAL-FIRST																	
D0220	FILM	PRIMARY PROCEDURE LIMITED ORAL	D0220		\$ 13	.10 not contracte	d \$ 14.00	not contracted	\$ 10.00	not contracted	\$ 10.00	not contracted	\$ 10.00	not contracted	\$ 10.00	not contracted	\$ 14.00	\$ 10.00
		EVALUATION -																
		PROBLEM FOCUSED	D0140		\$ 45	.85 not contracte	d \$ 49.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 49.00	\$ 35.00
	HYSTEROSCOPY,																	
	SURGICAL; WITH																	
	SAMPLING (BIOPSY) OF ENDOM	PRIMARY PROCEDURE	58558		\$ 329	.44 not contracte	d \$ 352.07	not contracted	\$ 251.48	not contracted	\$ 251.48	not contracted	\$ 251.48	not contracted	\$ 251.48	not contracted	\$ 352.07	\$ 251.48
30330	0. 1.120111	ANESTHESIA FOR	30330		Ψ 52.		υ φ 332.0 <i>7</i>	not contracted	ψ 252110	not contracted	Ψ 252.10	1101 001111 40104	ψ 252110	1100 001111 00100	Ç 251.10	inot dontinuoted	φ 332.07	ψ 252.10
		VAGINAL																
		PROCEDURES																
.		(INCLUDING BIOPSY	00952		\$ 9!	i.04 not contracte	d \$ 101.57	not contracted	\$ 72.55	not contracted	\$ 72.55	not contracted	\$ 72.55	not contracted	\$ 72.55	not contracted	l \$ 101.57	\$ 72.55
		OI .	00952		9:	not contracte	μ <b>3</b> 101.57	ווטג כטוונומכנפם	72.55 پ	not contracted	72.55 ب	not contracted	72.55 پ	not contracted	72.55 ب	not contracted	υ 3 101.57	ې /2.55
		LEVEL IV - SURGICAL					1											
		PATHOLOGY, GROSS					1.											
		AND MICROSCOPIC EX	88305		\$ 53	.70 not contracte	d \$ 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),					1											
		AUTOMATED (HGB,					1											
		HCT, RBC,	85025		\$ 8	.84 not contracte	d \$ 9.45	not contracted	\$ 6.75	not contracted	\$ 6.75	not contracted	\$ 6.75	not contracted	\$ 6.75	not contracted	9.45	\$ 6.75

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						LTH NET Nanaged Care)		LD PROMISE anaged Care)		BLUE CROSS anaged Care)		USER lanaged Care)		LINA anaged Care)		CARE anaged Care)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			077.0		- 111, 44		= 11. 44		- 11·. 4·4	- ( )	- 111. 44		<b>-</b> 111. 44		- 11·. 44	- C . 1444	- ···· · · ·	- III. **
Code	Service Category	Procedure Description INJECTION,	CP1 Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		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	12040						4 540									
		CITRATE, 0.1 MG RINGERS LACTATE	J3010		\$ 6.7	2 not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	3 \$ 5.13
		INFUSION, UP TO																
		1000 CC	J7120		\$ 9.00	8 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		\$ 3.4	1 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		\$ 3.2	2 not contracted	\$ 3.44	not contracted	\$ 2.46	not contracted	\$ 2.46	not contracted	\$ 2.46	not contracted	\$ 2.46	not contracted	\$ 3.44	1 \$ 2.46
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 3.1	2 not contracted	\$ 3.33	not contracted	\$ 2.38	not contracted	\$ 2.38	not contracted	\$ 2.38	not contracted	\$ 2.38	not contracted	\$ 3.33	3 \$ 2.38
		COLLECTION OF	80900		3 3.1.	z not contracted	ş 5.55	not contracted	ş 2.30	not contracted	\$ 2.5c	iot contracteu	<b>ξ</b> 2.30	not contracted	\$ 2.30	not contracted	\$ 5.55	Ş 2.30
		VENOUS BLOOD BY																
		VENIPUNCTURE	36415		not available	e 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
	MYOCARDIAL																	
	PERFUSION IMAGING,																	
70453	TOMOGRAPHIC	PRIMARY PROCEDURE	78452		\$ 654.14	4 not contracted	\$ 699.08	not contracted	\$ 499.34	not contracted	\$ 499.34	not contracted	\$ 499.34	not contracted	\$ 499.34	not contracted	\$ 699.08	3 \$ 499.34
78452	(SPECT) (INCL	INJECTION,	78452		\$ 654.14	4 not contracted	\$ 699.08	not contracted	\$ 499.34	not contracted	\$ 499.34	not contracted	\$ 499.34	not contracted	\$ 499.34	not contracted	\$ 699.08	3 \$ 499.34
		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
	ESOPHAGOGASTRODU																	
	ODENOSCOPY,																	
42244	FLEXIBLE, TRANSORAL;	20114407 200000	42244		400.5		4 404 40										4 404 40	20044
43244	WITH B	PRIMARY PROCEDURE INJECTION,	43244		\$ 403.60	6 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
		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		\$ 6.7	2 not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	3 \$ 5.13
	FUNDUS																	
	PHOTOGRAPHY WITH																	
	INTERPRETATION AND																	
92250	REPORT	PRIMARY PROCEDURE	92250		\$ 79.10	6 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
	EXCHANGE																	
	NEPHROSTOMY																	
	CATHETER,																	
50425	PERCUTANEOUS,	DDIA 44 DV DDOCES: 125	5045-		6 016.3		ć 070.00		6 622.25		6 600.00		ć 622.00		¢ 632.05		6 070 00	6 633.05
50435	INCLUDING	PRIMARY PROCEDURE	50435		\$ 816.2	1 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

