					(M	HEM BLUE CROSS ledicare vantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS						
Code	Service Category	Description	Code	Note	Profe	essional**	Professional**	Professional**	Professional**
	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR								
19120		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		1	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 RINGERS LACTATE	J3010			not available	not available	not available	not available
		INFUSION, UP TO 1000 CC	J7120			not available	not available	not available	not available
	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF		20025			270.04	A 270 04	A	A 370.04
29826	SUBAC	PRIMARY PROCEDURE	29826		\$	270.84	\$ 270.84	\$ 270.84	\$ 270.84
		ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF							
		REPA ANCHOR/SCREW FOR OPPOSING BONE-TO-	29827		\$	1,717.87	\$ 1,717.87	\$ 1,717.87	\$ 1,717.87
		BONE OR SOFT TISSUE-	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 INJECTION, ONDANSETRON	J2250			not available	not available	not available	not available
		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

_					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS					
Code	Service Category	Description	Code	Note	Professional**	Professional**	Professional**	Professional**
		INJECTION,						
		HYDROCHLORIDE, 1 MG	J2795		not available	n at available	not available	n at available
		WG	J2795		IIOL AVAIIADIE	not available	IIUL available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE						
		INFUSION, UP TO 1000						
		СС	J7120		not available	not available	not available	not available
	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY							
29881	(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,	10690		IIOL AVAIIADIE		HOL AVAIIADIE	
		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,						
		TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION,	11997		not available	not available	not available	not available
		MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION,						
		HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		1 MG	J240J		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						
		СС	J7120		not available	not available	not available	not available
	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE							
42820	12	PRIMARY PROCEDURE	42820		\$ 471.40	\$ 471.40	\$ 471.40	\$ 471.40
		ANESTHESIA FOR						
		INTRAORAL						
		PROCEDURES,	00170		not available	not available	not available	not available
		INCLUDING BIOPSY;	00170		not available	not available	not available	not available
		LEVEL III - SURGICAL PATHOLOGY, GROSS	00204		¢ 47.07	¢ 47.07	¢ 47.07	¢ 47.07
ļ		AND MICROSCOPIC E	88304		\$ 17.97	\$ 17.97	\$ 17.97	\$ 17.97

					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS					
Code	Service Category	Description	Code	Note	Professional**	Professional**	Professional**	Professional**
		INJECTION,						
		SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		1 100	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	10705			a standbla	a stave listic	
		HCL, UP TO 10 MG INFUSION, NORMAL	J2765		not available	not available	not available	not available
		SALINE SOLUTION ,						
		1000 CC	J7030		not available	not available	not available	not available
		INFUSION, NORMAL						
		SALINE SOLUTION, 250						
		СС	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
	ESOPHAGOGASTRODU ODENOSCOPY, FLEXIBLE, TRANSORAL;							
43235		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
	ESOPHAGOGASTRODU ODENOSCOPY, FLEXIBLE, TRANSORAL;							
43239	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

_						NTHEM BLUE CROSS (Medicare Advantage)		ANTHEM BLUE CROSS (Commercial)	N	Maximum egotiated Rate	N	Minimum gotiated Rate
Primary		Procedure	CPT/HCPCS			6 • • • • • • •						
Code	Service Category COLONOSCOPY,	Description	Code	Note	Pr	ofessional**		Professional**		Professional**	P	rofessional**
	FLEXIBLE;											
	DIAGNOSTIC,											
45030	INCLUDING		45070		<i>.</i>	204.24		204.24	~	201.21	<u>,</u>	201.21
45378	COLLECTION	PRIMARY PROCEDURE INJECTION,	45378		\$	291.21	\$	291.21	\$	291.21	\$	291.21
		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
	COLONOSCOPY,											
	FLEXIBLE; WITH BIOPSY, SINGLE OR											
45380	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,	00505		Ŷ	55.05	Ŷ	55.05	Ŷ	55.05	Ŷ	33.03
		MIDAZOLAM										
		HYDROCHLORIDE, PER	12250									
		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
	COLONOSCOPY,											
	FLEXIBLE; WITH REMOVAL OF											
45385	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,	88303		Ş	59.09	Ş	59.09	Ş	59.09	Ş	59.09
		MIDAZOLAM										
		HYDROCHLORIDE, PER	10050									
		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
	COLONOSCOPY,											
	FLEXIBLE; WITH											
	ENDOSCOPIC											
45391	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

					ANTHEM BLUE	ANTHEM BLUE		
					CROSS (Medicare Advantage)	CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional**	Professional**	Professional**	Professional**
		LEVEL IV - SURGICAL						
		PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 59.09	\$ 59.09	\$ 59.09	\$ 59.09
		INJECTION,	00000		<i>y</i> 33.03	<i>ç</i> <u>55.05</u>	<i>ұ</i> 55.65	φ <u>55.65</u>
		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
	LAPAROSCOPY, SURGICAL;							
	CHOLECYSTECTOMY	PRIMARY PROCEDURE	47562		\$ 1,050.79	\$ 1,050.79	\$ 1,050.79	\$ 1,050.79
47502	CHOLECISTECTOWN	ANESTHESIA FOR	47502		÷ 1,050.75	÷ 1,050.75	<i>Ş</i> 1,050.75	÷ 1,030.75
		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,	14470		nat aveilet	not over the bit	not over the bull	not over the but
		UP TO 4 MG INJECTION,	J1170		not available	not available	not available	not available
		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

					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS					
Code	Service Category	Description	Code	Note	Professional**	Professional**	Professional**	Professional**
		GLYCOPYRROLATE, INHALATION						
		SOLUTION,						
		COMPOUNDED						
		PRODUCT	J7642		not available	not available	not available	not available
	REPAIR INITIAL							
	INGUINAL HERNIA,							
	AGE 5 YEARS OR							
49505	OLDER; R	PRIMARY PROCEDURE	49505		\$ 836.80	\$ 836.80	\$ 836.80	\$ 836.80
		ANESTHESIA FOR						
		HERNIA REPAIRS IN						
		LOWER ABDOMEN;	000000		n at a sublable	a et euritelete		u et eus tiele le
		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
			00302		Ç 10.05	<i>Ş</i> 10.05	<i>Ş</i> 10.05	Ç 10.05
		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,	51005		not available	not available	notavanabie	not available
		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,						
		METHYLSULFATE, UP	12710		not available	n at available	nat available	n et eveileble
		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	33010		not available	not available	not available	not available
		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
	BIOPSY, PROSTATE;							
	NEEDLE OR PUNCH,						A	
55700	SINGLE OR MULTIPLE,	PRIMARY PROCEDURE	55700		\$ 202.24	\$ 202.24	\$ 202.24	\$ 202.24

						NTHEM BLUE CROSS (Medicare Advantage)		ANTHEM BLUE CROSS (Commercial)	N	Maximum Jegotiated Rate	N	Minimum egotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Pr	ofessional**		Professional**		Professional**	P	professional**
couc	Scruce category	OFFICE OR OTHER	couc	Note		oressional		Troncostonia		Toressional		Toressional
		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
	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC											
62322	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 INJECTION, BUPIVICAINE	J1040			not available		not available		not available		not available
		HYDROCHLORIDE, 30										
	INJECTION(S), OF	ML	S0020			not available		not available		not available		not available
62323	DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)	PRIMARY PROCEDURE	62323		Ş	157.20	\$	157.20	Ś	157.20	Ś	157.20
	INJECTION(S),				Ŧ		Ŧ		Ŧ		Ŧ	
	ANESTHETIC AGENT(S) AND/OR STEROID;											
64483	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
	DISCISSION OF SECONDARY MEMBRANOUS											
66821	CATARACT (OPACIFIED	PRIMARY PROCEDURE	66821		\$	509.45	\$	509.45	\$	509.45	\$	509.45
	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF											
66984	INTRAO	PRIMARY PROCEDURE	66984		\$	875.45	\$	875.45	\$	875.45	\$	875.45

