

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

Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional**	Professional**	Professional**	Professional**
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALI	PRIMARY PROCEDURE	19120		\$ 669.75	\$ 669.75	\$ 669.75	\$ 669.75
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 59.09	\$ 59.09	\$ 59.09	\$ 59.09
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBAC	PRIMARY PROCEDURE	29826		\$ 270.84	\$ 270.84	\$ 270.84	\$ 270.84
		ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPA	29827		\$ 1,717.87	\$ 1,717.87	\$ 1,717.87	\$ 1,717.87
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available

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					Professional**	Professional**	Professional**	Professional**
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL	PRIMARY PROCEDURE	29881		\$ 882.10	\$ 882.10	\$ 882.10	\$ 882.10
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES	01400		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
42820	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE 12	PRIMARY PROCEDURE	42820		\$ 471.40	\$ 471.40	\$ 471.40	\$ 471.40
		ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY;	00170		not available	not available	not available	not available
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 17.97	\$ 17.97	\$ 17.97	\$ 17.97

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					Professional**	Professional**	Professional**	Professional**
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, MORPHINE SULFATE, UP TO 10 MG	J2270		not available	not available	not available	not available
		INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPID	J2274		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	J2765		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		not available	not available	not available	not available
		ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PROD	J7613		not available	not available	not available	not available
43235	ESOPHAGOGASTRODU ODENOSCOPY, FLEXIBLE, TRANSORAL; DIAGNO	PRIMARY PROCEDURE	43235		\$ 194.44	\$ 194.44	\$ 194.44	\$ 194.44
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
43239	ESOPHAGOGASTRODU ODENOSCOPY, FLEXIBLE, TRANSORAL; WITH B	PRIMARY PROCEDURE	43239		\$ 218.81	\$ 218.81	\$ 218.81	\$ 218.81
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 59.09	\$ 59.09	\$ 59.09	\$ 59.09
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

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45378	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION	PRIMARY PROCEDURE	45378		\$ 291.21	\$ 291.21	\$ 291.21	\$ 291.21
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
45380	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	PRIMARY PROCEDURE	45380		\$ 316.38	\$ 316.38	\$ 316.38	\$ 316.38
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 59.09	\$ 59.09	\$ 59.09	\$ 59.09
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
45385	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(PRIMARY PROCEDURE	45385		\$ 401.56	\$ 401.56	\$ 401.56	\$ 401.56
		COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380		\$ 316.38	\$ 316.38	\$ 316.38	\$ 316.38
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 59.09	\$ 59.09	\$ 59.09	\$ 59.09
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
45391	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMI	PRIMARY PROCEDURE	45391		\$ 407.08	\$ 407.08	\$ 407.08	\$ 407.08
		COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380		\$ 316.38	\$ 316.38	\$ 316.38	\$ 316.38
		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	74330		\$ 46.44	\$ 46.44	\$ 46.44	\$ 46.44

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		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 59.09	\$ 59.09	\$ 59.09	\$ 59.09
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	J2765		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	PRIMARY PROCEDURE	47562		\$ 1,050.79	\$ 1,050.79	\$ 1,050.79	\$ 1,050.79
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDO	00790		not available	not available	not available	not available
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 17.97	\$ 17.97	\$ 17.97	\$ 17.97
		INJECTION, CEFOXITIN SODIUM, 1 GM	J0694		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available

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					Professional**	Professional**	Professional**	Professional**
		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT	J7642		not available	not available	not available	not available
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; R	PRIMARY PROCEDURE	49505		\$ 836.80	\$ 836.80	\$ 836.80	\$ 836.80
		ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTH	00830		not available	not available	not available	not available
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		\$ 10.83	\$ 10.83	\$ 10.83	\$ 10.83
		MESH (IMPLANTABLE)	C1781		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT	J7642		not available	not available	not available	not available
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE,	PRIMARY PROCEDURE	55700		\$ 202.24	\$ 202.24	\$ 202.24	\$ 202.24