#### LAC+USC MEDICAL CENTER

## MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

					(Me		TH NET anaged Care)		ELD PROMISE Managed Care)		BLUE CROSS anaged Care)		AISER Managed Care)		DLINA lanaged Care)		CARE anaged Care)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facil	ity**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		CHANGE OF																	
		PERCUTANEOUS TUBE																	
		OR DRAINAGE CATHETER WITH C	75984		Ś	127.27		\$ 136.0	1	\$ 97.15		\$ 97.1		ć 07.11		\$ 97.15		\$ 136.01	\$ 97.15
		INJECTION,	75984		Ş	127.27	not contracted	\$ 136.0	1 not contracted	\$ 97.13	not contracted	\$ 97.13	not contracted	\$ 97.15	not contracted	\$ 97.15	not contracted	\$ 136.01	\$ 97.15
		MIDAZOLAM																	
		HYDROCHLORIDE, PER																	
		1 MG	J2250		\$	5.99	not contracted	\$ 6.4	0 not contracted	\$ 4.57	not contracted	\$ 4.5	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, FENTANYL																	
		CITRATE, 0.1 MG	J3010		Ś	6.72	not contracted	\$ 7.1	8 not contracted	\$ 5.13	not contracted	\$ 5.1	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	\$ 5.13
	OPHTHALMIC	CITIVATE, O.1 IVIO	33010		7	0.72	not contracted	· /	o not contracted	ÿ 5.12	not contracted	ý 5.1.	not contracted	ÿ 3.1.	not contracted	ý 5.13	not contracted	7.10	ÿ 5.15
	BIOMETRY BY																		
	ULTRASOUND																		
76540	ECHOGRAPHY, A-	DDIAAADV DDOCEDUDE	76540		Ś	102.01		\$ 110.0	0	¢ 70.65		, , , , , , , , , , , , , , , , , , ,		ć 70.6		¢ 70.63		440.00	ć 70.63
70519	SCAN; W	PRIMARY PROCEDURE COMPUTERIZED	76519		>	103.01	not contracted	\$ 110.0	8 not contracted	\$ 78.63	not contracted	\$ 78.63	not contracted	\$ 78.63	not contracted	\$ 78.63	not contracted	\$ 110.08	\$ 78.63
		CORNEAL																	
		TOPOGRAPHY,																	
		UNILATERAL OR																	
		BILATERA	92025		\$	50.40	not contracted	\$ 53.8	6 not contracted	\$ 38.47	not contracted	\$ 38.4	not contracted	\$ 38.47	not contracted	\$ 38.47	not contracted	\$ 53.86	\$ 38.47
	CATHETER																		
	PLACEMENT IN																		
	CORONARY ARTERY(S)	)																	
93458	FOR CORONARY A	PRIMARY PROCEDURE	93458		\$	1,785.12	not contracted	\$ 1,907.7	7 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		Ś	6.17	not contracted	\$ 6.5	9 not contracted	\$ 4.71	not contracted	\$ 4.7	not contracted	\$ 4.71	not contracted	\$ 4.71	not contracted	\$ 6.59	\$ 4.71
		INJECTION, LIDOCAINE	J1644		Ş	6.17	not contracted	\$ 0.5	9 not contracted	\$ 4.71	not contracted	\$ 4.7.	not contracted	\$ 4.7.	not contracted	\$ 4.71	not contracted	\$ 6.59	\$ 4.71
		HCL FOR																	
		INTRAVENOUS																	
		INFUSION, 10 M	J2001		\$	5.88	not contracted	\$ 6.2	9 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	\$ 6.4	0 not contracted	\$ 4.57	not contracted	\$ 4.5	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 6.40	\$ 4.57
		INJECTION, FENTANYL	J3010		\$	6.72	not contracted	\$ 7.1	8 not contracted	\$ 5.13	not contracted	\$ 5.1	not contracted	\$ 5.13			not contracted	\$ 7.18	
	COMPREHENSIVE																		
	AUDIOMETRY																		
	THRESHOLD EVALUATION AND																		
92557	SPEEC	PRIMARY PROCEDURE	92557		\$	76.78	not contracted	\$ 82.0	5 not contracted	\$ 58.61	not contracted	\$ 58.6	not contracted	\$ 58.61	not contracted	\$ 58.61	not contracted	\$ 82.05	\$ 58.61
					T i														
		TYMPANOMETRY AND																	<b> </b>
		REFLEX THRESHOLD	63555		,	22.24		ć 35.4	0	ć 35.35		ć 35.31		ć 35.37		ć 35.35	nat acutural 1	ć 35.40	ć 35.35
	MEDICATION	MEASUREMENTS	92550		\$	33.21	not contracted	\$ 35.4	9 not contracted	\$ 25.35	not contracted	\$ 25.3	not contracted	\$ 25.35	not contracted	\$ 25.35	not contracted	\$ 35.49	\$ 25.35
	THERAPY																		
	MANAGEMENT																		<b> </b>
	SERVICE(S) PROVIDED																		<b> </b>
99606	BY A	PRIMARY PROCEDURE	99606		\$	80.80	not contracted	\$ 86.3	5 not contracted	\$ 61.68	not contracted	\$ 61.6	not contracted	\$ 61.68	not contracted	\$ 61.68	not contracted	\$ 86.35	\$ 61.68