					(1	THEM BLUE CROSS Medicare dvantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS						
Code	Service Category	Description	Code	Note	Pro	ofessional**	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	V2C22						
		INTRAOCULAR LENS	V2632			not available	not available	not available	not available
	COMPUTED								
	TOMOGRAPHY, HEAD								
	OR BRAIN; WITHOUT								
70450	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
	MAGNETIC								
	RESONANCE (EG,								
	PROTON) IMAGING,								
70553	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,	74105		ç	100.02	Ş 100.02	Ş 100.02	Ş 100.02
		GADOTERATE							
		MEGLUMINE, 0.1 ML	A9575			not available	not available	not available	not available
	MAGNETIC								
	RESONANCE (EG,								
	PROTON) IMAGING,								
	SPINAL CANAL A MAGNETIC	PRIMARY PROCEDURE	72148		\$	113.49	\$ 113.49	\$ 113.49	\$ 113.49
	RESONANCE (EG,								
	PROTON) IMAGING,								
	ANY JOINT OF L	PRIMARY PROCEDURE	73721		\$	104.23	\$ 104.23	\$ 104.23	\$ 104.23
		OFFICE OR OTHER			-	1020	, 1025	, 2020	, 20.125
		OUTPATIENT VISIT							
		FOR THE EVALUATION							
		AND	99213		\$	105.31	\$ 105.31	\$ 105.31	\$ 105.31
	ULTRASOUND,								
	ABDOMINAL, REAL								
76700	TIME WITH IMAGE DOCUMENTATI		76700		\$	61.64	\$ 61.64	\$ 61.64	\$ 61.64
/6/00	ULTRASOUND,	PRIMARY PROCEDURE	/6/00		Ş	01.04	\$ 61.64	\$ 61.64	۶ 01.64
	PREGNANT UTERUS,								
	REAL TIME WITH								
76805	IMAGE DOCUM	PRIMARY PROCEDURE	76805		\$	75.92	\$ 75.92	\$ 75.92	\$ 75.92

						NTHEM BLUE CROSS (Medicare Advantage)		ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	N	Minimum egotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note		ofessional**		Professional**	Professional**	Ι,	Professional**
Coue	ULTRASOUND,	Description	COUE	Note	PI	Olessional		Professional	Professional		rolessional
76830	TRANSVAGINAL	PRIMARY PROCEDURE	76830		\$	52.91	\$	52.91	\$ 52.91	\$	52.91
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATION	99213		\$	105.31	\$	105.31	\$ 105.31	\$	105.31
	SCREENING	AND	55215		Ş	105.51	Ş	105.51	Ş 105.51	ç	105.51
	MAMMOGRAPHY,										
	BILATERAL (2-VIEW										
77067	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
	BASIC METABOLIC										
	PANEL (CALCIUM, TOTAL) THIS PANEL										
80048	,	PRIMARY PROCEDURE	80048			not available		not available	not available		not available
		INJECTION, HEPARIN									
		SODIUM, PER 1000									
		UNITS INJECTION,	J1644			not available		not available	not available		not available
		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
	COMPREHENSIVE										
	METABOLIC PANEL										
800E2	THIS PANEL MUST INCLUDE T	PRIMARY PROCEDURE	80053			not available		not available	not available		not available
80033	INCLUDE I	PRIMART PROCEDORE	80033			not available		not available	not available		not available
		RADIOLOGIC									
		EXAMINATION, CHEST;									
		SINGLE VIEW BLOOD COUNT;	71045		\$	14.07	\$	14.07	\$ 14.07	\$	14.07
		COMPLETE (CBC),									
		AUTOMATED (HGB,									
		HCT, RBC,	85025			not available		not available	not available		not available
		INJECTION, DEXAMETHASONE					1			1	
		SODIUM PHOSPHATE,									
		1 MG	J1100			not available		not available	not available		not available
		INJECTION,									
		ONDANSETRON HYDROCHLORIDE, PER					1			1	
		1 MG	J2405			not available		not available	not available		not available
		INJECTION,					1				
		PROPOFOL, 10 MG	J2704			not available		not available	not available		not available

_					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
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
	LIPID PANEL THIS	VENIFONCTORE	50415		not available	not available	not available	not available
	PANEL MUST INCLUDE							
00064	THE FOLLOWING:		00064					
80061	CHOL	PRIMARY PROCEDURE HEPATIC FUNCTION	80061		not available	not available	not available	not available
		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	26445		and such that the		a star stalls	
	URINALYSIS, BY DIP	VENIPOINCTORE	36415		not available	not available	not available	not available
	STICK OR TABLET							
	REAGENT FOR							
81000	BILIRUBI URINALYSIS, BY DIP	PRIMARY PROCEDURE	81000		not available	not available	not available	not available
	STICK OR TABLET							
	REAGENT FOR							
81001	BILIRUBI	PRIMARY PROCEDURE	81001		not available	not available	not available	not available
	URINALYSIS, BY DIP STICK OR TABLET							
	REAGENT FOR							
81002	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	00175		not available	not available	not available	not available
		DETECTION BY						
		NUCLEIC ACID (DNA						
		OR RNA)	87624		not available	not available	not available	not available
		CULTURE, BACTERIAL;						
		QUANTITATIVE						
		COLONY COUNT,				,		
		URINE URINALYSIS, BY DIP	87086		not available	not available	not available	not available
		STICK OR TABLET						
		REAGENT FOR						
		BILIRUBI	81000		not available	not available	not available	not available
	URINALYSIS, BY DIP STICK OR TABLET							
	REAGENT FOR							
81003	BILIRUBI	PRIMARY PROCEDURE	81003		not available	not available	not available	not available

					(THEM BLUE CROSS Medicare dvantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS			• /			
Code	Service Category	Description	Code	Note	Pro	ofessional**	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
	PROSTATE SPECIFIC								
84153	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
	THYROID								
04440	STIMULATING								
84443	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
	BLOOD COUNT; COMPLETE (CBC),		50415					not available	
05025	AUTOMATED (HGB,		95025			n at available	n at available	not ovoilable	nat available
85025	HCT, RBC,	PRIMARY PROCEDURE COLLECTION OF	85025			not available	not available	not available	not available
		VENOUS BLOOD BY VENIPUNCTURE	36415			not available	not available	not available	not available
95027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	PRIMARY PROCEDURE	85027			not available	not available	not available	not available
83027		COLLECTION OF	83027			not available	not available	not available	IIUt available
		VENOUS BLOOD BY VENIPUNCTURE	36415			not available	not available	not available	not available
05640			05640						
85610	PROTHROMBIN TIME;	PRIMARY PROCEDURE COLLECTION OF VENOUS BLOOD BY	85610			not available	not available	not available	not available
		VENIPUNCTURE	36415			not available	not available	not available	not available
	PSYCHOTHERAPY, 30								
	MINUTES WITH								
90832	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
00927	PSYCHOTHERAPY, 60 MINUTES WITH		00827		\$	204.40	¢ 204.40	\$ 204.40	ć 204.40
90837	PATIENT FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY)	PRIMARY PROCEDURE	90837		Ş	204.40	\$ 204.40	\$ 204.40	\$ 204.40
90847	(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

						NTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Ne	Minimum gotiated Rate
Primary		Procedure	CPT/HCPCS							
Code	Service Category	Description	Code	Note	P	rofessional**	Professional**	Professional**	P	rofessional**
	GROUP									
	PSYCHOTHERAPY									
	(OTHER THAN OF A									
90853	MULTIPLE-FAMILY GR	PRIMARY PROCEDURE	90853		\$	36.75	\$ 36.75	\$ 36.75	\$	36.75
	ELECTROCARDIOGRA									
	M, ROUTINE ECG									
	WITH AT LEAST 12									
93000	LEADS;	PRIMARY PROCEDURE OFFICE OR OTHER	93000		\$	23.42	\$ 23.42	\$ 23.42	\$	23.42
		OUTPATIENT VISIT								
		FOR THE EVALUATION								
		AND	99214		\$	154.94	\$ 154.94	\$ 154.94	\$	154.94
		ELECTROCARDIOGRA								
		M, ROUTINE ECG								
		WITH AT LEAST 12								
		LEADS;	93005		\$	10.47	\$ 10.47	\$ 10.47	\$	10.47
	LEFT HEART									
	CATHETERIZATION INCLUDING									
	INTRAPROCEDURAL IN	PRIMARY PROCEDURE	93452		\$	364.37	\$ 364.37	\$ 364.37	\$	364.37
55452		BASIC METABOLIC	55452		Ŷ	504.57	φ 304.37	÷ 304.37	Ŷ	304.37
		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,	95037			n et eveileble	nat available	net eveileble		n et eveileble
		nci, kdc,	85027			not available	not available	not available		not available
		PROTHROMBIN TIME;	85610			not available	not available	not available		not available
		COLLECTION OF			1				1	
		VENOUS BLOOD BY			1					
		VENIPUNCTURE	36415			not available	not available	not available		not available
	POLYSOMNOGRAPHY;									
	AGE 6 YEARS OR									
	OLDER, SLEEP STAGING WI	PRIMARY PROCEDURE	95810		\$	188.66	\$ 188.66	\$ 188.66	\$	188.66
93910		OFFICE OR OTHER	92910		Ş	190.00	00.881 ب	00.00 پ	Ş	100.00
		OUTPATIENT VISIT								
		FOR THE EVALUATION								
		AND	99213		\$	105.31	\$ 105.31	\$ 105.31	\$	105.31
	THERAPEUTIC									
	PROCEDURE, 1 OR									
	MORE AREAS, EACH		0		~		A	A	<i>.</i>	
9/110	15 MINUTES	PRIMARY PROCEDURE	97110		\$	48.34	\$ 48.34	\$ 48.34	Ş	48.34

						NTHEM BLUE CROSS (Medicare Advantage)		ANTHEM BLUE CROSS (Commercial)	N	Maximum Vegotiated Rate	N	Minimum egotiated Rate
Primary	Comitor Colorem	Procedure	CPT/HCPCS	Nete		- f: 1**		Duefeesten el**		Duefeesterrel**		Dura fa a si a ma 1**
Code	Service Category OFFICE OR OTHER OUTPATIENT VISIT	Description	Code	Note		ofessional**		Professional**		Professional**		Professional**
99203	FOR THE EVALUATION	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	00221		ć	121.00	ć	121.00	ć	121.00	ć	121.00
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	SLIDES PREPARED ELS	88321		\$	131.90	\$	131.90	\$	131.90	\$	131.90
99204		PRIMARY PROCEDURE	99204		\$	212.75	\$	212.75	\$	212.75	\$	212.75
99205	FOR THE EVALUATION	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
	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE	TRIMART HOLLONE	55244		<i>•</i>	203.02	Ŷ	205.02	Ŷ	203.02	7	205.02
99385	EVALUATION AN INITIAL COMPREHENSIVE PREVENTIVE	PRIMARY PROCEDURE	99385		\$	272.39	\$	272.39	\$	272.39	\$	272.39
99386	MEDICINE EVALUATION AN OFFICE OR OTHER	PRIMARY PROCEDURE	99386		\$	244.42	\$	244.42	\$	244.42	\$	244.42
00313	OUTPATIENT VISIT FOR THE EVALUATION		00242		ć	105 34	ć	105 34	ć	105 34	ć	105 34
99213		PRIMARY PROCEDURE COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH	99213		\$	105.31	\$	105.31	Ş	105.31	\$	105.31
		CONTRAST RADIOLOGIC EXAMINATION, PELVIS; COMPLETE,	74177		\$	138.99	\$	138.99	\$	138.99	\$	138.99
		MINIMUM OF 3	72190		\$	19.56	\$	19.56	\$	19.56	\$	19.56

_						NTHEM BLUE CROSS (Medicare Advantage)		ANTHEM BLUE CROSS (Commercial)	Maxim Negotiate		Ne	Minimum gotiated Rate
Primary		Procedure	CPT/HCPCS									
Code	Service Category	Description	Code	Note	Pr	ofessional**	F	Professional**	Professio	nal**	Pr	ofessional**
		RADIOLOGIC EXAMINATION;										
		FOREARM, 2 VIEWS	73090		\$	12.41	\$	12.41	\$	12.41	\$	12.41
	OFFICE OR OTHER	,							,			
	OUTPATIENT VISIT											
	FOR THE EVALUATION		00212		ć	56.05	÷	56.05	ć	56.05	ć	56.05
99212	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
	HOSPITAL		72110		Ş	20.09	Ş	20.05	Ş	20.09	Ş	20.09
	OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND											
G0463		PRIMARY PROCEDURE	G0463		-	not available		not available	not a	ivailable		not available
		DETECTION BY NUCLEIC ACID (DNA										
		OR RNA) INFECTIOUS AGENT	87591			not available		not available	not a	ivailable		not available
		DETECTION BY NUCLEIC ACID (DNA										
		OR RNA)	87491			not available		not available	not a	ivailable		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,	50400		ć	2 794 41	ć	2 794 41	ė	704 41	ć	2 704 41
	OFFICE OR OTHER	VAGIN	59400		\$	3,784.41	\$	3,784.41	\$ 3	3,784.41	\$	3,784.41
	OUTPATIENT VISIT FOR THE EVALUATION											
99214	AND	PRIMARY PROCEDURE	99214		\$	154.94	\$	154.94	\$	154.94	\$	154.94
	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND											
92012		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 a	ivailable		not available
		BLOOD COUNT;										
		COMPLETE (CBC), AUTOMATED (HGB,										
		HCT, RBC, THROMBOPLASTIN	85025		<u> </u>	not available		not available	not a	ivailable		not available
		TIME, PARTIAL (PTT); PLASMA OR WHOLE										
		BLO	85730		L	not available		not available	not a	ivailable		not available
		PROTHROMBIN TIME;	85610			not available		not available	not a	ivailable		not available
		COLLECTION OF VENOUS BLOOD BY										
		VENIPUNCTURE	36415			not available		not available	not a	vailable		not available

						NTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS						
Code	Service Category	Description	Code	Note	P	rofessional**	Professional**	Professional**	Professional**
	OFFICE OR OTHER								
	OUTPATIENT VISIT								
99211		PRIMARY PROCEDURE	99211		\$	14.07	\$ 14.07	\$ 14.07	\$ 14.07
	OFFICE OR OTHER								
	OUTPATIENT VISIT								
	FOR THE EVALUATION		00202		ć	77.00	ć 77.00	ć 77.00	ć 77.00
99202	OFFICE OR OTHER	PRIMARY PROCEDURE	99202		\$	77.03	\$ 77.03	\$ 77.03	\$ 77.03
	OUTPATIENT VISIT								
	FOR THE EVALUATION								
99215		PRIMARY PROCEDURE	99215		\$	229.91	\$ 229.91	\$ 229.91	\$ 229.91
	INJECTION OF A PHARMACOLOGIC								
		PRIMARY PROCEDURE	67028		\$	145.77	\$ 145.77	\$ 145.77	\$ 145.77
	LIMITED ORAL								
	EVALUATION -								
		PRIMARY PROCEDURE	D0140			not available	not available	not available	not available
	PERIODIC COMPREHENSIVE								
	PREVENTIVE								
	MEDICINE								
		PRIMARY PROCEDURE	99392			not available	not available	not available	not available
	PERIODIC								
	COMPREHENSIVE PREVENTIVE								
	MEDICINE								
99391	REEVALUATION	PRIMARY PROCEDURE	99391			not available	not available	not available	not available
	IMMUNIZATION ADMINISTRATION								
	(INCLUDES								
90471	•	PRIMARY PROCEDURE	90471		\$	27.78	\$ 27.78	\$ 27.78	\$ 27.78
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATION	99213		\$	105.31	¢ 105.21	\$ 105.31	\$ 105.31
	PATIENT SCREENED	AND	55215		Ş	105.51	\$ 105.31	Ş 105.51	\$ 105.51
	FOR DEPRESSION								
1220F	(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
	EXTRACTION,				Ĺ				
	ERUPTED TOOTH OR								
	EXPOSED ROOT								
D7140	(ELEVATION AN	PRIMARY PROCEDURE OFFICE OR OTHER	D7140			not available	not available	not available	not available
		OUTPATIENT VISIT							
		FOR THE EVALUATION							
		AND	99213		\$	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
	TELEPHONE								
	EVALUATION AND								
	MANAGEMENT						.		
99442	SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99442		\$	104.93	\$ 104.93	\$ 104.93	\$ 104.93

