

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
19120	MALI	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR PRIMARY PROCEDURE	19120		\$ 3,785.18	see footnote ****	\$ 3,785.18	not contracted	\$ 3,785.18	not contracted	\$ 3,785.18	not contracted	\$ 3,785.18	not contracted	\$ 3,785.18	not contracted	\$ 3,785.18	\$ 3,785.18
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 59.57	see footnote ****	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	\$ 59.57
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
29826	SUBAC	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF PRIMARY PROCEDURE	29826		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPA	29827		\$ 7,508.22	see footnote ****	\$ 7,508.22	not contracted	\$ 7,508.22	not contracted	\$ 7,508.22	not contracted	\$ 7,508.22	not contracted	\$ 7,508.22	not contracted	\$ 7,508.22	\$ 7,508.22
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL	PRIMARY PROCEDURE	29881		\$ 3,394.67	see footnote ****	\$ 3,394.67	not contracted	\$ 3,394.67	not contracted	\$ 3,394.67	not contracted	\$ 3,394.67	not contracted	\$ 3,394.67	not contracted	\$ 3,394.67	\$ 3,394.67
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES	01400		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
42820	12	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE	42820		\$ 6,096.51	see footnote ****	\$ 6,096.51	not contracted	\$ 6,096.51	not contracted	\$ 6,096.51	not contracted	\$ 6,096.51	not contracted	\$ 6,096.51	not contracted	\$ 6,096.51	\$ 6,096.51
		PRIMARY PROCEDURE																
		ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY;	00170		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 59.57	see footnote ****	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	\$ 59.57
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MORPHINE SULFATE, UP TO 10 MG	J2270		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPID	J2274		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	J2765		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PROD	J7613		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43235	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; DIAGNO	PRIMARY PROCEDURE	43235		\$ 969.93	see footnote ****	\$ 969.93	not contracted	\$ 969.93	not contracted	\$ 969.93	not contracted	\$ 969.93	not contracted	\$ 969.93	not contracted	\$ 969.93	\$ 969.93

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43239	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; WITH B	PRIMARY PROCEDURE	43239		\$ 969.93	see footnote ****	\$ 969.93	not contracted	\$ 969.93	not contracted	\$ 969.93	not contracted	\$ 969.93	not contracted	\$ 969.93	not contracted	\$ 969.93	\$ 969.93
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 59.57	see footnote ****	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	\$ 59.57
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
45378	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION	PRIMARY PROCEDURE	45378		\$ 951.26	see footnote ****	\$ 951.26	not contracted	\$ 951.26	not contracted	\$ 951.26	not contracted	\$ 951.26	not contracted	\$ 951.26	not contracted	\$ 951.26	\$ 951.26
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
45380	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	PRIMARY PROCEDURE	45380		\$ 1,243.02	see footnote ****	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	\$ 1,243.02
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 59.57	see footnote ****	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	\$ 59.57
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***
45385	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(	PRIMARY PROCEDURE	45385		\$ 1,243.02	see footnote ****	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	\$ 1,243.02
	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE		45380		\$ 1,243.02	see footnote ****	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	\$ 1,243.02
	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX		88305		\$ 59.57	see footnote ****	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	\$ 59.57
	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG		J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	INJECTION, FENTANYL CITRATE, 0.1 MG		J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
45391	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMI	PRIMARY PROCEDURE	45391		\$ 1,243.02	see footnote ****	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	\$ 1,243.02
	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE		45380		\$ 1,243.02	see footnote ****	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	\$ 1,243.02
	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND		74330		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX		88305		\$ 59.57	see footnote ****	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	\$ 59.57
	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG		J0330		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG		J2405		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	INJECTION, PROPOFOL, 10 MG		J2704		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG		J2765		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	INJECTION, FENTANYL CITRATE, 0.1 MG		J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	PRIMARY PROCEDURE	47562		\$ 6,065.32	see footnote ****	\$ 6,065.32	not contracted	\$ 6,065.32	not contracted	\$ 6,065.32	not contracted	\$ 6,065.32	not contracted	\$ 6,065.32	not contracted	\$ 6,065.32	\$ 6,065.32
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDO	00790		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 59.57	see footnote ****	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	\$ 59.57
		INJECTION, CEFOXITIN SODIUM, 1 GM	J0694		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT	J7642		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; R	PRIMARY PROCEDURE	49505		\$ 3,813.76	see footnote ****	\$ 3,813.76	not contracted	\$ 3,813.76	not contracted	\$ 3,813.76	not contracted	\$ 3,813.76	not contracted	\$ 3,813.76	not contracted	\$ 3,813.76	\$ 3,813.76
		ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTH	00830		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		\$ 29.61	see footnote ****	\$ 29.61	not contracted	\$ 29.61	not contracted	\$ 29.61	not contracted	\$ 29.61	not contracted	\$ 29.61	not contracted	\$ 29.61	\$ 29.61
		MESH (IMPLANTABLE)	C1781		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT	J7642		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE,	PRIMARY PROCEDURE	55700		\$ 2,146.29	see footnote ****	\$ 2,146.29	not contracted	\$ 2,146.29	not contracted	\$ 2,146.29	not contracted	\$ 2,146.29	not contracted	\$ 2,146.29	not contracted	\$ 2,146.29	\$ 2,146.29
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 59.57	see footnote ****	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	\$ 59.57
		INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	J1580		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)	PRIMARY PROCEDURE	62322		\$ 761.17	see footnote ****	\$ 761.17	not contracted	\$ 761.17	not contracted	\$ 761.17	not contracted	\$ 761.17	not contracted	\$ 761.17	not contracted	\$ 761.17	\$ 761.17
		DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JO	64635		\$ 2,104.81	see footnote ****	\$ 2,104.81	not contracted	\$ 2,104.81	not contracted	\$ 2,104.81	not contracted	\$ 2,104.81	not contracted	\$ 2,104.81	not contracted	\$ 2,104.81	\$ 2,104.81
		INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	J1040		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML	S0020		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)	PRIMARY PROCEDURE	62323		\$ 761.17	see footnote ****	\$ 761.17	not contracted	\$ 761.17	not contracted	\$ 761.17	not contracted	\$ 761.17	not contracted	\$ 761.17	not contracted	\$ 761.17	\$ 761.17
64483	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRANS	PRIMARY PROCEDURE	64483		\$ 986.76	see footnote ****	\$ 986.76	not contracted	\$ 986.76	not contracted	\$ 986.76	not contracted	\$ 986.76	not contracted	\$ 986.76	not contracted	\$ 986.76	\$ 986.76
		INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRANS	64484		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 275.82	see footnote ****	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	\$ 275.82
66821	DISCUSSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED)	PRIMARY PROCEDURE	66821		\$ 603.26	see footnote ****	\$ 603.26	not contracted	\$ 603.26	not contracted	\$ 603.26	not contracted	\$ 603.26	not contracted	\$ 603.26	not contracted	\$ 603.26	\$ 603.26