#### LAC+USC MEDICAL CENTER

#### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						TH NET anaged Care)		LD PROMISE anaged Care)	ANTHEM E	LUE CROSS anaged Care)		ISER anaged Care)		LINA anaged Care)		CARE anaged 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**
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
	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND																	
92004	CYSTOURETHROSCOP	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
	Y, WITH REMOVAL OF FOREIGN BODY,																	
	CALCUL INTRAORAL- COMPLETE SERIES	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
	(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
	INFLUENZA VIRUS VACCINE, TRIVALENT																	
90658	(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	4	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		33213	<u> </u>	43.10	not contracted	7 40.20	not contracted	<del>y</del> 54.45	not contracted	<u>, , , , , , , , , , , , , , , , , , , </u>	not contracted	ý 34.43	not contracted	<del>y</del> 34.43	not contracted	7 40.20	<u> </u>
88175	SYSTE	PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT	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
		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)  CYTOPATHOLOGY,  CERVICAL OR VAGINAL  (ANY REPORTING	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
		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
	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS																	
64566	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

#### LAC+USC MEDICAL CENTER

#### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						TH NET lanaged Care)		LD PROMISE lanaged Care)	ANTHEM E	LUE CROSS anaged Care)		ISER anaged Care)		DLINA anaged Care)		CARE anaged Care)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary																		
Code	Service Category	Procedure Description OFFICE OR OTHER	CP1 Code	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		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
	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
D0003 V	WIIIIAIIIV	TRIVIARTTROCEDORE	D0003		ý 15.05	not contracted	Ş 21.00	not contracted	ý 15.00	not contracted	7 15.00	not contracted	\$ 15.00	not contracted	Ç 15.00	not contracted	21.00	\$ 15.00
					Child 0-5: \$23.58	;	Child 0-5: \$25.20											
		TOPICAL FLUORIDE			Child 6-20:	:	Child 6-20	:	Child 0-5: \$18		Child 0-5: \$18	:	Child 0-5: \$18	:	Child 0-5: \$18			
		VARNISH;			\$10.48	3	\$11.20		Child 6-20: \$8		Child 6-20: \$8	:	Child 6-20: \$8	1	Child 6-20: \$8			
		THERAPEUTIC	D4306		Adult 21 & over:		Adult 21 & over:		Adult 21 & over:		Adult 21 & over:		Adult 21 & over:		Adult 21 & over:		25.20	ć 600
		APPLICATION FOR M	D1206		\$7.86	not contracted	\$8.40	not contracted	\$6	not contracted	\$6	not contracted	\$6	not contracted	\$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			not payable	:	not payable		not payable		not payable		not payable		not payable		, , , , ,	7 20.00
		INSTRUCTION	D1330		separately	not contracted	separately	not contracted	separately	not contracted	separately	not contracted	separately	not contracted	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	S 28.00	\$ 20.00
<del></del>	IMMUNIZATION	OT AGE	50143		ψ 20.20	not contracted	20.00	not contracted	Ç 20.00	not contracted	20.00	not contracted	20.00	not contracted	20.00	not contracted	20.00	20.00
1	ADMINISTRATION																	
	THROUGH 18 YEARS																	
90460	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												J			l ,	
		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
Į,	ZOSTER (SHINGLES)																	
	VACCINE (HZV), LIVE,																	
90736	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
	PNEUMOCOCCAL																	
	CONJUGATE VACCINE, 13 VALENT (PCV13),																	
90670 F		PRIMARY PROCEDURE	90670		\$ 461.95	not contracted	402.00	not contracted	\$ 352.63	not contracted	¢ 252.63	not contracted	\$ 352.63	not contracted	ć 252.62	not contracted	\$ 493.68	\$ 352.63