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					Professional**	Professional**	Professional**	Professional**
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ 154.94	\$ 154.94	\$ 154.94	\$ 154.94
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 59.09	\$ 59.09	\$ 59.09	\$ 59.09
		INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	J1580		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)	PRIMARY PROCEDURE	62322		\$ 127.34	\$ 127.34	\$ 127.34	\$ 127.34
		DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JO	64635		\$ 305.58	\$ 305.58	\$ 305.58	\$ 305.58
		INJECTION, METHYLPREDNISOLON E ACETATE, 80 MG	J1040		not available	not available	not available	not available
		INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML	S0020		not available	not available	not available	not available
62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)	PRIMARY PROCEDURE	62323		\$ 157.20	\$ 157.20	\$ 157.20	\$ 157.20
64483	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRANS	PRIMARY PROCEDURE	64483		\$ 177.33	\$ 177.33	\$ 177.33	\$ 177.33
		INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRANS	64484		\$ 81.12	\$ 81.12	\$ 81.12	\$ 81.12
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 23.94	\$ 23.94	\$ 23.94	\$ 23.94
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED	PRIMARY PROCEDURE	66821		\$ 509.45	\$ 509.45	\$ 509.45	\$ 509.45
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAO	PRIMARY PROCEDURE	66984		\$ 875.45	\$ 875.45	\$ 875.45	\$ 875.45

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					Professional**	Professional**	Professional**	Professional**
		ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY	00142		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		POSTERIOR CHAMBER INTRAOCULAR LENS	V2632		not available	not available	not available	not available
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MA	PRIMARY PROCEDURE	70450		\$ 64.34	\$ 64.34	\$ 64.34	\$ 64.34
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
		MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDI	70551		\$ 112.89	\$ 112.89	\$ 112.89	\$ 112.89
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDI	PRIMARY PROCEDURE	70553		\$ 174.15	\$ 174.15	\$ 174.15	\$ 174.15
		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHO	74183		\$ 166.62	\$ 166.62	\$ 166.62	\$ 166.62
		INJECTION, GADOTERATE MEGLUMINE, 0.1 ML	A9575		not available	not available	not available	not available
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL A	PRIMARY PROCEDURE	72148		\$ 113.49	\$ 113.49	\$ 113.49	\$ 113.49
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF L	PRIMARY PROCEDURE	73721		\$ 104.23	\$ 104.23	\$ 104.23	\$ 104.23
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATI	PRIMARY PROCEDURE	76700		\$ 61.64	\$ 61.64	\$ 61.64	\$ 61.64
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76805		\$ 75.92	\$ 75.92	\$ 75.92	\$ 75.92

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76830	ULTRASOUND, TRANSVAGINAL	PRIMARY PROCEDURE	76830		\$ 52.91	\$ 52.91	\$ 52.91	\$ 52.91
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH	PRIMARY PROCEDURE	77067		\$ 57.80	\$ 57.80	\$ 57.80	\$ 57.80
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
80048	BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	PRIMARY PROCEDURE	80048		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
80053	COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE T	PRIMARY PROCEDURE	80053		not available	not available	not available	not available
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 14.07	\$ 14.07	\$ 14.07	\$ 14.07
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional**	Professional**	Professional**	Professional**
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
80061	LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOL	PRIMARY PROCEDURE	80061		not available	not available	not available	not available
		HEPATIC FUNCTION PANEL THIS PANEL MUST INCLUDE THE FOLL	80076		not available	not available	not available	not available
		HEMOGLOBIN; GLYCOSYLATED (A1C)	83036		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81000		not available	not available	not available	not available
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81001		not available	not available	not available	not available
81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81002		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	88175		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		not available	not available	not available	not available
		CULTURE, BACTERIAL; QUANTITATIVE COLONY COUNT, URINE	87086		not available	not available	not available	not available
		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	81000		not available	not available	not available	not available
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81003		not available	not available	not available	not available

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					Professional**	Professional**	Professional**	Professional**
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		not available	not available	not available	not available
		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	81002		not available	not available	not available	not available
84153	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	PRIMARY PROCEDURE	84153		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
84443	THYROID STIMULATING HORMONE (TSH)	PRIMARY PROCEDURE	84443		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	PRIMARY PROCEDURE	85025		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
85027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	PRIMARY PROCEDURE	85027		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
85610	PROTHROMBIN TIME;	PRIMARY PROCEDURE	85610		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90832		\$ 105.75	\$ 105.75	\$ 105.75	\$ 105.75
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90834		\$ 139.27	\$ 139.27	\$ 139.27	\$ 139.27
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90837		\$ 204.40	\$ 204.40	\$ 204.40	\$ 204.40
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PAT	PRIMARY PROCEDURE	90847		\$ 156.00	\$ 156.00	\$ 156.00	\$ 156.00
		FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50	90846		\$ 150.12	\$ 150.12	\$ 150.12	\$ 150.12