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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAO	PRIMARY PROCEDURE	66984		\$ 2,489.25	see footnote ****	\$ 2,489.25	not contracted	\$ 2,489.25	not contracted	\$ 2,489.25	not contracted	\$ 2,489.25	not contracted	\$ 2,489.25	not contracted	\$ 2,489.25	\$ 2,489.25
		ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY	00142		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		POSTERIOR CHAMBER INTRAOCULAR LENS	V2632		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MA	PRIMARY PROCEDURE	70450		\$ 130.50	see footnote ****	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	\$ 130.50
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDI	70551		\$ 275.82	see footnote ****	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	\$ 275.82
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDI	PRIMARY PROCEDURE	70553		\$ 441.42	see footnote ****	\$ 441.42	not contracted	\$ 441.42	not contracted	\$ 441.42	not contracted	\$ 441.42	not contracted	\$ 441.42	not contracted	\$ 441.42	\$ 441.42
		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHO	74183		\$ 441.42	see footnote ****	\$ 441.42	not contracted	\$ 441.42	not contracted	\$ 441.42	not contracted	\$ 441.42	not contracted	\$ 441.42	not contracted	\$ 441.42	\$ 441.42
		INJECTION, GADOTERATE MEGLUMINE, 0.1 ML	A9575		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL A	PRIMARY PROCEDURE	72148		\$ 275.82	see footnote ****	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	\$ 275.82

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF L	PRIMARY PROCEDURE	73721		\$ 275.82	see footnote ****	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	\$ 275.82
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATI	PRIMARY PROCEDURE	76700		\$ 130.50	see footnote ****	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	\$ 130.50
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76805		\$ 130.50	see footnote ****	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	\$ 130.50
76830	ULTRASOUND, TRANSVAGINAL	PRIMARY PROCEDURE	76830		\$ 130.50	see footnote ****	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	\$ 130.50
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH	PRIMARY PROCEDURE	77067		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
80048	BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	PRIMARY PROCEDURE	80048		\$ 8.46	see footnote ****	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 8.46	\$ 8.46
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		\$ 6.47	see footnote ****	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 6.47	\$ 6.47
		PROTHROMBIN TIME;	85610		\$ 4.29	see footnote ****	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.29	\$ 4.29

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 3.00	see footnote ****	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	\$ 3.00
80053	COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE T	PRIMARY PROCEDURE	80053		\$ 10.56	see footnote ****	\$ 10.56	not contracted	\$ 10.56	not contracted	\$ 10.56	not contracted	\$ 10.56	not contracted	\$ 10.56	not contracted	\$ 10.56	\$ 10.56
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 96.96	see footnote ****	\$ 96.96	not contracted	\$ 96.96	not contracted	\$ 96.96	not contracted	\$ 96.96	not contracted	\$ 96.96	not contracted	\$ 96.96	\$ 96.96
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		\$ 7.77	see footnote ****	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 7.77	\$ 7.77
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 3.00	see footnote ****	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	\$ 3.00
80061	LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOL	PRIMARY PROCEDURE	80061		\$ 13.39	see footnote ****	\$ 13.39	not contracted	\$ 13.39	not contracted	\$ 13.39	not contracted	\$ 13.39	not contracted	\$ 13.39	not contracted	\$ 13.39	\$ 13.39
		HEPATIC FUNCTION PANEL THIS PANEL MUST INCLUDE THE FOLL	80076		\$ 8.17	see footnote ****	\$ 8.17	not contracted	\$ 8.17	not contracted	\$ 8.17	not contracted	\$ 8.17	not contracted	\$ 8.17	not contracted	\$ 8.17	\$ 8.17
		HEMOGLOBIN; GLYCOSYLATED (A1C)	83036		\$ 9.71	see footnote ****	\$ 9.71	not contracted	\$ 9.71	not contracted	\$ 9.71	not contracted	\$ 9.71	not contracted	\$ 9.71	not contracted	\$ 9.71	\$ 9.71
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 3.00	see footnote ****	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	\$ 3.00
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81000		\$ 4.02	see footnote ****	\$ 4.02	not contracted	\$ 4.02	not contracted	\$ 4.02	not contracted	\$ 4.02	not contracted	\$ 4.02	not contracted	\$ 4.02	\$ 4.02