_					ANTHEI CRC (Med Advan)SS icare		ITHEM BLUE CROSS ommercial)	Maximum Negotiated Rate	Ne	Minimum gotiated Rate
Primary		Procedure	CPT/HCPCS								
Code	Service Category	Description	Code	Note	Profess	ional**	Pre	ofessional**	Professional**	P	rofessional**
		LIPID PANEL THIS									
		PANEL MUST INCLUDE									
		THE FOLLOWING:	000004								
		CHOL RENAL FUNCTION	80061		not	available		not available	not available		not available
		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
		GLICOSILATED (AIC)	65050		1101	available		HOL AVAIIADIE	HOL AVAIIADIE		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									
	POSTOPERATIVE	VENIPUNCTURE	36415		not	available		not available	not available		not available
	FOLLOW-UP VISIT,										
	NORMALLY INCLUDED										
99024	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
	SCANNING						ľ				
	COMPUTERIZED										
	OPHTHALMIC										
02124			02124		ć	10.24	~	10.24	ć 10.24	ć	40.24
92134	IMAGING, PO	PRIMARY PROCEDURE	92134		\$	40.24	\$	40.24	\$ 40.24	\$	40.24
	OPHTHALMOLOGICAL										
	SERVICES: MEDICAL										
	EXAMINATION AND										
92014	EVAL	PRIMARY PROCEDURE	92014		\$	122.22	\$	122.22	\$ 122.22	\$	122.22
		INTRAVITREAL									
		INJECTION OF A									
		PHARMACOLOGIC	67000		ć	1 45 77	~	A AF	č	~	4 45 75
		AGENT (SEPARA	67028		\$	145.77	\$	145.77	\$ 145.77	\$	145.77
	TELEPHONE										
	EVALUATION AND										
	MANAGEMENT										
99441	SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99441		\$	56.20	\$	56.20	\$ 56.20	\$	56.20

					(THEM BLUE CROSS Medicare dvantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate		Minimum gotiated Rate
Primary		Procedure	CPT/HCPCS							
Code	Service Category	Description	Code	Note	Pro	ofessional**	Professional**	Professional**	Pr	ofessional**
	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE									
99393		PRIMARY PROCEDURE	99393			not available	not available	not available		not available
	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR									
49083	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
	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE									
-		PRIMARY PROCEDURE	99394			not available	not available	not available		not available
	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	110005							
	CHEMOTHERAPY ADMINISTRATION,	DAYS COLLECT	U0005			not available	not available	not available		not available
	INTRAVENOUS INFUSION TECHN	PRIMARY PROCEDURE	96413		\$	236.74	\$ 236.74	\$ 236.74	\$	236.74
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION								
	INITIAL	AND	99214		\$	154.94	\$ 154.94	\$ 154.94	\$	154.94
	COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99381			not available	not available	not available		not available
	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99443		\$	154.94	\$ 154.94	\$ 154.94	\$	154.94
	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE		55115		Ŷ	194.94	<u> </u>	Ý 13131	Ŷ	101.01
		PRIMARY PROCEDURE	76827		\$	43.95	\$ 43.95	\$ 43.95	\$	43.95
E2000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)		52000		\$	125.68	\$ 125.68	\$ 125.68	\$	125.68
52000	FNUCEDUKE)	PRIMARY PROCEDURE	52000		Ş	125.68	ې 125.68	۶ 125.08	Ş	125.08
		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

						NTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	P	rofessional**	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 PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED (DIRECT	88112		\$	43.68	\$ 43.68	\$ 43.68	\$ 43.68
		MEAS URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR	84152			not available	not available	not available	not available
		BILIRUBI COLLECTION OF	81001			not available	not available	not available	not available
	VISUAL FIELD	VENOUS BLOOD BY VENIPUNCTURE	36415			not available	not available	not available	not available
	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
	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH								
	IMAGE D ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT,	PRIMARY PROCEDURE	93306		\$	110.08	\$ 110.08	\$ 110.08	\$ 110.08
	SUBUNIT,	PRIMARY PROCEDURE	90750			not available	not available	not available	not available
		(INCLUDES PERCUTANEOUS, INT OFFICE OR OTHER OUTPATIENT VISIT	90471		\$	27.78	\$ 27.78	\$ 27.78	\$ 27.78
	MEASUREMENT OF	FOR THE EVALUATION AND	99213		\$	105.31	\$ 105.31	\$ 105.31	\$ 105.31
51798	POST-VOIDING RESIDUAL URINE AND/OR BLADD	PRIMARY PROCEDURE	51798		\$	18.19	\$ 18.19	\$ 18.19	\$ 18.19
		OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$	105.31	\$ 105.31	\$ 105.31	\$ 105.31

					(THEM BLUE CROSS Medicare dvantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS						
Code	Service Category	Description	Code	Note	Pro	ofessional**	Professional**	Professional**	Professional**
	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99396			not available	not available	not available	not available
	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC		00070		<u>,</u>	22.64	A	A	A
96372		PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	96372 99213		\$ \$	23.64	\$ 23.64 \$ 105.31		\$ 23.64 \$ 105.31
	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE								
		PRIMARY PROCEDURE	99395			not available	not available	not available	not available
	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 DENTAL PROPHYLAXIS	D1110			not available	not available	not available	not available
		AND TOPICAL FLUORIDE TREATMENT	D1208			not available	not available	not available	not available
		ORAL HYGIENE	D1208			not available	not available	not available	not available
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140			not available	not available	not available	not available
	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE								
	EVALUATION AN INTERROGATION DEVICE EVALUATION (IN PERSON) WITH	PRIMARY PROCEDURE	99383			not available	not available	not available	not available
	ANALYS	PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	93288		\$	33.03	\$ 33.03	\$ 33.03	\$ 33.03
	PERIODIC ORAL EVALUATION -	AND	99213		\$	105.31	\$ 105.31	\$ 105.31	\$ 105.31
	ESTABLISHED PATIENT	PRIMARY PROCEDURE	D0120			not available	not available	not available	not available
	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	PRIMARY PROCEDURE	51700		\$	47.68	\$ 47.68	\$ 47.68	\$ 47.68

						NTHEM BLUE CROSS (Medicare Advantage)		ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Ne	Minimum gotiated Rate
Primary		Procedure	CPT/HCPCS								
Code	Service Category	Description	Code	Note	P	rofessional**	P	Professional**	Professional**	Р	rofessional**
		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
	INFLUENZA VACCINE, INACTIVATED (IIV),										
90653	SUBUNIT, ADJUVANT	PRIMARY PROCEDURE	90653			not available		not available	not available		not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT OFFICE OR OTHER OUTPATIENT VISIT	90471		\$	27.78	\$	27.78	\$ 27.78	\$	27.78
		FOR THE EVALUATION									
		AND	99213		\$	105.31	\$	105.31	\$ 105.31	\$	105.31
	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE										
99382	EVALUATION AN	PRIMARY PROCEDURE	99382			not available		not available	not available		not available
	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIM	PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	51702		\$	39.84	\$	39.84	\$ 39.84	\$	39.84
		AND	99211		\$	14.07	\$	14.07	\$ 14.07	\$	14.07
	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECT	PRIMARY PROCEDURE	97602		Ŷ	not available	Ţ	not available	not available	Ļ	not available
57002		OFFICE OR OTHER	57002								
		OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$	105.31	\$	105.31	\$ 105.31	\$	105.31
	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS										
90715	VAC	PRIMARY PROCEDURE	90715		L	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	Ş	105.31	\$ 105.31	Ş	105.31

						NTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)		Maximum Negotiated Rate	Ne	Minimum gotiated Rate
Primary		Procedure	CPT/HCPCS			0 /					
Code	Service Category	Description	Code	Note	Р	rofessional**	Professional**		Professional**	Р	rofessional**
	ULTRASOUND,										
	PREGNANT UTERUS,										
	REAL TIME WITH										
76811	IMAGE DOCUM	PRIMARY PROCEDURE	76811		\$	146.03	\$ 146.03	\$	146.03	\$	146.03
	OPHTHALMOLOGICAL										
	SERVICES: MEDICAL										
	EXAMINATION AND										
92002		PRIMARY PROCEDURE	92002		\$	74.24	\$ 74.24	\$	74.24	\$	74.24
	ORAL EVALUATION -										
D0150	NEW OR ESTABLISHED	PRIMARY PROCEDURE	D0150			not available	not available		not available		not available
00130	INITIAL	PRIMART PROCEDORE	D0130			flot available			not available		not available
	COMPREHENSIVE										
	PREVENTIVE										
	MEDICINE										
99384		PRIMARY PROCEDURE	99384			not available	not available		not available		not available
	SCANNING										
	COMPUTERIZED										
	OPHTHALMIC										
	DIAGNOSTIC										
92133	,	PRIMARY PROCEDURE	92133		\$	34.62	\$ 34.62	\$	34.62	\$	34.62
	COMPUTERIZED										
	CORNEAL										
	TOPOGRAPHY,										
02025	UNILATERAL OR		02025		ć	20.70	ć 20.70		20.70	÷	20.70
92025	BILATERA	PRIMARY PROCEDURE OFFICE OR OTHER	92025		\$	30.79	\$ 30.79	\$	30.79	\$	30.79
		OUTPATIENT VISIT									
		FOR THE EVALUATION									
		AND	99213		\$	105.31	\$ 105.31	\$	105.31	\$	105.31
	ENDOMETRIAL				Ŧ		+	Ŧ		Ŧ	
	SAMPLING (BIOPSY)										
	WITH OR WITHOUT										
58100	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		ć	59.09	\$ 59.09	\$	59.09	\$	59.09
	PSYCHIATRIC		60505		\$	59.09	\$ 59.05	, s	59.09	Ş	59.09
	DIAGNOSTIC										
	EVALUATION WITH										
90792		PRIMARY PROCEDURE	90792		\$	271.30	\$ 271.30	s s	271.30	\$	271.30
		OFFICE OR OTHER			Ľ			Ť		· ·	
		OUTPATIENT VISIT									
		FOR THE EVALUATION									
		AND	99205		\$	288.99	\$ 288.99	\$	288.99	\$	288.99
	INFLUENZA VIRUS										
	VACCINE,										
	QUADRIVALENT (IIV4),										
90686	SPLIT VIR	PRIMARY PROCEDURE	90686			not available	not available	:	not available		not available

						NTHEM BLUE CROSS (Medicare Advantage)		ANTHEM BLUE CROSS (Commercial)	N	Maximum legotiated Rate	Ne	Minimum egotiated Rate
Primary		Procedure	CPT/HCPCS									
Code	Service Category	Description	Code	Note	P	rofessional**		Professional**	I	Professional**	Р	rofessional**
		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	Ś	105.31
	INFLUENZA VIRUS VACCINE, QUADRIVALENT				¥		Ŷ		Ŷ		¥	
90694	(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	90471		Ş	27.78	Ş	27.78	Ş	27.76	Ş	27.76
		OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$	105.31	\$	105.31	\$	105.31	\$	105.31
	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH				_							
76815		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
	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WIT	PRIMARY PROCEDURE	49082		\$	116.26	\$	116.26	Ş	116.26	\$	116.26
	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR											
20610	JOIN	PRIMARY PROCEDURE	20610		\$	71.35	\$	71.35	\$	71.35	\$	71.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	00010			56.05	<i>.</i>	56.05	•	56.05	4	56.05
		AND INJECTION, LIDOCAINE HCL FOR INTRAVENOUS	99212		\$	56.95	\$	56.95	\$	56.95	\$	56.95
		INFUSION, 10 M	J2001		L	not available	L	not available		not available		not available
		INJECTION, TRIAMCINOLONE ACETONIDE, NOT	12201			not available		not available		not available		not available
		OTHERWISE SPECI INJECTION, BUPIVICAINE HYDROCHLORIDE, 30	J3301			not available		not available		not available		not available
		ML	S0020			not available		not available		not available		not available

						NTHEM BLUE CROSS (Medicare Advantage)		ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS			0,1				
Code	Service Category	Description	Code	Note	Р	rofessional**		Professional**	Professional**	Professional**
	INTRAVENOUS INFUSION, FOR THERAPY,									
	PROPHYLAXIS, OR		00205		ć	110 54	÷	110 54	с <u>116</u> гл	с л аста
96365	DIAG	PRIMARY PROCEDURE INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE	96365		\$	116.54	\$	116.54	\$ 116.54	\$ 116.54
		1	J2916			not available		not available	not available	not available
	FETAL NON-STRESS									
59025	TEST	PRIMARY PROCEDURE ULTRASOUND, PREGNANT UTERUS,	59025		\$	44.15	\$	44.15	\$ 44.15	\$ 44.15
		REAL TIME WITH	76815		\$	49.60	\$	49.60	\$ 49.60	\$ 49.60
	ESOPHAGOGASTRODU ODENOSCOPY, FLEXIBLE, TRANSORAL;									
43237	WITH E	PRIMARY PROCEDURE	43237		\$	309.67	\$	309.67	\$ 309.67	\$ 309.67
		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA TOGRAPHY (ERCP); ENDOSCOPIC	43275		\$	592.96	\$	592.96	\$ 592.96	\$ 592.96
		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 INJECTION,	J2405			not available	-	not available	not available	not available
		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
	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME									
92235	IMAGING) W	PRIMARY PROCEDURE	92235		\$	67.41	\$	67.41	\$ 67.41	\$ 67.41

_					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary	Semiles Category	Procedure	CPT/HCPCS	Note	Professional**	Duefeesienel**	Professional**	Duefessional**
Code	Service Category	Description	Code	Note	Professional**	Professional**	Professional**	Professional**
	PERIAPICAL-FIRST							
D0220	FILM	PRIMARY PROCEDURE	D0220		not available	not available	not available	not available
		EVALUATION -						
		PROBLEM FOCUSED	D0140		not available	not available	not available	not available
	HYSTEROSCOPY, SURGICAL; WITH							
	SAMPLING (BIOPSY)							
58558	OF ENDOM	PRIMARY PROCEDURE	58558		\$ 362.78	\$ 362.78	\$ 362.78	\$ 362.78
		ANESTHESIA FOR VAGINAL						
		PROCEDURES						
		(INCLUDING BIOPSY	00050					
		OF	00952		not available	not available	not available	not available
		LEVEL IV - SURGICAL						
		PATHOLOGY, GROSS	88205		ć 50.00	ć 50.00	ć 50.00	ć 50.00
		AND MICROSCOPIC EX BLOOD COUNT;	88305		\$ 59.09	\$ 59.09	\$ 59.09	\$ 59.09
		COMPLETE (CBC),						
		AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION,	83023		not available		not available	not available
		MIDAZOLAM						
		HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		1100	52250		not available	not available	not available	
		INJECTION, FENTANYL	12010					
		CITRATE, 0.1 MG RINGERS LACTATE	J3010		not available	not available	not available	not available
		INFUSION, UP TO 1000						
		CC ANTIBODY SCREEN,	J7120		not available	not available	not available	not available
		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,	00001		notavallable	notavallable	not available	
		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
	MYOCARDIAL							
	PERFUSION IMAGING,							
	TOMOGRAPHIC							
78452	(SPECT) (INCL	PRIMARY PROCEDURE INJECTION,	78452		\$ 121.71	\$ 121.71	\$ 121.71	\$ 121.71
		REGADENOSON, 0.1						
		MG	J2785		not available	not available	not available	not available
	ESOPHAGOGASTRODU							
	ODENOSCOPY,							
	FLEXIBLE, TRANSORAL; WITH B		42244		¢ 200.04	\$ 386.91	\$ 386.91	ć <u>200.04</u>
43244		PRIMARY PROCEDURE	43244		\$ 386.91	لاد.معد د ا	\$ 386.91	\$ 386.91
		MIDAZOLAM						
		HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		1110	12220		not available		not available	not available

						NTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS						
Code	Service Category	Description	Code	Note	Pi	ofessional**	Professional**	Professional**	Professional**
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010			not available	not available	not available	not available
	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND								
92250	REPORT	PRIMARY PROCEDURE	92250		\$	33.43	\$ 33.43	\$ 33.43	\$ 33.43
	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS,								
50435	INCLUDING	PRIMARY PROCEDURE	50435		\$	156.09	\$ 156.09	\$ 156.09	\$ 156.09
		CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH C	75.094		ć	E0 72	¢ 50.72	¢ 50.72	¢ 50.72
		INJECTION,	75984		\$	59.73	\$ 59.73	\$ 59.73	\$ 59.73
		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
	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-	CITRATE, 0.1 MG	13010				not available	not available	
76519	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
	CATHETER PLACEMENT IN CORONARY ARTERY(S)								
93458	FOR CORONARY A	PRIMARY PROCEDURE	93458		\$	453.21	\$ 453.21	\$ 453.21	\$ 453.21
		SODIUM, PER 1000							
		UNITS	J1644			not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS							
		INFUSION, 10 M INJECTION, MIDAZOLAM	J2001			not available	not available	not available	not available
		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
	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND								
92557	SPEEC	PRIMARY PROCEDURE	92557		\$	51.70	\$ 51.70	\$ 51.70	\$ 51.70

					CF (Me	EM BLUE ROSS dicare antage)	ANTHEM BLUE CROSS (Commercial)	N	Maximum legotiated Rate		Minimum gotiated Rate
Primary		Procedure	CPT/HCPCS								
Code	Service Category	Description	Code	Note	Profes	ssional**	Professional**	F	Professional**	Pr	ofessional**
		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550		\$	36.51	\$ 36.5	1\$	36.51	\$	36.51
	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED										
99606		PRIMARY PROCEDURE	99606		n	ot available	not availabl	e	not available		not available
	DETERMINATION OF										
92015	REFRACTIVE STATE	PRIMARY PROCEDURE	92015		n	ot available	not availabl	-	not available		not available
	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND										
92004		PRIMARY PROCEDURE	92004		\$	151.71	\$ 151.7	1\$	151.71	\$	151.71
52310	CYSTOURETHROSCOPY , WITH REMOVAL OF FOREIGN BODY, CALCUL	PRIMARY PROCEDURE	52310		\$	235.41	\$ 235.4	1 \$	235.41	\$	235.41
D0210	INTRAORAL- COMPLETE SERIES (INCLUDING BITEWINGS)	PRIMARY PROCEDURE	D0210		n	ot available	not availabl		not available		not available
		COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATI	D0150			ot available	not availabl		not available		not available
90658	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	PRIMARY PROCEDURE	90658		n	ot available	not availabl	e	not available		not available
		IMMUNIZATION ADMINISTRATION (INCLUDES									
		PERCUTANEOUS, INT OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	90471		\$	27.78		3\$	27.78		27.78
	CYTOPATHOLOGY, CERVICAL OR VAGINAL	AND	99213		\$	105.31	\$ 105.3	1 \$	105.31	\$	105.31
00175	(ANY REPORTING		00175			ak au - 11 - 1 - 1			maker set 11		
88175	3131E	PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	88175		n	ot available	not availabl	2	not available	<u> </u>	not available
		AND	99213		\$	105.31	\$ 105.3	1\$	105.31	\$	105.31
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		n	ot available	not availabl		not available		not available
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING	0,024					-			
		SYSTE	88142		n	ot available	not availabl	2	not available		not available

						NTHEM BLUE CROSS (Medicare Advantage)		ANTHEM BLUE CROSS (Commercial)	Ne	Maximum egotiated Rate	Ne	Minimum gotiated Rate
Primary		Procedure	CPT/HCPCS			6 • • • • • • •						6 • • • • • •
Code	Service Category POSTERIOR TIBIAL NEUROSTIMULATION,	Description	Code	Note	P	ofessional**		Professional**	P	Professional**	P	ofessional**
CAFCC	PERCUTANEOUS		CAECO		ć	47.00	<i>.</i>	47.00	ć	47.00	÷	47.00
64566	NEEDLE	PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	64566 99213		\$ \$	47.68	\$ \$	47.68		47.68	\$ \$	47.68
	CARIES RISK ASSESSMENT AND DOCUMENTATION,				Ŷ		Ŷ		Ŷ		Ŷ	
D0603	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	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
	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS											
90460	OF AGE VIA	PRIMARY PROCEDURE IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	90460 90461		\$ \$	27.78	\$ \$	27.78	\$	27.78	\$ \$	27.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$	56.95	\$	56.95		56.95	\$	56.95
00726	ZOSTER (SHINGLES) VACCINE (HZV), LIVE,	PRIMARY PROCEDURE	90736			not available						
90730	FOR SUBCUTANEOUS	IMMUNIZATION ADMINISTRATION (INCLUDES	90736					not available		not available		not available
		PERCUTANEOUS, INT OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	90471		\$	27.78	\$	27.78	\$	27.78	\$	27.78
	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13),	AND	99213		\$	105.31	\$	105.31	\$	105.31	\$	105.31
90670		PRIMARY PROCEDURE	90670			not available		not available		not available		not available
		ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$	27.78	\$	27.78	\$	27.78	\$	27.78

_						NTHEM BLUE CROSS (Medicare Advantage)		ANTHEM BLUE CROSS (Commercial)	Ne	Maximum egotiated Rate	Ne	Minimum gotiated Rate
Primary		Procedure	CPT/HCPCS									
Code	Service Category	Description	Code	Note	P	rofessional**	F	Professional**	P	rofessional**	Pi	ofessional**
		OFFICE OR OTHER										
		OUTPATIENT VISIT										
		FOR THE EVALUATION	99213		\$	105.31	\$	105.31	ć	105.31	\$	105.31
	DEBRIDEMENT,	AND	99215		Ş	105.51	Ş	105.51	\$	105.51	Ş	105.51
	SUBCUTANEOUS											
	TISSUE (INCLUDES											
11042	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
	SLEEP STUDY, UNATTENDED, SIMULTANEOUS											
95806		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
	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S)											
64612	INNERVATED BY	PRIMARY PROCEDURE	64612		\$	191.64	\$	191.64	\$	191.64	\$	191.64
		OFFICE OR OTHER										
		OUTPATIENT VISIT										
		FOR THE EVALUATION	99213		\$	105.31	\$	105.31	\$	105.31	\$	105.31
		AND	99215		Ş	105.51	Ş	105.51	Ş	105.51	Ş	105.51
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, W	PRIMARY PROCEDURE	99242			not available		not available		not available		not available
	CYSTOURETHROSCOPY , WITH INSERTION OF											
52332	INDWELLING URETERA		52332		\$	242.46	\$	242.46	\$	242.46	\$	242.46
		UROGRAPHY,										
		RETROGRADE, WITH OR WITHOUT KUB	74420		\$	38.98	\$	38.98	\$	38.98	\$	38.98
			74420		Ç	38.98	ç	30.50	Ļ	38.98	Ļ	58.58
		INJECTION,										
		MORPHINE SULFATE,										
		UP TO 10 MG	J2270			not available		not available		not available		not available
	SEVERE ACUTE RESPIRATORY SYNDROME											
01200	CORONAVIRUS 2		91300			not available		not available		not available		not available
91200	(SARS-C	PRIMARY PROCEDURE OFFICE OR OTHER	91200			not available		not available		not available		not available
		OUTPATIENT VISIT										l
		FOR THE EVALUATION										
		AND	99213		\$	105.31	\$	105.31	\$	105.31	\$	105.31
	PNEUMOCOCCAL											1
۵ <u>۵</u> 722	VACCINE, 23-VALENT (PPSV23)	PRIMARY PROCEDURE	90732			not available		not available		not available		not available
30732	(11 3 2 3)	I MINIANT PROCEDURE	9073Z		I	not available		not available	I	not available		not available