#### LAC+USC MEDICAL CENTER

#### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						.TH NET lanaged Care)		LD PROMISE anaged Care)		BLUE CROSS anaged Care)		AISER lanaged Care)		DLINA lanaged Care)		CARE lanaged 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**
		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																
	DEBRIDEMENT,	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
	SUBCUTANEOUS																	
	TISSUE (INCLUDES																	
11042	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		\$ 34.03	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
		AND	33212		3 34.0.	i not contracted	3 30.34	not contracted	Ş 23.90	not contracted	Ş 25.50	not contracted	\$ 25.50	not contracted	Ç 25.90	not contracted	3 30.34	3 23.30
	SLEEP STUDY,																	
	UNATTENDED,																	
	SIMULTANEOUS																	
95806	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
	CHEMODENERVATION																	
	OF MUSCLE(S);																	
64640	MUSCLE(S)	DDU 44 DV DD 0 05 D 1 D 5	54540		\$ 156.77		4 467.40		4 440.60		4 440.55		440.50		4 440.50		4 467.40	4 440.50
64612	INNERVATED BY	PRIMARY PROCEDURE OFFICE OR OTHER	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
		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
	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		not contracted	\$ 789.82	not contracted				not contracted	\$ 1,105.75	
		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
	SEVERE ACUTE				<u> </u>													
	RESPIRATORY																	
	SYNDROME CORONAVIRUS 2																	
91300	(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
72000	1,		2 2000		avaabit												avaabic	

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						LTH NET Managed Care)		LD PROMISE lanaged Care)		BLUE CROSS anaged Care)		ISER anaged Care)		DLINA anaged Care)		CARE lanaged Care)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CDT Codo	Note	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
Code	Service Category	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213	Note	\$ 45.1		,								·			
	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT	AND	99213		\$ 45.1	o 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
	(PPSV23)	PRIMARY PROCEDURE  IMMUNIZATION  ADMINISTRATION	90732		\$ 259.1	8 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
		(INCLUDES PERCUTANEOUS, INT	90471		\$ 8.3	8 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	00242		\$ 45.1		\$ 48.20		24.43				\$ 34.43		Ć 24.42		40.20	ć 24.42
	CYSTOURETHROSCOP Y, WITH	AND	99213		\$ 45.1	0 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	URETEROSCOPY AND/OR PYELOSCOPY;	; PRIMARY PROCEDURE ANESTHESIA FOR	52356		\$ 665.3	0 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
		LITHOTRIPSY, EXTRACORPOREAL	00072		ć 466.2	7			6 427.00		ć 127.00		ć 127.00		ć 427.00		477.00	ć 127.00
		SHOCK WAVE;  FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1	00872		\$ 166.3	7 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
		HOUR PHYSICIA ELECTROCARDIOGRA M, ROUTINE ECG	76000		\$ 52.5	4 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
		WITH AT LEAST 12 LEADS;	93005		\$ 30.8	1 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		\$ 15.0	1 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		\$ 8.2	5 not contracted	\$ 8.82	not contracted	\$ 6.30	not contracted	\$ 6.30	not contracted	\$ 6.30	not contracted	\$ 6.30	not contracted	I \$ 8.82	\$ 6.30
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	J0696		\$ 6.4	7 not contracted	\$ 697	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		\$ 11.3			not contracted				not contracted				not contracted		

#### LAC+USC MEDICAL CENTER

## MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						EALTH NET Il Managed Care)		ELD PROMISE Managed Care)		BLUE CROSS anaged Care)		ISER Janaged Care)		DLINA anaged Care)		CARE anaged 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, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$	5.00 not contracted	1 \$ 6.4	11 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		\$ 1	3.99 not contracted	i \$ 14.9	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		\$	.99 not contracted	1 \$ 6.4	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		Ś	5.95 not contracted	l \$ 6.3	36 not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 4.54	not contracted	\$ 6.36	\$ 4.54
		INJECTION,	12403		,	7.55 Hot contracted	0.5	not contracted	ý 4.54	not contracted	y 4.54	not contracted	7 4.54	not contracted	7	not contracted	ŷ 0.50	ý 4.54
		PROPOFOL, 10 MG	J2704		\$	5.03 not contracted	\$ 6.4	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 6.44	\$ 4.60
		METOCLOPRAMIDE HCL, UP TO 10 MG	J2765		Ś	7.24 not contracted	1 \$ 7.7	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			5.72 not contracted												
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTER	PRIMARY PROCEDURE	97802		\$ 5	7.02 not contracted	1 \$ 60.9	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		\$ 1,85	0.90 not contracted	l \$ 1,978.0	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		\$ 1	5.52 not contracted	H \$ 16.5	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			, -		,											
	CHEMODENERVATION	INFUSION, 10 M	J2001		\$	5.88 not contracted	\$ 6.2	not contracted	\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 4.49	not contracted	\$ 6.29	\$ 4.49
64644	OF ONE EXTREMITY; 5 OR MORE MUSCLES	PRIMARY PROCEDURE HOSPITAL OUTPATIENT CLINIC VISIT FOR	64644		\$ 11	not contracted	\$ 121.8	not contracted	\$ 87.04	not contracted	\$ 87.04	not contracted	\$ 87.04	not contracted	\$ 87.04	not contracted	\$ 121.86	\$ 87.04
		ASSESSMENT AND MAN INJECTION, ONABOTULINUMTOXI	G0463		not avail	able not contracted	not availab	le not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
		NA, 1 UNIT	J0585		\$ 1	3.95 not contracted	\$ 14.9	not contracted	\$ 10.65	not contracted	\$ 10.65	not contracted	\$ 10.65	not contracted	\$ 10.65	not contracted	\$ 14.91	\$ 10.65