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81001		\$ 3.17	see footnote ****	\$ 3.17	not contracted	\$ 3.17	not contracted	\$ 3.17	not contracted	\$ 3.17	not contracted	\$ 3.17	not contracted	\$ 3.17	\$ 3.17
81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81002		\$ 3.48	see footnote ****	\$ 3.48	not contracted	\$ 3.48	not contracted	\$ 3.48	not contracted	\$ 3.48	not contracted	\$ 3.48	not contracted	\$ 3.48	\$ 3.48
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND		99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE		88175		\$ 26.61	see footnote ****	\$ 26.61	not contracted	\$ 26.61	not contracted	\$ 26.61	not contracted	\$ 26.61	not contracted	\$ 26.61	not contracted	\$ 26.61	\$ 26.61
	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)		87624		\$ 35.09	see footnote ****	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 35.09	\$ 35.09
	CULTURE, BACTERIAL; QUANTITATIVE COLONY COUNT, URINE		87086		\$ 8.07	see footnote ****	\$ 8.07	not contracted	\$ 8.07	not contracted	\$ 8.07	not contracted	\$ 8.07	not contracted	\$ 8.07	not contracted	\$ 8.07	\$ 8.07
	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI		81000		\$ 4.02	see footnote ****	\$ 4.02	not contracted	\$ 4.02	not contracted	\$ 4.02	not contracted	\$ 4.02	not contracted	\$ 4.02	not contracted	\$ 4.02	\$ 4.02
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81003		\$ 2.25	see footnote ****	\$ 2.25	not contracted	\$ 2.25	not contracted	\$ 2.25	not contracted	\$ 2.25	not contracted	\$ 2.25	not contracted	\$ 2.25	\$ 2.25
	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN		G0463		\$ 142.43	see footnote ****	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	\$ 142.43
	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI		81002		\$ 3.48	see footnote ****	\$ 3.48	not contracted	\$ 3.48	not contracted	\$ 3.48	not contracted	\$ 3.48	not contracted	\$ 3.48	not contracted	\$ 3.48	\$ 3.48
84153	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	PRIMARY PROCEDURE	84153		\$ 18.39	see footnote ****	\$ 18.39	not contracted	\$ 18.39	not contracted	\$ 18.39	not contracted	\$ 18.39	not contracted	\$ 18.39	not contracted	\$ 18.39	\$ 18.39
	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE		36415		\$ 3.00	see footnote ****	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	\$ 3.00
84443	THYROID STIMULATING HORMONE (TSH)	PRIMARY PROCEDURE	84443		\$ 16.80	see footnote ****	\$ 16.80	not contracted	\$ 16.80	not contracted	\$ 16.80	not contracted	\$ 16.80	not contracted	\$ 16.80	not contracted	\$ 16.80	\$ 16.80