						NTHEM BLUE CROSS (Medicare Advantage)		ANTHEM BLUE CROSS (Commercial)	N	Maximum egotiated Rate	N	Minimum egotiated Rate
Primary		Procedure	CPT/HCPCS									
Code	Service Category	Description	Code	Note	Р	rofessional**		Professional**	P	Professional**	P	rofessional**
		IMMUNIZATION ADMINISTRATION (INCLUDES										
		PERCUTANEOUS, INT OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	90471		\$	27.78	\$	27.78	\$	27.78	\$	27.78
		AND	99213		\$	105.31	\$	105.31	\$	105.31	\$	105.31
	CYSTOURETHROSCOPY , WITH URETEROSCOPY											
52356	AND/OR PYELOSCOPY;	PRIMARY PROCEDURE ANESTHESIA FOR LITHOTRIPSY,	52356		\$	643.38	\$	643.38	\$	643.38	\$	643.38
		EXTRACORPOREAL SHOCK WAVE;	00872			not available		not available		not available		not available
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1	7000		ć	22.04	ć	22.04	¢	22.04	ć	22.04
		HOUR PHYSICIA ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12	76000		\$	23.94	\$	23.94	\$	23.94	\$	23.94
		LEADS; CALCULUS; INFRARED	93005		\$	10.47	\$	10.47	\$	10.47	\$	10.47
		SPECTROSCOPY INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20	82365			not available		not available		not available		not available
		MG	J0330			not available		not available		not available		not available
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG INJECTION,	J0696			not available		not available		not available		not available
		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 INJECTION, PROPOFOL, 10 MG	J2405 J2704			not available not available		not available not available		not available not available		not available not available

						NTHEM BLUE						
						CROSS (Medicare Advantage)		THEM BLUE CROSS ommercial)		aximum tiated Rate	Ne	Minimum gotiated Rate
Primary		Procedure	CPT/HCPCS		<u> </u>	tarantage/						
Code	Service Category	Description	Code	Note	Pr	ofessional**	Pro	ofessional**	Prof	essional**	Р	rofessional**
		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
	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTER	PRIMARY PROCEDURE	97802		\$	52.57	\$	52.57	\$	52.57	\$	52.57
	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93456		\$	477.76	\$	477.76	\$	477.76	\$	477.76
		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
	CHEMODENERVATION OF ONE EXTREMITY; 5											
64644	OR MORE MUSCLES	PRIMARY PROCEDURE HOSPITAL	64644		\$	185.29	\$	185.29	\$	185.29	\$	185.29
		OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463			not available		not available		not available		not available
		INJECTION, ONABOTULINUMTOXI										
		NA, 1 UNIT	J0585			not available		not available		not available		not available
	EXTERNAL ELECTROCARDIOGRAP HIC RECORDING FOR	PRIMARY PROCEDURE	93247			not available		not available		not available		not available
	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYS	PRIMARY PROCEDURE	93289		\$	58.46	\$	58.46	\$	58.46	\$	58.46
93289		T NIVIANT PROCEDUKE	93289		Ş	38.40	ډ	38.40	ڊ	58.40	Ş	28.40
	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF											
58661	ADNEXAL STRUCTUR	PRIMARY PROCEDURE	58661		\$	1,038.43	\$	1,038.43	\$	1,038.43	\$	1,038.43
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX INJECTION,	88302		\$	10.83	\$	10.83	\$	10.83	\$	10.83
		DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100			not available		not available		not available		not available

_						NTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate		Minimum otiated Rate
Primary		Procedure	CPT/HCPCS							
Code	Service Category	Description	Code	Note	Pr	ofessional**	Professional**	Professional**	Pro	ofessional**
		INJECTION,								
		MIDAZOLAM HYDROCHLORIDE, PER								
		1 MG	J2250			not available	not available	not available		not available
		INJECTION,	52250			notaranapie		lietaraliable		noraranabie
		ONDANSETRON								
		HYDROCHLORIDE, PER								
		1 MG	J2405			not available	not available	not available		not available
		INJECTION,	12704			n et eveileble	nat available	nat available		net eveileble
		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
	RESIN-BASED									
	COMPOSITE - TWO									
D2392	SURFACES, POSTERIOR		D2392			not available	not available	not available		not available
		ORAL HYGIENE	D1330			n et eveileble	nat available	nat available		net eveileble
		INSTRUCTION LIMITED ORAL	D1330			not available	not available	not available		not available
		EVALUATION -								
		PROBLEM FOCUSED	D0140			not available	not available	not available		not available
	PARING OR CUTTING									
	OF BENIGN									
	HYPERKERATOTIC									
11055	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
	INJECTION(S); SINGLE									
	OR MULTIPLE TRIGGER									
20553	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
	ESOPHAGEAL									
	MOTILITY									
	(MANOMETRIC STUDY						4 400 70			100 70
91010	OF THE ESOPHAGUS	PRIMARY PROCEDURE	91010		\$	103.70	\$ 103.70	\$ 103.70	\$	103.70
	MIDAZOLAM									
	HYDROCHLORIDE, PER									
J2250		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
	REMOVAL OF									
	TUNNELED CENTRAL VENOUS CATHETER,									
36589	WITHOUT SU	PRIMARY PROCEDURE	36589		\$	217.64	\$ 217.64	\$ 217.64	\$	217.64
		REMOVAL OF								
		TUNNELED								
		INTRAPERITONEAL							Ι.	
		CATHETER	49422		\$	344.52	\$ 344.52	\$ 344.52	\$	344.52

						NTHEM BLUE CROSS (Medicare Advantage)		ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	1	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS								
Code	Service Category	Description	Code	Note	P	rofessional**	F	Professional**	Professional**		Professional**
	COLONOSCOPY, FLEXIBLE; WITH										
	REMOVAL OF										
45384	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,									
		HYDROCHLORIDE, PER 1 MG	J2250			not available		not available	not available		not available
		100	32230			not available					not available
		INJECTION, FENTANYL									
		CITRATE, 0.1 MG	J3010			not available		not available	not available		not available
	RESIN-BASED										
	COMPOSITE - ONE										
D2391	SURFACE, POSTERIOR	PRIMARY PROCEDURE	D2391			not available		not available	not available		not available
		ORAL HYGIENE									
		INSTRUCTION LIMITED ORAL	D1330			not available		not available	not available		not available
		EVALUATION -									
		PROBLEM FOCUSED	D0140			not available		not available	not available		not available
	ECHOCARDIOGRAPHY,										
	FETAL, CARDIOVASCULAR										
	SYSTEM, REAL TI	PRIMARY PROCEDURE	76825		\$	127.15	\$	127.15	\$ 127.15	\$	127.15
		OFFICE OR OTHER			·	-		-		Ť	
		OUTPATIENT VISIT									
		FOR THE EVALUATION	99205		\$	288.99	\$	288.99	\$ 288.99	\$	288.99
	HUMAN	AND	99203		Ş	288.99	ç	200.99	Ş 200.55	Ş	288.33
	PAPILLOMAVIRUS										
	VACCINE TYPES 6, 11,										
90651	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
	INTRODUCTION OF NEEDLE(S) AND/OR										
	CATHETER(S), DIALYSIS	PRIMARY PROCEDURE	36902		\$	369.03	\$	369.03	\$ 369.03	\$	369.03
		UROGRAPHY,								Τ	
		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
			32230				1			1	