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					Professional**	Professional**	Professional**	Professional**
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GR	PRIMARY PROCEDURE	90853		\$ 36.75	\$ 36.75	\$ 36.75	\$ 36.75
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	PRIMARY PROCEDURE	93000		\$ 23.42	\$ 23.42	\$ 23.42	\$ 23.42
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ 154.94	\$ 154.94	\$ 154.94	\$ 154.94
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 10.47	\$ 10.47	\$ 10.47	\$ 10.47
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL IN	PRIMARY PROCEDURE	93452		\$ 364.37	\$ 364.37	\$ 364.37	\$ 364.37
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WI	PRIMARY PROCEDURE	95810		\$ 188.66	\$ 188.66	\$ 188.66	\$ 188.66
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES	PRIMARY PROCEDURE	97110		\$ 48.34	\$ 48.34	\$ 48.34	\$ 48.34

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					Professional**	Professional**	Professional**	Professional**
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99203		\$ 130.99	\$ 130.99	\$ 130.99	\$ 130.99
		DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECT	77066		\$ 76.24	\$ 76.24	\$ 76.24	\$ 76.24
		ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DO	76641		\$ 55.63	\$ 55.63	\$ 55.63	\$ 55.63
		CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELS	88321		\$ 131.90	\$ 131.90	\$ 131.90	\$ 131.90
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99204		\$ 212.75	\$ 212.75	\$ 212.75	\$ 212.75
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99205		\$ 288.99	\$ 288.99	\$ 288.99	\$ 288.99
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, W	PRIMARY PROCEDURE	99243		\$ 192.72	\$ 192.72	\$ 192.72	\$ 192.72
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, W	PRIMARY PROCEDURE	99244		\$ 285.82	\$ 285.82	\$ 285.82	\$ 285.82
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99385		\$ 272.39	\$ 272.39	\$ 272.39	\$ 272.39
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99386		\$ 244.42	\$ 244.42	\$ 244.42	\$ 244.42
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST	74177		\$ 138.99	\$ 138.99	\$ 138.99	\$ 138.99
		RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF 3	72190		\$ 19.56	\$ 19.56	\$ 19.56	\$ 19.56

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					Professional**	Professional**	Professional**	Professional**
		RADIOLOGIC EXAMINATION; FOREARM, 2 VIEWS	73090		\$ 12.41	\$ 12.41	\$ 12.41	\$ 12.41
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99212		\$ 56.95	\$ 56.95	\$ 56.95	\$ 56.95
		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF	72110		\$ 20.09	\$ 20.09	\$ 20.09	\$ 20.09
G0463	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	PRIMARY PROCEDURE	G0463		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87591		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87491		not available	not available	not available	not available
		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	76815		\$ 49.60	\$ 49.60	\$ 49.60	\$ 49.60
		ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGIN	59400		\$ 3,784.41	\$ 3,784.41	\$ 3,784.41	\$ 3,784.41
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99214		\$ 154.94	\$ 154.94	\$ 154.94	\$ 154.94
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92012		\$ 81.12	\$ 81.12	\$ 81.12	\$ 81.12
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLO	85730		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available

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					Professional**	Professional**	Professional**	Professional**
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99211		\$ 14.07	\$ 14.07	\$ 14.07	\$ 14.07
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99202		\$ 77.03	\$ 77.03	\$ 77.03	\$ 77.03
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99215		\$ 229.91	\$ 229.91	\$ 229.91	\$ 229.91
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARA	PRIMARY PROCEDURE	67028		\$ 145.77	\$ 145.77	\$ 145.77	\$ 145.77
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	PRIMARY PROCEDURE	D0140		not available	not available	not available	not available
99392	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99392		not available	not available	not available	not available
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99391		not available	not available	not available	not available
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	PRIMARY PROCEDURE	90471		\$ 27.78	\$ 27.78	\$ 27.78	\$ 27.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
1220F	PATIENT SCREENED FOR DEPRESSION (SUD)	PRIMARY PROCEDURE	1220F		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AN	PRIMARY PROCEDURE	D7140		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
		PANORAMIC FILM	D0330		not available	not available	not available	not available
		LOCAL ANESTHESIA	D9215		not available	not available	not available	not available
99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99442		\$ 104.93	\$ 104.93	\$ 104.93	\$ 104.93