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 3.00	see footnote ****	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	\$ 3.00
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	PRIMARY PROCEDURE	85025		\$ 7.77	see footnote ****	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 7.77	\$ 7.77
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 3.00	see footnote ****	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	\$ 3.00
85027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	PRIMARY PROCEDURE	85027		\$ 6.47	see footnote ****	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 6.47	\$ 6.47
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 3.00	see footnote ****	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	\$ 3.00
85610	PROTHROMBIN TIME;	PRIMARY PROCEDURE	85610		\$ 4.29	see footnote ****	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.29	\$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 3.00	see footnote ****	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	\$ 3.00
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90832		\$ 160.39	see footnote ****	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	\$ 160.39
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90834		\$ 160.39	see footnote ****	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	\$ 160.39
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90837		\$ 160.39	see footnote ****	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	\$ 160.39
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PAT	PRIMARY PROCEDURE	90847		\$ 160.39	see footnote ****	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	\$ 160.39
		FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50	90846		\$ 160.39	see footnote ****	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	\$ 160.39
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GR	PRIMARY PROCEDURE	90853		\$ 89.69	see footnote ****	\$ 89.69	not contracted	\$ 89.69	not contracted	\$ 89.69	not contracted	\$ 89.69	not contracted	\$ 89.69	not contracted	\$ 89.69	\$ 89.69
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	PRIMARY PROCEDURE	93000		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 66.72	see footnote ****	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	\$ 66.72
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL IN	PRIMARY PROCEDURE	93452		\$ 3,475.94	see footnote ****	\$ 3,475.94	not contracted	\$ 3,475.94	not contracted	\$ 3,475.94	not contracted	\$ 3,475.94	not contracted	\$ 3,475.94	not contracted	\$ 3,475.94	\$ 3,475.94
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		\$ 8.46	see footnote ****	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 8.46	\$ 8.46
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		\$ 6.47	see footnote ****	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 6.47	\$ 6.47
		PROTHROMBIN TIME;	85610		\$ 4.29	see footnote ****	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.29	\$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 3.00	see footnote ****	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	\$ 3.00
95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WI	PRIMARY PROCEDURE	95810		\$ 1,102.82	see footnote ****	\$ 1,102.82	not contracted	\$ 1,102.82	not contracted	\$ 1,102.82	not contracted	\$ 1,102.82	not contracted	\$ 1,102.82	not contracted	\$ 1,102.82	\$ 1,102.82
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES	PRIMARY PROCEDURE	97110		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99203		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECT	77066		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DO	76641		\$ 130.50	see footnote ****	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	\$ 130.50
		CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELS	88321		\$ 40.57	see footnote ****	\$ 40.57	not contracted	\$ 40.57	not contracted	\$ 40.57	not contracted	\$ 40.57	not contracted	\$ 40.57	not contracted	\$ 40.57	\$ 40.57
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99204		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99205		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, W	PRIMARY PROCEDURE	99243		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, W	PRIMARY PROCEDURE	99244		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99385		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99386		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST	74177		\$ 441.42	see footnote ****	\$ 441.42	not contracted	\$ 441.42	not contracted	\$ 441.42	not contracted	\$ 441.42	not contracted	\$ 441.42	not contracted	\$ 441.42	\$ 441.42

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF 3	72190		\$ 130.50	see footnote ****	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	\$ 130.50
		RADIOLOGIC EXAMINATION; FOREARM, 2 VIEWS	73090		\$ 96.96	see footnote ****	\$ 96.96	not contracted	\$ 96.96	not contracted	\$ 96.96	not contracted	\$ 96.96	not contracted	\$ 96.96	not contracted	\$ 96.96	\$ 96.96
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99212		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF	72110		\$ 130.50	see footnote ****	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	\$ 130.50
G0463	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	PRIMARY PROCEDURE	G0463		\$ 142.43	see footnote ****	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	\$ 142.43
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87591		\$ 35.09	see footnote ****	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 35.09	\$ 35.09
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87491		\$ 35.09	see footnote ****	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 35.09	\$ 35.09
		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	76815		\$ 130.50	see footnote ****	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	\$ 130.50
		ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGIN	59400		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99214		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92012		\$ 142.43	see footnote ****	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	\$ 142.43
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		\$ 8.46	see footnote ****	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 8.46	\$ 8.46