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

					LTH NET Managed Care)		D PROMISE anaged Care)	ANTHEM B (Medi-Cal Ma			ISER anaged Care)		LINA anaged Care)		CARE anaged Care)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary																	
Code	Service Category  EXTERNAL	Procedure Description	CPT Code Note	e Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
	ELECTROCARDIOGRAP																
	HIC RECORDING FOR MORE THAN 7	PRIMARY PROCEDURE	93247	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	) \$ -	\$ -
33247	WORL THAN 7	PRIMARI PROCEDURE	33247	,	- not contracted	,	not contracted	- ب	not contracted	· ·	not contracted	,	not contracted	· ·	not contracted	,	Ş
	INTERROGATION																
	DEVICE EVALUATION (IN PERSON) WITH																
	ANALYS	PRIMARY PROCEDURE	93289	\$ 109.3	6 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
	1 4 D 4 D 0 C 0 D V																
	LAPAROSCOPY, SURGICAL; WITH																
	REMOVAL OF																
58661	ADNEXAL STRUCTUR	PRIMARY PROCEDURE	58661	\$ 918.8	1 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	\$ 27.4	3 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
i		INJECTION, DEXAMETHASONE															
		SODIUM PHOSPHATE,															
		1 MG	J1100	\$ 6.0	0 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
1		INJECTION, MIDAZOLAM															
		HYDROCHLORIDE, PER															
<u> </u>		1 MG	J2250	\$ 5.9	9 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	\$ 5.9	5 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
i		INJECTION, PROPOFOL, 10 MG	J2704	\$ 6.0	3 not contracted	\$ 6.44	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	\$ 4.60	not contracted	l \$ 6.44	\$ 4.60
		T NOT OF OL, 10 MIG	32704	φ σ.σ	3 Hot contracted	ŷ 0.44	not contracted	ý 4.00	not contracted	<del>-</del>	not contracted	4.00	not contracted	7 4.00	not contracted	0.44	4.00
		INJECTION, FENTANYL															
		CITRATE, 0.1 MG	J3010	\$ 6.7	2 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
ı	RESIN-BASED																
	COMPOSITE - TWO																
D2392	SURFACES, POSTERIOR	PRIMARY PROCEDURE ORAL HYGIENE	D2392	\$ 62.8 not payab		\$ 67.20 not payable	not contracted	\$ 48.00 not payable	not contracted	\$ 48.00 not payable		\$ 48.00 not payable	not contracted	\$ 48.00 not payable	not contracted	\$ 67.20	\$ 48.00
		INSTRUCTION	D1330	separate		separately	not contracted		not contracted	separately		separately	not contracted	separately	not contracted	n/a	n/a
		LIMITED ORAL				•				•		,		•			
		EVALUATION - PROBLEM FOCUSED	D0140	\$ 45.8	5 not contracted	\$ 49.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	\$ 35.00	not contracted	l \$ 49.00	\$ 35.00
		I NOBLEW I OCOSED	20140	, 45.6	- not contracted	45.00	not contracted	33.00	not contracted	00.00	not contracted	, 33.00	not contracted	ىن.00	not contracted	0.00 ج	2 33.00
	PARING OR CUTTING																
	OF BENIGN HYPERKERATOTIC																
	LESION (EG,	PRIMARY PROCEDURE	11055	\$ 31.4	8 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

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						TH NET anaged Care)		LD PROMISE anaged Care)		BLUE CROSS anaged Care)		ISER lanaged Care)		LINA anaged Care)		CARE lanaged 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				·						\$ 34.43			
	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 3		99213		<b>3</b> 45.10	not contracted	\$ 46.20	not contracted	\$ 54.45	not contracted	\$ 54.43	not contracted	\$ 54.45	not contracted	3 34.43	not contracted	\$ 48.20	3 34.43
20553	OR	PRIMARY PROCEDURE  ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		\$ 105.64 \$ 95.12		\$ 112.90 \$ 101.65	not contracted							\$ 80.64 \$ 72.61			
	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY						·											
91010	OF THE ESOPHAGUS INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	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	1 MG	PRIMARY PROCEDURE INJECTION, FENTANYL CITRATE, 0.1 MG	J2250 J3010		\$ 5.99 \$ 6.72		\$ 6.40								\$ 4.57 \$ 5.13			
	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER,																	
36589	WITHOUT SU	PRIMARY PROCEDURE REMOVAL OF TUNNELED INTRAPERITONEAL	36589		\$ 255.35		·											
	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF	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	TUMOR(S), POLYP(	PRIMARY PROCEDURE LEVEL IV - SURGICAL INJECTION,	45384 88305		\$ 704.48 \$ 53.70		\$ 752.88 \$ 57.39			not contracted not contracted			\$ 537.77 \$ 40.99		\$ 537.77 \$ 40.99			
		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
	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 payable separately	not contracted	not payable separately	not contracted	not payable separately		not payable separately	not contracted	not payable separately	not contracted	n/a	n/a