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					Professional**	Professional**	Professional**	Professional**
		LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOL	80061		not available	not available	not available	not available
		RENAL FUNCTION PANEL THIS PANEL MUST INCLUDE THE FOLLOW	80069		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		HEMOGLOBIN; GLYCOSYLATED (A1C)	83036		not available	not available	not available	not available
		ALBUMIN; URINE (EG, MICROALBUMIN), QUANTITATIVE	82043		not available	not available	not available	not available
		CREATINE	82540		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
99024	POSTOPERATIVE FOLLOW-UP VISIT, NORMALLY INCLUDED IN THE	PRIMARY PROCEDURE	99024		not available	not available	not available	not available
		DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECT	77065		\$ 61.64	\$ 61.64	\$ 61.64	\$ 61.64
		ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DO	76642		\$ 51.79	\$ 51.79	\$ 51.79	\$ 51.79
92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, PO	PRIMARY PROCEDURE	92134		\$ 40.24	\$ 40.24	\$ 40.24	\$ 40.24
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92014		\$ 122.22	\$ 122.22	\$ 122.22	\$ 122.22
		INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARA	67028		\$ 145.77	\$ 145.77	\$ 145.77	\$ 145.77
99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99441		\$ 56.20	\$ 56.20	\$ 56.20	\$ 56.20

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					Professional**	Professional**	Professional**	Professional**
99393	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99393		not available	not available	not available	not available
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WIT	PRIMARY PROCEDURE	49083		\$ 167.18	\$ 167.18	\$ 167.18	\$ 167.18
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
99394	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99394		not available	not available	not available	not available
U0003	SARS-COV-2 COVID-19 AMP PRB HIGH THROUGHPUT TECH	PRIMARY PROCEDURE	U0003		not available	not available	not available	not available
		COV-19 AMP PRB HGH THRUPUT WITHIN 2 DAYS COLLECT	U0005		not available	not available	not available	not available
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	PRIMARY PROCEDURE	96413		\$ 236.74	\$ 236.74	\$ 236.74	\$ 236.74
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ 154.94	\$ 154.94	\$ 154.94	\$ 154.94
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99381		not available	not available	not available	not available
99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99443		\$ 154.94	\$ 154.94	\$ 154.94	\$ 154.94
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CON	PRIMARY PROCEDURE	76827		\$ 43.95	\$ 43.95	\$ 43.95	\$ 43.95
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	52000		\$ 125.68	\$ 125.68	\$ 125.68	\$ 125.68
		BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	51700		\$ 47.68	\$ 47.68	\$ 47.68	\$ 47.68
		PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	84153		not available	not available	not available	not available

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					Professional**	Professional**	Professional**	Professional**
		PROSTATE SPECIFIC ANTIGEN (PSA); FREE	84154		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ 56.95	\$ 56.95	\$ 56.95	\$ 56.95
		CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE	88112		\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68
		PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED (DIRECT MEAS	84152		not available	not available	not available	not available
		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	81001		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	PRIMARY PROCEDURE	92083		\$ 42.88	\$ 42.88	\$ 42.88	\$ 42.88
67228	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG,	PRIMARY PROCEDURE	67228		\$ 485.30	\$ 485.30	\$ 485.30	\$ 485.30
93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE D	PRIMARY PROCEDURE	93306		\$ 110.08	\$ 110.08	\$ 110.08	\$ 110.08
90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUBUNIT,	PRIMARY PROCEDURE	90750		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 27.78	\$ 27.78	\$ 27.78	\$ 27.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADD	PRIMARY PROCEDURE	51798		\$ 18.19	\$ 18.19	\$ 18.19	\$ 18.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31

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					Professional**	Professional**	Professional**	Professional**
99396	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99396		not available	not available	not available	not available
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	PRIMARY PROCEDURE	96372		\$ 23.64	\$ 23.64	\$ 23.64	\$ 23.64
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
99395	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99395		not available	not available	not available	not available
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	PRIMARY PROCEDURE	51705		\$ 80.96	\$ 80.96	\$ 80.96	\$ 80.96
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		not available	not available	not available	not available
D1110	PROPHYLAXIS-ADULT	PRIMARY PROCEDURE	D1110		not available	not available	not available	not available
		DENTAL PROPHYLAXIS AND TOPICAL FLUORIDE TREATMENT	D1208		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		not available	not available	not available	not available
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99383		not available	not available	not available	not available
93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYS	PRIMARY PROCEDURE	93288		\$ 33.03	\$ 33.03	\$ 33.03	\$ 33.03
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	PRIMARY PROCEDURE	D0120		not available	not available	not available	not available
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	PRIMARY PROCEDURE	51700		\$ 47.68	\$ 47.68	\$ 47.68	\$ 47.68