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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		\$ 7.77	see footnote ****	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 7.77	\$ 7.77
		THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLO	85730		\$ 6.01	see footnote ****	\$ 6.01	not contracted	\$ 6.01	not contracted	\$ 6.01	not contracted	\$ 6.01	not contracted	\$ 6.01	not contracted	\$ 6.01	\$ 6.01
		PROTHROMBIN TIME;	85610		\$ 4.29	see footnote ****	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.29	\$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 3.00	see footnote ****	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	\$ 3.00
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99211		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99202		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99215		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARA	PRIMARY PROCEDURE	67028		\$ 382.20	see footnote ****	\$ 382.20	not contracted	\$ 382.20	not contracted	\$ 382.20	not contracted	\$ 382.20	not contracted	\$ 382.20	not contracted	\$ 382.20	\$ 382.20
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	PRIMARY PROCEDURE	D0140		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99392	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99392		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99391		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	PRIMARY PROCEDURE	90471		\$ 74.32	see footnote ****	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	\$ 74.32
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
1220F	PATIENT SCREENED FOR DEPRESSION (SUD)	PRIMARY PROCEDURE	1220F		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AN	PRIMARY PROCEDURE	D7140		\$ 1,662.69	see footnote ****	\$ 1,662.69	not contracted	\$ 1,662.69	not contracted	\$ 1,662.69	not contracted	\$ 1,662.69	not contracted	\$ 1,662.69	not contracted	\$ 1,662.69	\$ 1,662.69
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PANORAMIC FILM	D0330		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LOCAL ANESTHESIA	D9215		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99442		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOL	80061		\$ 13.39	see footnote ****	\$ 13.39	not contracted	\$ 13.39	not contracted	\$ 13.39	not contracted	\$ 13.39	not contracted	\$ 13.39	not contracted	\$ 13.39	\$ 13.39
		RENAL FUNCTION PANEL THIS PANEL MUST INCLUDE THE FOLLOW	80069		\$ 8.68	see footnote ****	\$ 8.68	not contracted	\$ 8.68	not contracted	\$ 8.68	not contracted	\$ 8.68	not contracted	\$ 8.68	not contracted	\$ 8.68	\$ 8.68
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		\$ 6.47	see footnote ****	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 6.47	\$ 6.47
		HEMOGLOBIN; GLYCOSYLATED (A1C)	83036		\$ 9.71	see footnote ****	\$ 9.71	not contracted	\$ 9.71	not contracted	\$ 9.71	not contracted	\$ 9.71	not contracted	\$ 9.71	not contracted	\$ 9.71	\$ 9.71
		ALBUMIN; URINE (EG, MICROALBUMIN), QUANTITATIVE	82043		\$ 5.78	see footnote ****	\$ 5.78	not contracted	\$ 5.78	not contracted	\$ 5.78	not contracted	\$ 5.78	not contracted	\$ 5.78	not contracted	\$ 5.78	\$ 5.78
		CREATINE	82540		\$ 4.64	see footnote ****	\$ 4.64	not contracted	\$ 4.64	not contracted	\$ 4.64	not contracted	\$ 4.64	not contracted	\$ 4.64	not contracted	\$ 4.64	\$ 4.64
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 3.00	see footnote ****	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	\$ 3.00
99024	POSTOPERATIVE FOLLOW-UP VISIT, NORMALLY INCLUDED IN THE	PRIMARY PROCEDURE	99024		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECT	77065		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DO	76642		\$ 96.96	see footnote ****	\$ 96.96	not contracted	\$ 96.96	not contracted	\$ 96.96	not contracted	\$ 96.96	not contracted	\$ 96.96	not contracted	\$ 96.96	\$ 96.96
92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, PO	PRIMARY PROCEDURE	92134		\$ 66.72	see footnote ****	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	\$ 66.72
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92014		\$ 142.43	see footnote ****	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	\$ 142.43
		INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARA	67028		\$ 382.20	see footnote ****	\$ 382.20	not contracted	\$ 382.20	not contracted	\$ 382.20	not contracted	\$ 382.20	not contracted	\$ 382.20	not contracted	\$ 382.20	\$ 382.20
99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99441		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99393	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99393		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WIT	PRIMARY PROCEDURE	49083		\$ 969.93	see footnote ****	\$ 969.93	not contracted	\$ 969.93	not contracted	\$ 969.93	not contracted	\$ 969.93	not contracted	\$ 969.93	not contracted	\$ 969.93	\$ 969.93
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99394	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99394		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
U0003	SARS-COV-2 COVID-19 AMP PRB HIGH THROUGHPUT TECH	PRIMARY PROCEDURE	U0003		\$ 75.00	see footnote ****	\$ 75.00	not contracted	\$ 75.00	not contracted	\$ 75.00	not contracted	\$ 75.00	not contracted	\$ 75.00	not contracted	\$ 75.00	\$ 75.00

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		COV-19 AMP PRB HGH THRUPUT WITHIN 2 DAYS COLLECT	U0005		\$ 25.00	see footnote ****	\$ 25.00	not contracted	\$ 25.00	not contracted	\$ 25.00	not contracted	\$ 25.00	not contracted	\$ 25.00	not contracted	\$ 25.00	\$ 25.00
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	PRIMARY PROCEDURE	96413		\$ 382.20	see footnote ****	\$ 382.20	not contracted	\$ 382.20	not contracted	\$ 382.20	not contracted	\$ 382.20	not contracted	\$ 382.20	not contracted	\$ 382.20	\$ 382.20
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99381		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99443		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CON	PRIMARY PROCEDURE	76827		\$ 130.50	see footnote ****	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	\$ 130.50
52000	CYSTOURETHROSCOP Y (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	52000		\$ 689.62	see footnote ****	\$ 689.62	not contracted	\$ 689.62	not contracted	\$ 689.62	not contracted	\$ 689.62	not contracted	\$ 689.62	not contracted	\$ 689.62	\$ 689.62
		BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	51700		\$ 318.98	see footnote ****	\$ 318.98	not contracted	\$ 318.98	not contracted	\$ 318.98	not contracted	\$ 318.98	not contracted	\$ 318.98	not contracted	\$ 318.98	\$ 318.98
		PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	84153		\$ 18.39	see footnote ****	\$ 18.39	not contracted	\$ 18.39	not contracted	\$ 18.39	not contracted	\$ 18.39	not contracted	\$ 18.39	not contracted	\$ 18.39	\$ 18.39
		PROSTATE SPECIFIC ANTIGEN (PSA); FREE	84154		\$ 18.39	see footnote ****	\$ 18.39	not contracted	\$ 18.39	not contracted	\$ 18.39	not contracted	\$ 18.39	not contracted	\$ 18.39	not contracted	\$ 18.39	\$ 18.39
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE	88112		\$ 59.57	see footnote ****	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	\$ 59.57