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

					ALTH NET Managed Care)	BLUE SHIELD PROMISE (Medi-Cal Managed Care)		ANTHEM BLUE CROSS (Medi-Cal Managed Care)			AISER Nanaged Care)		DLINA Janaged Care)		CARE lanaged 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**
		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
	ECHOCARDIOGRAPHY,																
	FETAL,																
76825	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
70023	STOTEWI, NEXT II	OFFICE OR OTHER	70025	7 155	10 Hot contracted	105.02	Hot contracted	ÿ 110.07	not contracted	ý 110.0 <i>7</i>	not contracted	, 110.07	not contracted	ŷ 110.07	not contracted	7 105.02	, J 110.07
		OUTPATIENT VISIT															
		FOR THE EVALUATION	20225	4.55		4 466 0		4 440.55		4 440.55		4 440.53	]	4 440.50		4.55.07	
	HUMAN	AND	99205	\$ 155	39 not contracted	\$ 166.07	not contracted	\$ 118.62	not contracted	\$ 118.62	2 not contracted	\$ 118.62	not contracted	\$ 118.62	not contracted	\$ 166.07	\$ 118.62
	PAPILLOMAVIRUS																
	VACCINE TYPES 6, 11,																
90651	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
	INTRODUCTION OF																
	NEEDLE(S) AND/OR CATHETER(S),																
36902	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
		TIVIG	J2230	3 3	99 Hot contracted	3 0.40	not contracted	\$ 4.57	not contracted	\$ 4.57	/ Hot contracted	3 4.57	not contracted	ş 4.57	not contracted	3 0.40	3 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
	PROPHYLAXIS OF RETINAL																
	DETACHMENT (EG,																
67145	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
	TYMPANOMETRY AND REFLEX THRESHOLD																
92550	MEASUREMENTS	PRIMARY PROCEDURE	92550	\$ 33	21 not contracted	s 35 40	not contracted	\$ 25.35	not contracted	\$ 25.3°	not contracted	\$ 25.35	not contracted	\$ 25.35	not contracted	\$ 35.49	\$ 25.35
J2JJ0	IVIE SOREIVIEWIS	I MINIAKI I KOCEDOKE	32330	7 33	21 not contracted	4 7 33.43	not contracted	۷ 25.55	not contracted	23.3	not contracted	25.55	not contracted	در.ري	not contracted	4 7 33.43	25.55

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

					HEALT (Medi-Cal Ma	TH NET anaged Care)		LD PROMISE anaged Care)	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)			LINA anaged Care)		CARE anaged Care)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code N	ote	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEEC	92557	4	76.78		\$ 82.05	not contracted	\$ 58.61	not contracted	\$ 58.61		\$ 58.61	not contracted	\$ 58.61	not contracted		\$ 58.61
	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS	5. 220	32337		76.76	- Hot dominated	ý <u>52.65</u>	not contracted	φ 56.61	not continuotes	Ψ 30.01	not contracted	ÿ 36.61	not contracted	<u> </u>	not contracted	Ψ 02.03	y 35/62
D0145	OF AGE	PRIMARY PROCEDURE CARIES RISK ASSESSMENT AND DOCUMENTATION.	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
		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		ld 0-5: \$23.58 Child 6-20: \$10.48 ult 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:	not contracted	Child 0-5: \$18 Child 6-20: \$8 Adult 21 & over:		Child 0-5: \$18 Child 6-20: \$8 Adult 21 & over:		Child 0-5: \$18 Child 6-20: \$8 Adult 21 & over:		\$ 25.20	\$ 6.00
		ORAL HYGIENE	D1206		not payable	not contracted	not payable	not contracted	not payable	not contracted	not payable		not payable	not contracted	۶۵ not payable	not contracted	\$ 25.20	\$ 6.00
		INSTRUCTION	D1330		separately	not contracted	separately	not contracted	separately	not contracted	separately	not contracted	separately	not contracted	separately	not contracted	n/a	n/a
	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	s	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
	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR	LVAL	32014		72.21	not contracted	3 77.17	not contracted	33.12	not contracted	3 33.12	not contracted	3 33.12	not contracted	<del>, 33.12</del>	not contracted	<i>y</i> //.1/	33.12
58571	UTE	PRIMARY PROCEDURE CYSTOURETHROSCOP Y (SEPARATE	58571	\$	·					not contracted								
		PROCEDURE)  LEVEL V - SURGICAL  PATHOLOGY, GROSS  AND MICROSCOPIC	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
		EXA INJECTION, CEFAZOLIN SODIUM,	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
		500 MG INJECTION, DEXAMETHASONE	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
		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