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional**	Professional**	Professional**	Professional**
		MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADD	51798		\$ 18.19	\$ 18.19	\$ 18.19	\$ 18.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99215		\$ 229.91	\$ 229.91	\$ 229.91	\$ 229.91
90653	INFLUENZA VACCINE, INACTIVATED (IIV), SUBUNIT, ADJUVANT	PRIMARY PROCEDURE	90653		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 27.78	\$ 27.78	\$ 27.78	\$ 27.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99382		not available	not available	not available	not available
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIM	PRIMARY PROCEDURE	51702		\$ 39.84	\$ 39.84	\$ 39.84	\$ 39.84
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 14.07	\$ 14.07	\$ 14.07	\$ 14.07
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECT	PRIMARY PROCEDURE	97602		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
90715	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VAC	PRIMARY PROCEDURE	90715		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 27.78	\$ 27.78	\$ 27.78	\$ 27.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional**	Professional**	Professional**	Professional**
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76811		\$ 146.03	\$ 146.03	\$ 146.03	\$ 146.03
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92002		\$ 74.24	\$ 74.24	\$ 74.24	\$ 74.24
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATI	PRIMARY PROCEDURE	D0150		not available	not available	not available	not available
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99384		not available	not available	not available	not available
92133	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, PO	PRIMARY PROCEDURE	92133		\$ 34.62	\$ 34.62	\$ 34.62	\$ 34.62
92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERA	PRIMARY PROCEDURE	92025		\$ 30.79	\$ 30.79	\$ 30.79	\$ 30.79
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVI	PRIMARY PROCEDURE	58100		\$ 99.62	\$ 99.62	\$ 99.62	\$ 99.62
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 59.09	\$ 59.09	\$ 59.09	\$ 59.09
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	PRIMARY PROCEDURE	90792		\$ 271.30	\$ 271.30	\$ 271.30	\$ 271.30
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99205		\$ 288.99	\$ 288.99	\$ 288.99	\$ 288.99
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	PRIMARY PROCEDURE	90686		not available	not available	not available	not available

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					Professional**	Professional**	Professional**	Professional**
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 27.78	\$ 27.78	\$ 27.78	\$ 27.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
90694	INFLUENZA VIRUS VACCINE, QUADRIVALENT (AIIV4), INACTIVA	PRIMARY PROCEDURE	90694		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 27.78	\$ 27.78	\$ 27.78	\$ 27.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76815		\$ 49.60	\$ 49.60	\$ 49.60	\$ 49.60
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOL	PRIMARY PROCEDURE	67040		\$ 1,660.37	\$ 1,660.37	\$ 1,660.37	\$ 1,660.37
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92012		\$ 81.12	\$ 81.12	\$ 81.12	\$ 81.12
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WIT	PRIMARY PROCEDURE	49082		\$ 116.26	\$ 116.26	\$ 116.26	\$ 116.26
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOIN	PRIMARY PROCEDURE	20610		\$ 71.35	\$ 71.35	\$ 71.35	\$ 71.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ 56.95	\$ 56.95	\$ 56.95	\$ 56.95
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
		INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECI	J3301		not available	not available	not available	not available
		INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML	S0020		not available	not available	not available	not available

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					Professional**	Professional**	Professional**	Professional**
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAG	PRIMARY PROCEDURE	96365		\$ 116.54	\$ 116.54	\$ 116.54	\$ 116.54
		INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE I	J2916		not available	not available	not available	not available
59025	FETAL NON-STRESS TEST	PRIMARY PROCEDURE	59025		\$ 44.15	\$ 44.15	\$ 44.15	\$ 44.15
		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	76815		\$ 49.60	\$ 49.60	\$ 49.60	\$ 49.60
43237	ESOPHAGOGASTRODU ODENOSCOPY, FLEXIBLE, TRANSORAL; WITH E	PRIMARY PROCEDURE	43237		\$ 309.67	\$ 309.67	\$ 309.67	\$ 309.67
		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA TOGRAPHY (ERCP);	43275		\$ 592.96	\$ 592.96	\$ 592.96	\$ 592.96
		ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM	74328		\$ 36.94	\$ 36.94	\$ 36.94	\$ 36.94
		ENDOSCOPIC CANNULATION OF PAPILLA WITH DIRECT VISUALIZA	43273		\$ 187.54	\$ 187.54	\$ 187.54	\$ 187.54
		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	74330		\$ 46.44	\$ 46.44	\$ 46.44	\$ 46.44
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
92235	FLUORESCIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) W	PRIMARY PROCEDURE	92235		\$ 67.41	\$ 67.41	\$ 67.41	\$ 67.41