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***
		PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED (DIRECT MEAS)	84152		\$ 18.39	see footnote ****	\$ 18.39	not contracted	\$ 18.39	not contracted	\$ 18.39	not contracted	\$ 18.39	not contracted	\$ 18.39	not contracted	\$ 18.39	\$ 18.39
		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	81001		\$ 3.17	see footnote ****	\$ 3.17	not contracted	\$ 3.17	not contracted	\$ 3.17	not contracted	\$ 3.17	not contracted	\$ 3.17	not contracted	\$ 3.17	\$ 3.17
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 3.00	see footnote ****	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	\$ 3.00
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	PRIMARY PROCEDURE	92083		\$ 135.16	see footnote ****	\$ 135.16	not contracted	\$ 135.16	not contracted	\$ 135.16	not contracted	\$ 135.16	not contracted	\$ 135.16	not contracted	\$ 135.16	\$ 135.16
67228	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG,	PRIMARY PROCEDURE	67228		\$ 603.26	see footnote ****	\$ 603.26	not contracted	\$ 603.26	not contracted	\$ 603.26	not contracted	\$ 603.26	not contracted	\$ 603.26	not contracted	\$ 603.26	\$ 603.26
93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE D	PRIMARY PROCEDURE	93306		\$ 579.20	see footnote ****	\$ 579.20	not contracted	\$ 579.20	not contracted	\$ 579.20	not contracted	\$ 579.20	not contracted	\$ 579.20	not contracted	\$ 579.20	\$ 579.20
90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUBUNIT,	PRIMARY PROCEDURE	90750		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT		90471		\$ 74.32	see footnote ****	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	\$ 74.32
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND		99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADD	PRIMARY PROCEDURE	51798		\$ 66.72	see footnote ****	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	\$ 66.72
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND		99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99396	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99396		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	PRIMARY PROCEDURE	96372		\$ 74.32	see footnote ****	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	\$ 74.32
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99395	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99395		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	PRIMARY PROCEDURE	51705		\$ 318.98	see footnote ****	\$ 318.98	not contracted	\$ 318.98	not contracted	\$ 318.98	not contracted	\$ 318.98	not contracted	\$ 318.98	not contracted	\$ 318.98	\$ 318.98
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		\$ 142.43	see footnote ****	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	\$ 142.43
D1110	PROPHYLAXIS-ADULT	PRIMARY PROCEDURE	D1110		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		DENTAL PROPHYLAXIS AND TOPICAL FLUORIDE TREATMENT	D1208		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99383		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYS	PRIMARY PROCEDURE	93288		\$ 44.64	see footnote ****	\$ 44.64	not contracted	\$ 44.64	not contracted	\$ 44.64	not contracted	\$ 44.64	not contracted	\$ 44.64	not contracted	\$ 44.64	\$ 44.64
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	PRIMARY PROCEDURE	D0120		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	PRIMARY PROCEDURE	51700		\$ 318.98	see footnote ****	\$ 318.98	not contracted	\$ 318.98	not contracted	\$ 318.98	not contracted	\$ 318.98	not contracted	\$ 318.98	not contracted	\$ 318.98	\$ 318.98
		MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADD	51798		\$ 66.72	see footnote ****	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	\$ 66.72
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99215		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90653	INFLUENZA VACCINE, INACTIVATED (IIV), SUBUNIT, ADJUVANT	PRIMARY PROCEDURE	90653		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 74.32	see footnote ****	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	\$ 74.32
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99382		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIM	PRIMARY PROCEDURE	51702		\$ 135.16	see footnote ****	\$ 135.16	not contracted	\$ 135.16	not contracted	\$ 135.16	not contracted	\$ 135.16	not contracted	\$ 135.16	not contracted	\$ 135.16	\$ 135.16
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECT	PRIMARY PROCEDURE	97602		\$ 215.26	see footnote ****	\$ 215.26	not contracted	\$ 215.26	not contracted	\$ 215.26	not contracted	\$ 215.26	not contracted	\$ 215.26	not contracted	\$ 215.26	\$ 215.26
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
90715	TETANUS, DIPHThERIA TOXOIDS AND ACELLULAR PERTUSSIS VAC	PRIMARY PROCEDURE	90715		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT		90471		\$ 74.32	see footnote ****	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	\$ 74.32
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND		99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76811		\$ 275.82	see footnote ****	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	\$ 275.82
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92002		\$ 142.43	see footnote ****	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	\$ 142.43
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATI	PRIMARY PROCEDURE	D0150		\$ 1,662.69	see footnote ****	\$ 1,662.69	not contracted	\$ 1,662.69	not contracted	\$ 1,662.69	not contracted	\$ 1,662.69	not contracted	\$ 1,662.69	not contracted	\$ 1,662.69	\$ 1,662.69
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99384		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92133	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC	PRIMARY PROCEDURE	92133		\$ 66.72	see footnote ****	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	\$ 66.72
92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERA	PRIMARY PROCEDURE	92025		\$ 66.72	see footnote ****	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	\$ 66.72
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND		99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVI	PRIMARY PROCEDURE	58100		\$ 204.21	see footnote ****	\$ 204.21	not contracted	\$ 204.21	not contracted	\$ 204.21	not contracted	\$ 204.21	not contracted	\$ 204.21	not contracted	\$ 204.21	\$ 204.21