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

					(Med	HEALTH NET (Medi-Cal Managed Care)			BLUE SHIELD PROMISE (Medi-Cal Managed Care)		BLUE CROSS anaged Care)		NISER Nanaged Care)		LINA anaged Care)		CARE anaged Care)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary																			
Code	Service Category	Procedure Description	CPT Code	Note	Facilit	:y**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		INJECTION,																	
		HYDROMORPHONE, UP TO 4 MG	11170		Ś	9.45	not contracted	\$ 10.09	not controcted	\$ 7.21		ć 7.2		\$ 7.21		ć 7.21		\$ 10.09	ć 7.21
		INJECTION,	J1170		Ş	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
		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		Ś	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,	32.103		· ·	5.55	1101 0011111111111111111111111111111111	ψ 0.00	not contracted	ψ	1101 001111 00100	Ųs	i iiot communica	,	1101 001111 00100	,	not contracted	φ 0.50	ψ
		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
		10 0.3 MG	32/10		,	7.30	not contracted	φ 8.11	not contracted	Ş 3.75	not contracted	\$ 5.75	not contracted	3.79	not contracted	\$ 3.79	not contracted	3 6.11	Ş 3.79
		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 a	vailable	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
	VISUAL FIELD																		
	EXAMINATION,																		
02002	UNILATERAL OR	DDU 44 DV DD 0 05 D 11 D 5				64.00		4 60.40		40.07		40.00		40.07		40.07		6 60 40	40.07
92082	BILATERAL, WITH IRIDOTOMY/IRIDECTO	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
	MY BY LASER																		
	SURGERY (EG, FOR																		
66761	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
	CYSTOURETHROSCOP																		
	Y, WITH INJECTION(S) FOR																		
52287	CHEMODENERVATI	PRIMARY PROCEDURE	52287		Ś	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
52207	CHEMODENEMON	HOSPITAL	32207		Ÿ	250.15	1101 0011111111111111111111111111111111	ψ 275100	not contracted	ψ 137.00	1101 001111 00100	ψ 137.100	inot contracted	φ 257.00	1101 001111 00100	ψ 137.00	not contracted	φ 273.00	<del>ф</del> 137.00
		OUTPATIENT CLINIC																	
		VISIT FOR																	
		ASSESSMENT AND	004																
		MAN INJECTION,	G0463		not a	vailable	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
		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	12001		_ ا	F 00	mak an	ć coo		ć 4.00				6 4.0		6 440		6 630	6 446
	ļ	INFUSION, 10 M	J2001		<b>&gt;</b>	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

#### LAC+USC MEDICAL CENTER

#### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						LTH NET Managed Care)		LD PROMISE anaged Care)	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		_	DLINA anaged Care)		CARE anaged 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**
PL	ATHETER ACEMENT IN DRONARY ARTERY(S)																	
93460 FC	OR CORONARY A	PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	93460		\$ 2,105.0	9 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	2 \$ 1,606.94
		BASIC METABOLIC PANEL (CALCIUM,	99214		\$ 70.4	6 not contracted	\$ 75.31	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 53.79	not contracted	\$ 75.31	1 \$ 53.79
		TOTAL) THIS PANEL MUST INJECTION, HEPARIN SODIUM, PER 1000	80048		\$ 9.5	2 not contracted	\$ 10.18	not contracted	\$ 7.27	not contracted	\$ 7.27	not contracted	\$ 7.27	not contracted	7.27	not contracted	\$ 10.18	3 \$ 7.27
		UNITS INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	J1644		\$ 6.1	7 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
		1 MG INJECTION, FENTANYL	J2250		\$ 5.9	9 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
		CITRATE, 0.1 MG BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB,	J3010		\$ 6.7	2 not contracted	\$ 7.18	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 5.13	not contracted	\$ 7.18	3 \$ 5.13
		HCT, RBC,	85027		\$ 7.4													5.71
		PROTHROMBIN TIME; COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	85610 36415		\$ 4.5				\$ 3.49									
RE DE	PAIR OF COMPLEX TINAL TACHMENT (EG,	VENII ONCIONE	30413		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 PR	OLIFERATIVE	PRIMARY PROCEDURE VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	67113		\$ 2,207.1		, ,			not contracted	. ,	not contracted	. ,					,
		WITH ENDOL INJECTION OF VITREOUS SUBSTITUTE, PARS	67040		\$ 1,727.2		, ,											,
		PLANA OR LIMBAL INTRAVITREAL INJECTION OF A PHARMACOLOGIC	67025		\$ 950.7													
		AGENT (SEPARA INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	67028		\$ 684.1	9 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
		1 MG	J2250		\$ 5.9	9 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