_						NTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Ne	Minimum egotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	P	rofessional**	Professional**	Professional**	Р	rofessional**
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010			not available	not available	not available		not available
	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, L	PRIMARY PROCEDURE	67145		\$	351.77	\$ 351.77		\$	351.77
	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	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	Ś	122.22
	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR									
58571	UTE	PRIMARY PROCEDURE CYSTOURETHROSCOPY (SEPARATE	58571		\$	1,454.12				1,454.12
		PROCEDURE) LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC	52000		\$	125.68	\$ 125.68		\$	125.68
		EXA INJECTION, CEFAZOLIN SODIUM, 500 MG	88307 J0690		\$	130.25 not available	\$ 130.25 not available	\$ 130.25 not available	\$	130.25 not available

_					ANTHE CRC (Med Advar	licare	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS						
Code	Service Category	Description	Code	Note	Profess	sional**	Professional**	Professional**	Professional**
		INJECTION,							
		DEXAMETHASONE							
		SODIUM PHOSPHATE,							
		1 MG	J1100		not	t available	not availab	e not available	not available
		INJECTION,							
		HYDROMORPHONE,							
		UP TO 4 MG	J1170		not	t available	not availab	e not available	not available
		INJECTION, MIDAZOLAM							
		HYDROCHLORIDE, PER							
		1 MG	J2250		not	t available	not availab	e not available	not available
		INJECTION,	J2230		1101		not availab		IIOL available
		ONDANSETRON							
		HYDROCHLORIDE, PER							
		1 MG	J2405		not	t available	not availab	e not available	not available
		INJECTION,							
		PROPOFOL, 10 MG	J2704		not	t available	not availab	e not available	not available
		INJECTION,							
		NEOSTIGMINE							
		METHYLSULFATE, UP							
		TO 0.5 MG	J2710		not	t available	not availab	e not available	not available
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		not	t available	not availab	e not available	not available
		GLYCOPYRROLATE,							
		INHALATION							
		SOLUTION,							
		COMPOUNDED	176.40						
		PRODUCT	J7642		not	t available	not availab	e not available	not available
	VISUAL FIELD								
	EXAMINATION, UNILATERAL OR								
02082	BILATERAL, WITH	PRIMARY PROCEDURE	92082		\$	32.84	\$ 32.8	4 \$ 32.84	\$ 32.84
92082	IRIDOTOMY/IRIDECTO	PRIMART PROCEDORE	92062		ç	52.04	Ş 52.0	+ , 52.04	Ş 52.64
	MY BY LASER								
	SURGERY (EG, FOR								
66761	GLAUCOMA	PRIMARY PROCEDURE	66761		\$	382.55	\$ 382.5	5 \$ 382.55	\$ 382.55
00701	CYSTOURETHROSCOPY		00701		Ŷ	002.00	φ 00210	ý 002.00	÷ 002.00
	, WITH INJECTION(S)								
	FOR								
52287	CHEMODENERVATI	PRIMARY PROCEDURE	52287		\$	263.11	\$ 263.1	1 \$ 263.11	\$ 263.11
		HOSPITAL							
		OUTPATIENT CLINIC							
		VISIT FOR							
		ASSESSMENT AND							
		MAN	G0463		not	t available	not availab	e not available	not available
		INJECTION,							
		ONABOTULINUMTOXI							
		NA, 1 UNIT	J0585		not	t available	not availab	e not available	not available
		INJECTION, LIDOCAINE							
		HCL FOR							
			1000						
		INFUSION, 10 M	J2001		not	t available	not availab	e not available	not available
	CATHETER PLACEMENT IN								
	CORONARY ARTERY(S)								
93460	FOR CORONARY A	PRIMARY PROCEDURE	93460		\$	575.58	\$ 575.5	8 \$ 575.58	\$ 575.58
55400			55400		Ý	515.50	- JJJ.		۵۲. <i>۲</i> ،۲۰

					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Somulae Catagory	Procedure	CPT/HCPCS Code	Noto	Professional**	Professional**	Professional**	Professional**
Code	Service Category	Description OFFICE OR OTHER	Code	Note	Professional	Professional	Professional	Professional
		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
	REPAIR OF COMPLEX							
	RETINAL							
	DETACHMENT (EG,							
67113	PROLIFERATIVE	PRIMARY PROCEDURE VITRECTOMY,	67113		\$ 2,128.50	\$ 2,128.50	\$ 2,128.50	\$ 2,128.50
		MECHANICAL, PARS						
		PLANA APPROACH;						
		WITH ENDOL	67040		\$ 1,660.37	\$ 1,660.37	\$ 1,660.37	\$ 1,660.37
		INJECTION OF						
		SUBSTITUTE, PARS PLANA OR LIMBAL	67025		\$ 1,017.12	\$ 1,017.12	\$ 1,017.12	\$ 1,017.12
		INTRAVITREAL	07025		<i>y</i> 1,017.12	<i>y</i> 1,017.12	<i>y</i> 1,017.12	<i>y</i> 1,017.12
		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	1=105					
		СС	J7120		not available	not available	not available	not available
	PREVENTIVE							
	MEDICINE COUNSELING AND/OR							
99401	RISK FACTOR REDUC	PRIMARY PROCEDURE	99401		not available	not available	not available	not available
		MEDICAL GENETICS						
		AND GENETIC						
		SERVICES, EACH	96040		not available	not available	not available	not available

					ANTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary		Procedure	CPT/HCPCS					
Code	Service Category BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING	Description	Code	Note	Professional**	Professional**	Professional**	Professional**
31624	FLUOROSCOPIC	PRIMARY PROCEDURE	31624		\$ 210.39	\$ 210.39	\$ 210.39	\$ 210.39
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCEN T	87281		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	87110				not available	not available
		(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
		CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS	87015		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 SMEAR, PRIMARY SOURCE WITH INTERPRETATION:	87070		not available	not available	not available	not available
		GRAM OR GIEM CELL COUNT, MISCELLANEOUS	87205		not available	not available	not available	not available
	REMOVAL OF	BODY FLUIDS (EG, CEREBROSPINA	89050		not available	not available	not available	not available
	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						
	BIOPSY, MUSCLE, PERCUTANEOUS	AND	99213		\$ 105.31	\$ 105.31	\$ 105.31	\$ 105.31
20206	NEEDLE	PRIMARY PROCEDURE	20206		\$ 90.89	\$ 90.89	\$ 90.89	\$ 90.89

						NTHEM BLUE CROSS (Medicare Advantage)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional**		Professional**	Professional**	Professional**
		COMPUTED TOMOGRAPHY GUIDANCE FOR							
		NEEDLE PLACEMENT	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
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMIS							
		TRY, PER SPECIM	88341		\$	44.28	\$ 44.28	\$ 44.28	\$ 44.28
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	89205		ć	50.00	ć 50.00	ć 50.00	ć 50.00
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMIS	88305		\$	59.09	\$ 59.09	\$ 59.09	\$ 59.09
		TRY, PER SPECIM INJECTION,	88342		\$	54.66	\$ 54.66	\$ 54.66	\$ 54.66
		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
	SURGICAL REMOVAL OF PROSTATE AND SURROUNDING LYMPH NODES USING			This procedure was provided in inpatient					
	AN ENDOSCOPE			setting only		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
	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY AFTER PRIOR CESAREAN DELIVERY INCLUDING PRE-AND POST-			This procedure was provided in inpatient					
59610	DELIVERY CARE			setting only		n/a	n/a	n/a	n/a
	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.