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D0220	INTRAORAL-PERiapical-FIRST FILM	PRIMARY PROCEDURE	D0220		not available	not available	not available	not available
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		not available	not available	not available	not available
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOM	PRIMARY PROCEDURE	58558		\$ 362.78	\$ 362.78	\$ 362.78	\$ 362.78
		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF	00952		not available	not available	not available	not available
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 59.09	\$ 59.09	\$ 59.09	\$ 59.09
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; ABO	86900		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCL	PRIMARY PROCEDURE	78452		\$ 121.71	\$ 121.71	\$ 121.71	\$ 121.71
		INJECTION, REGADENOSON, 0.1 MG	J2785		not available	not available	not available	not available
43244	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH B	PRIMARY PROCEDURE	43244		\$ 386.91	\$ 386.91	\$ 386.91	\$ 386.91
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available

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					Professional**	Professional**	Professional**	Professional**
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	PRIMARY PROCEDURE	92250		\$ 33.43	\$ 33.43	\$ 33.43	\$ 33.43
50435	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING	PRIMARY PROCEDURE	50435		\$ 156.09	\$ 156.09	\$ 156.09	\$ 156.09
		CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH C	75984		\$ 59.73	\$ 59.73	\$ 59.73	\$ 59.73
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; W	PRIMARY PROCEDURE	76519		\$ 48.56	\$ 48.56	\$ 48.56	\$ 48.56
		COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERA	92025		\$ 30.79	\$ 30.79	\$ 30.79	\$ 30.79
93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93458		\$ 453.21	\$ 453.21	\$ 453.21	\$ 453.21
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEEC	PRIMARY PROCEDURE	92557		\$ 51.70	\$ 51.70	\$ 51.70	\$ 51.70

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					Professional**	Professional**	Professional**	Professional**
		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550		\$ 36.51	\$ 36.51	\$ 36.51	\$ 36.51
99606	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A	PRIMARY PROCEDURE	99606		not available	not available	not available	not available
92015	DETERMINATION OF REFRACTIVE STATE	PRIMARY PROCEDURE	92015		not available	not available	not available	not available
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92004		\$ 151.71	\$ 151.71	\$ 151.71	\$ 151.71
52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCUL	PRIMARY PROCEDURE	52310		\$ 235.41	\$ 235.41	\$ 235.41	\$ 235.41
D0210	INTRAORAL-COMplete SERIES (INCLUDING BITEWINGS)	PRIMARY PROCEDURE	D0210		not available	not available	not available	not available
		COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATI	D0150		not available	not available	not available	not available
90658	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	PRIMARY PROCEDURE	90658		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 27.78	\$ 27.78	\$ 27.78	\$ 27.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	PRIMARY PROCEDURE	88175		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		not available	not available	not available	not available
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	88142		not available	not available	not available	not available

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					Professional**	Professional**	Professional**	Professional**
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE	PRIMARY PROCEDURE	64566		\$ 47.68	\$ 47.68	\$ 47.68	\$ 47.68
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	PRIMARY PROCEDURE	D0603		not available	not available	not available	not available
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	D1206		not available	not available	not available	not available
		PROPHYLAXIS-CHILD	D1120		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
		ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE	D0145		not available	not available	not available	not available
90460	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	PRIMARY PROCEDURE	90460		\$ 27.78	\$ 27.78	\$ 27.78	\$ 27.78
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	90461		\$ 20.79	\$ 20.79	\$ 20.79	\$ 20.79
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ 56.95	\$ 56.95	\$ 56.95	\$ 56.95
90736	ZOSTER (SHINGLES) VACCINE (HZV), LIVE, FOR SUBCUTANEOUS	PRIMARY PROCEDURE	90736		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 27.78	\$ 27.78	\$ 27.78	\$ 27.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13), FOR	PRIMARY PROCEDURE	90670		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 27.78	\$ 27.78	\$ 27.78	\$ 27.78

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					Professional**	Professional**	Professional**	Professional**
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AN	PRIMARY PROCEDURE	11042		\$ 95.47	\$ 95.47	\$ 95.47	\$ 95.47
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ 56.95	\$ 56.95	\$ 56.95	\$ 56.95
95806	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF, HEA	PRIMARY PROCEDURE	95806		\$ 70.37	\$ 70.37	\$ 70.37	\$ 70.37
		EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A	98960		\$ 49.61	\$ 49.61	\$ 49.61	\$ 49.61
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY	PRIMARY PROCEDURE	64612		\$ 191.64	\$ 191.64	\$ 191.64	\$ 191.64
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, W	PRIMARY PROCEDURE	99242		not available	not available	not available	not available
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERA	PRIMARY PROCEDURE	52332		\$ 242.46	\$ 242.46	\$ 242.46	\$ 242.46
		UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	74420		\$ 38.98	\$ 38.98	\$ 38.98	\$ 38.98
		INJECTION, MORPHINE SULFATE, UP TO 10 MG	J2270		not available	not available	not available	not available
91300	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-C	PRIMARY PROCEDURE	91300		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT (PPSV23)	PRIMARY PROCEDURE	90732		not available	not available	not available	not available