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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 59.57	see footnote ****	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	\$ 59.57
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	PRIMARY PROCEDURE	90792		\$ 160.39	see footnote ****	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	not contracted	\$ 160.39	\$ 160.39
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99205		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	PRIMARY PROCEDURE	90686		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 74.32	see footnote ****	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	\$ 74.32
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90694	INFLUENZA VIRUS VACCINE, QUADRIVALENT (AIIV4), INACTIVA	PRIMARY PROCEDURE	90694		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 74.32	see footnote ****	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	\$ 74.32
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76815		\$ 130.50	see footnote ****	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	\$ 130.50
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOL	PRIMARY PROCEDURE	67040		\$ 4,694.32	see footnote ****	\$ 4,694.32	not contracted	\$ 4,694.32	not contracted	\$ 4,694.32	not contracted	\$ 4,694.32	not contracted	\$ 4,694.32	not contracted	\$ 4,694.32	\$ 4,694.32

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92012		\$ 142.43	see footnote ****	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	\$ 142.43
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WIT	PRIMARY PROCEDURE	49082		\$ 969.93	see footnote ****	\$ 969.93	not contracted	\$ 969.93	not contracted	\$ 969.93	not contracted	\$ 969.93	not contracted	\$ 969.93	not contracted	\$ 969.93	\$ 969.93
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOIN	PRIMARY PROCEDURE	20610		\$ 313.18	see footnote ****	\$ 313.18	not contracted	\$ 313.18	not contracted	\$ 313.18	not contracted	\$ 313.18	not contracted	\$ 313.18	not contracted	\$ 313.18	\$ 313.18
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECI	J3301		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML	50020		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAG	PRIMARY PROCEDURE	96365		\$ 245.22	see footnote ****	\$ 245.22	not contracted	\$ 245.22	not contracted	\$ 245.22	not contracted	\$ 245.22	not contracted	\$ 245.22	not contracted	\$ 245.22	\$ 245.22
		INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE I	J2916		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
59025	FETAL NON-STRESS TEST	PRIMARY PROCEDURE	59025		\$ 204.21	see footnote ****	\$ 204.21	not contracted	\$ 204.21	not contracted	\$ 204.21	not contracted	\$ 204.21	not contracted	\$ 204.21	not contracted	\$ 204.21	\$ 204.21
		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	76815		\$ 130.50	see footnote ****	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	\$ 130.50
43237	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; WITH E	PRIMARY PROCEDURE	43237		\$ 1,946.95	see footnote ****	\$ 1,946.95	not contracted	\$ 1,946.95	not contracted	\$ 1,946.95	not contracted	\$ 1,946.95	not contracted	\$ 1,946.95	not contracted	\$ 1,946.95	\$ 1,946.95

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate	
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**
		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	43275		\$ 3,680.61	see footnote ****	\$ 3,680.61	not contracted	\$ 3,680.61	not contracted	\$ 3,680.61	not contracted	\$ 3,680.61	not contracted	\$ 3,680.61	not contracted	\$ 3,680.61	\$ 3,680.61	\$ 3,680.61
		ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM	74328		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -
		ENDOSCOPIC CANNULATION OF PAPILLA WITH DIRECT VISUALIZA	43273		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -
		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	74330		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -
92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) W	PRIMARY PROCEDURE	92235		\$ 317.24	see footnote ****	\$ 317.24	not contracted	\$ 317.24	not contracted	\$ 317.24	not contracted	\$ 317.24	not contracted	\$ 317.24	not contracted	\$ 317.24	\$ 317.24	\$ 317.24
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	PRIMARY PROCEDURE	D0220		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOM	PRIMARY PROCEDURE	58558		\$ 3,145.00	see footnote ****	\$ 3,145.00	not contracted	\$ 3,145.00	not contracted	\$ 3,145.00	not contracted	\$ 3,145.00	not contracted	\$ 3,145.00	not contracted	\$ 3,145.00	\$ 3,145.00	\$ 3,145.00
		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF	00952		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 59.57	see footnote ****	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	\$ 59.57
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		\$ 7.77	see footnote ****	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 7.77	\$ 7.77
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 59.57	see footnote ****	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	\$ 59.57
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 40.57	see footnote ****	\$ 40.57	not contracted	\$ 40.57	not contracted	\$ 40.57	not contracted	\$ 40.57	not contracted	\$ 40.57	not contracted	\$ 40.57	\$ 40.57
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 135.16	see footnote ****	\$ 135.16	not contracted	\$ 135.16	not contracted	\$ 135.16	not contracted	\$ 135.16	not contracted	\$ 135.16	not contracted	\$ 135.16	\$ 135.16
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 3.00	see footnote ****	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	\$ 3.00
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCL	PRIMARY PROCEDURE	78452		\$ 1,566.44	see footnote ****	\$ 1,566.44	not contracted	\$ 1,566.44	not contracted	\$ 1,566.44	not contracted	\$ 1,566.44	not contracted	\$ 1,566.44	not contracted	\$ 1,566.44	\$ 1,566.44
		INJECTION, REGADENOSON, 0.1 MG	J2785		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43244	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; WITH B	PRIMARY PROCEDURE	43244		\$ 1,946.95	see footnote ****	\$ 1,946.95	not contracted	\$ 1,946.95	not contracted	\$ 1,946.95	not contracted	\$ 1,946.95	not contracted	\$ 1,946.95	not contracted	\$ 1,946.95	\$ 1,946.95
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	PRIMARY PROCEDURE	92250		\$ 135.16	see footnote ****	\$ 135.16	not contracted	\$ 135.16	not contracted	\$ 135.16	not contracted	\$ 135.16	not contracted	\$ 135.16	not contracted	\$ 135.16	\$ 135.16