#### LAC+USC MEDICAL CENTER

### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						TH NET anaged Care)		LD PROMISE anaged Care)	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA e) (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 N	ote	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	5 \$ 6.93
		1000 CC	37120	7	3.00	not contracted	ÿ 5.70	not contracted	ý 0.55	not contracted	ÿ 0.55	not contracted	Ç 0.55	not contracted	ý 0.55	not contracted	, J 5.70	J J 0.55
	PREVENTIVE																	
	MEDICINE																	
00401	COUNSELING AND/OR	PRIMARY PROCEDURE	00404	s	24.21		\$ 25.98		ć 10.FC		\$ 18.56	not contracted	\$ 18.56		ć 10.50		1 ¢ 25.00	10.50
99401	RISK FACTOR REDUC	MEDICAL GENETICS	99401	\$	24.31	not contracted	\$ 25.98	not contracted	\$ 18.56	not contracted	\$ 18.50	not contracted	\$ 18.50	not contracted	\$ 18.56	not contracted	\$ 25.98	3 \$ 18.56
		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	e not available
	BRONCHOSCOPY, RIGID OR FLEXIBLE,																	
	INCLUDING																	
31624	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																
		IMMUNOFLUORESCE																
		NT	87281	ś	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	4 \$ 10.10
													,				,	,
i		INFECTIOUS AGENT																
		ANTIGEN DETECTION																
1		BY IMMUNOASSAY TECHN	87305	Ś	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	2 \$ 8.66
		TECTIV	87303	7	11.54	not contracted	ÿ 12.12	not contracted	ÿ 8.00	not contracted	ÿ 0.00	not contracted	ÿ 0.00	not contracted	ÿ 0.00	not contracted	1 7 12.12	3.00
ı		CULTURE, TUBERCLE																
		OR OTHER ACID-FAST								_				J				
		BACILLI (EG, TB, A CULTURE, FUNGI	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	7 \$ 9.12
		(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	2 \$ 7.44
ı		INJECTION,																
i		MIDAZOLAM HYDROCHLORIDE, PER																
		1 MG	J2250	s	5.99	not contracted	\$ 6.40	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	\$ 4.57	not contracted	s 6.40	\$ 4.57
			1220	T			7 51.12										7	
		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	3 \$ 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	3 \$ 5.81
		SMEAR, PRIMARY																
		SOURCE WITH																
		INTERPRETATION; FLUORESCENT	87206	Ś	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	1 \$ 4.79
	ļ	LOOKLOCKI	07200	Ş	0.27	not contracted	0.71	not contracted	4.79	not contracted	4.75	not contracted	4.79	not contracted	4./5	not contracted	(0.7	4.79

#### LAC+USC MEDICAL CENTER

#### MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE\*

						ALTH NET Managed Care)		LD PROMISE lanaged Care)	ANTHEM BLUE CROSS (Medi-Cal Managed Care)			AISER Nanaged Care)	_	DLINA lanaged Care)		CARE lanaged Care)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility**	Facility** Professional*** Facil		Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		CULTURE, BACTERIAL;																
		ANY OTHER SOURCE																
		EXCEPT URINE, BLOO SMEAR, PRIMARY	87070		\$ 9.	84 not contracted	\$ 10.51	not contracted	\$ 7.51	not contracted	\$ 7.51	1 not contracted	\$ 7.51	not contracted	\$ 7.51	not contracted	\$ 10.51	. \$ 7.51
		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
	REMOVAL OF																	
	IMPLANT; DEEP (EG, BURIED WIRE, PIN,																	
20680	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
	BIOPSY, MUSCLE,	AND	33213		ÿ 43.	10 Hot contracted	ÿ 40.20	not contracted	ÿ 34.43	not contracted	34.4.	not contracted	ÿ 34.43	not contracted	34.43	not contracted	40.20	34.43
	PERCUTANEOUS																	
20206	NEEDLE	PRIMARY PROCEDURE COMPUTED	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
		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	\$ 293.20	6 not contracted	\$ 293.26	not contracted	I \$ 293.26	not contracted	l \$ 410.56	5 \$ 293.26
		IMMUNOHISTOCHEMI STRY OR																
		IMMUNOCYTOCHEMI	00044		. 70				4 60 60				4 60 60					
		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

#### 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)			BLUE CROSS anaged Care)		ISER anaged 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, 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
	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	a n/a	n/a	n/a	n/a	n/a
	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	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
	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:

Dental services' rates use Medi-Cal Dental Schedule of Maximum Allowances published on July 1, 2022, excluding supplemental payments.

<sup>\*</sup> Outpatient services presented are commonly provided by Health Services hospitals, excluding services which are not considered "shoppable".

<sup>\*\*</sup> Facility Rates are based on the contract terms, using Medi-Cal Hospital Outpatient Fee Schedule published on October 15, 2022.

<sup>\*\*\*</sup> Professional services are not contracted.