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					Professional**	Professional**	Professional**	Professional**
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 27.78	\$ 27.78	\$ 27.78	\$ 27.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
52356	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY;	PRIMARY PROCEDURE	52356		\$ 643.38	\$ 643.38	\$ 643.38	\$ 643.38
		ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE;	00872		not available	not available	not available	not available
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 23.94	\$ 23.94	\$ 23.94	\$ 23.94
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 10.47	\$ 10.47	\$ 10.47	\$ 10.47
		CALCULUS; INFRARED SPECTROSCOPY	82365		not available	not available	not available	not available
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		not available	not available	not available	not available
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	J0696		not available	not available	not available	not available
		INJECTION, PROCHLORPERAZINE, UP TO 10 MG	J0780		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	J2175		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional**	Professional**	Professional**	Professional**
		INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	J2765		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTER	PRIMARY PROCEDURE	97802		\$ 52.57	\$ 52.57	\$ 52.57	\$ 52.57
93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93456		\$ 477.76	\$ 477.76	\$ 477.76	\$ 477.76
		GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HC	82803		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
64644	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLES	PRIMARY PROCEDURE	64644		\$ 185.29	\$ 185.29	\$ 185.29	\$ 185.29
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		not available	not available	not available	not available
		INJECTION, ONABOTULINUMTOXIN A, 1 UNIT	J0585		not available	not available	not available	not available
93247	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7	PRIMARY PROCEDURE	93247		not available	not available	not available	not available
93289	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS	PRIMARY PROCEDURE	93289		\$ 58.46	\$ 58.46	\$ 58.46	\$ 58.46
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADJACENT STRUCTURE	PRIMARY PROCEDURE	58661		\$ 1,038.43	\$ 1,038.43	\$ 1,038.43	\$ 1,038.43
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		\$ 10.83	\$ 10.83	\$ 10.83	\$ 10.83
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available

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					Professional**	Professional**	Professional**	Professional**
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	PRIMARY PROCEDURE	D2392		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		not available	not available	not available	not available
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG,	PRIMARY PROCEDURE	11055		\$ 24.81	\$ 24.81	\$ 24.81	\$ 24.81
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 3 OR	PRIMARY PROCEDURE	20553		\$ 67.88	\$ 67.88	\$ 67.88	\$ 67.88
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		\$ 48.28	\$ 48.28	\$ 48.28	\$ 48.28
91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS	PRIMARY PROCEDURE	91010		\$ 103.70	\$ 103.70	\$ 103.70	\$ 103.70
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	PRIMARY PROCEDURE	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SU	PRIMARY PROCEDURE	36589		\$ 217.64	\$ 217.64	\$ 217.64	\$ 217.64
		REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	49422		\$ 344.52	\$ 344.52	\$ 344.52	\$ 344.52

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					Professional**	Professional**	Professional**	Professional**
45384	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(PRIMARY PROCEDURE	45384		\$ 358.97	\$ 358.97	\$ 358.97	\$ 358.97
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 59.09	\$ 59.09	\$ 59.09	\$ 59.09
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	PRIMARY PROCEDURE	D2391		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		not available	not available	not available	not available
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TI	PRIMARY PROCEDURE	76825		\$ 127.15	\$ 127.15	\$ 127.15	\$ 127.15
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99205		\$ 288.99	\$ 288.99	\$ 288.99	\$ 288.99
90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 3	PRIMARY PROCEDURE	90651		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 27.78	\$ 27.78	\$ 27.78	\$ 27.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
36902	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS	PRIMARY PROCEDURE	36902		\$ 369.03	\$ 369.03	\$ 369.03	\$ 369.03
		UROGRAPHY, ANTEGRADE, RADIOLOGICAL SUPERVISION AND INTE	74425		\$ 37.86	\$ 37.86	\$ 37.86	\$ 37.86
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available

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					Professional**	Professional**	Professional**	Professional**
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, L	PRIMARY PROCEDURE	67145		\$ 351.77	\$ 351.77	\$ 351.77	\$ 351.77
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	PRIMARY PROCEDURE	92550		\$ 36.51	\$ 36.51	\$ 36.51	\$ 36.51
		COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEEC	92557		\$ 51.70	\$ 51.70	\$ 51.70	\$ 51.70
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE	PRIMARY PROCEDURE	D0145		not available	not available	not available	not available
		CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	D0603		not available	not available	not available	not available
		PROPHYLAXIS-CHILD	D1120		not available	not available	not available	not available
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	D1206		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR	PRIMARY PROCEDURE	67210		\$ 804.11	\$ 804.11	\$ 804.11	\$ 804.11
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92014		\$ 122.22	\$ 122.22	\$ 122.22	\$ 122.22
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTE	PRIMARY PROCEDURE	58571		\$ 1,454.12	\$ 1,454.12	\$ 1,454.12	\$ 1,454.12
		CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	52000		\$ 125.68	\$ 125.68	\$ 125.68	\$ 125.68
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		\$ 130.25	\$ 130.25	\$ 130.25	\$ 130.25
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available

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					Professional**	Professional**	Professional**	Professional**
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT	J7642		not available	not available	not available	not available
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	PRIMARY PROCEDURE	92082		\$ 32.84	\$ 32.84	\$ 32.84	\$ 32.84
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA)	PRIMARY PROCEDURE	66761		\$ 382.55	\$ 382.55	\$ 382.55	\$ 382.55
52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATI	PRIMARY PROCEDURE	52287		\$ 263.11	\$ 263.11	\$ 263.11	\$ 263.11
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		not available	not available	not available	not available
		INJECTION, ONABOTULINUMTOXINA, 1 UNIT	J0585		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93460		\$ 575.58	\$ 575.58	\$ 575.58	\$ 575.58

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					Professional**	Professional**	Professional**	Professional**
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ 154.94	\$ 154.94	\$ 154.94	\$ 154.94
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE	PRIMARY PROCEDURE	67113		\$ 2,128.50	\$ 2,128.50	\$ 2,128.50	\$ 2,128.50
		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOL	67040		\$ 1,660.37	\$ 1,660.37	\$ 1,660.37	\$ 1,660.37
		INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL	67025		\$ 1,017.12	\$ 1,017.12	\$ 1,017.12	\$ 1,017.12
		INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARA	67028		\$ 145.77	\$ 145.77	\$ 145.77	\$ 145.77
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUC	PRIMARY PROCEDURE	99401		not available	not available	not available	not available
		MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH	96040		not available	not available	not available	not available

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31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	PRIMARY PROCEDURE	31624		\$ 210.39	\$ 210.39	\$ 210.39	\$ 210.39
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT	87281		not available	not available	not available	not available
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHN	87305		not available	not available	not available	not available
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, A	87116		not available	not available	not available	not available
		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPT	87102		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS	87015		not available	not available	not available	not available
		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; FLUORESCENT	87206		not available	not available	not available	not available
		CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOO	87070		not available	not available	not available	not available
		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEM	87205		not available	not available	not available	not available
		CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINA	89050		not available	not available	not available	not available
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW,	PRIMARY PROCEDURE	20680		\$ 675.35	\$ 675.35	\$ 675.35	\$ 675.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	PRIMARY PROCEDURE	20206		\$ 90.89	\$ 90.89	\$ 90.89	\$ 90.89

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					Professional**	Professional**	Professional**	Professional**
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG,	77012		\$ 111.37	\$ 111.37	\$ 111.37	\$ 111.37
		COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	72193		\$ 88.27	\$ 88.27	\$ 88.27	\$ 88.27
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88341		\$ 44.28	\$ 44.28	\$ 44.28	\$ 44.28
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 59.09	\$ 59.09	\$ 59.09	\$ 59.09
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		\$ 54.66	\$ 54.66	\$ 54.66	\$ 54.66
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
55866	SURGICAL REMOVAL OF PROSTATE AND SURROUNDING LYMPH NODES USING AN ENDOSCOPE			This procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a
59510	ROUTINE OBSTETRIC CARE FOR CESAREAN DELIVERY, INCLUDING PRE-AND POST-DELIVERY CARE			This procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a
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
80055	OBSTETRIC BLOOD TEST PANEL			Not offered	n/a	n/a	n/a	n/a

Footnotes:

* Outpatient services presented are commonly provided by Health Services hospitals, excluding services which are not considered "shoppable".

** Professional Contract Rates are based on the contract terms, using 146% California, Area 18, 2022 Part B Medicare Professional Fee Schedule, effective January 1, 2022.