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
50435	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING	PRIMARY PROCEDURE	50435		\$ 2,146.29	see footnote ****	\$ 2,146.29	not contracted	\$ 2,146.29	not contracted	\$ 2,146.29	not contracted	\$ 2,146.29	not contracted	\$ 2,146.29	not contracted	\$ 2,146.29	\$ 2,146.29
		CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH C	75984		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; W	PRIMARY PROCEDURE	76519		\$ 130.50	see footnote ****	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	not contracted	\$ 130.50	\$ 130.50
		COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERA	92025		\$ 66.72	see footnote ****	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	\$ 66.72
93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93458		\$ 3,475.94	see footnote ****	\$ 3,475.94	not contracted	\$ 3,475.94	not contracted	\$ 3,475.94	not contracted	\$ 3,475.94	not contracted	\$ 3,475.94	not contracted	\$ 3,475.94	\$ 3,475.94
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEEC	PRIMARY PROCEDURE	92557		\$ 167.36	see footnote ****	\$ 167.36	not contracted	\$ 167.36	not contracted	\$ 167.36	not contracted	\$ 167.36	not contracted	\$ 167.36	not contracted	\$ 167.36	\$ 167.36

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550		\$ 167.36	see footnote ****	\$ 167.36	not contracted	\$ 167.36	not contracted	\$ 167.36	not contracted	\$ 167.36	not contracted	\$ 167.36	not contracted	\$ 167.36	\$ 167.36
99606	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A	PRIMARY PROCEDURE	99606		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92015	DETERMINATION OF REFRACTIVE STATE	PRIMARY PROCEDURE	92015		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92004		\$ 142.43	see footnote ****	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	\$ 142.43
52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCUL	PRIMARY PROCEDURE	52310		\$ 2,146.29	see footnote ****	\$ 2,146.29	not contracted	\$ 2,146.29	not contracted	\$ 2,146.29	not contracted	\$ 2,146.29	not contracted	\$ 2,146.29	not contracted	\$ 2,146.29	\$ 2,146.29
D0210	INTRAORAL-COMplete SERIES (INCLUDING BITEWINGS)	PRIMARY PROCEDURE	D0210		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATI	D0150		\$ 1,662.69	see footnote ****	\$ 1,662.69	not contracted	\$ 1,662.69	not contracted	\$ 1,662.69	not contracted	\$ 1,662.69	not contracted	\$ 1,662.69	not contracted	\$ 1,662.69	\$ 1,662.69
90658	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	PRIMARY PROCEDURE	90658		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 74.32	see footnote ****	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	\$ 74.32
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	PRIMARY PROCEDURE	88175		\$ 26.61	see footnote ****	\$ 26.61	not contracted	\$ 26.61	not contracted	\$ 26.61	not contracted	\$ 26.61	not contracted	\$ 26.61	not contracted	\$ 26.61	\$ 26.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		\$ 35.09	see footnote ****	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 35.09	\$ 35.09
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	88142		\$ 20.26	see footnote ****	\$ 20.26	not contracted	\$ 20.26	not contracted	\$ 20.26	not contracted	\$ 20.26	not contracted	\$ 20.26	not contracted	\$ 20.26	\$ 20.26
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE	PRIMARY PROCEDURE	64566		\$ 313.18	see footnote ****	\$ 313.18	not contracted	\$ 313.18	not contracted	\$ 313.18	not contracted	\$ 313.18	not contracted	\$ 313.18	not contracted	\$ 313.18	\$ 313.18
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	PRIMARY PROCEDURE	D0603		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	D1206		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PROPHYLAXIS-CHILD	D1120		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE	D0145		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90460	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	PRIMARY PROCEDURE	90460		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	90461		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90736	ZOSTER (SHINGLES) VACCINE (HZV), LIVE, FOR SUBCUTANEOUS	PRIMARY PROCEDURE	90736		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 74.32	see footnote ****	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	\$ 74.32
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13), FOR	PRIMARY PROCEDURE	90670		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 74.32	see footnote ****	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	\$ 74.32
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AN	PRIMARY PROCEDURE	11042		\$ 414.32	see footnote ****	\$ 414.32	not contracted	\$ 414.32	not contracted	\$ 414.32	not contracted	\$ 414.32	not contracted	\$ 414.32	not contracted	\$ 414.32	\$ 414.32
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
95806	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF, HEA	PRIMARY PROCEDURE	95806		\$ 167.36	see footnote ****	\$ 167.36	not contracted	\$ 167.36	not contracted	\$ 167.36	not contracted	\$ 167.36	not contracted	\$ 167.36	not contracted	\$ 167.36	\$ 167.36
		EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A	98960		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY	PRIMARY PROCEDURE	64612		\$ 313.18	see footnote ****	\$ 313.18	not contracted	\$ 313.18	not contracted	\$ 313.18	not contracted	\$ 313.18	not contracted	\$ 313.18	not contracted	\$ 313.18	\$ 313.18
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, W	PRIMARY PROCEDURE	99242		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -



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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERA	PRIMARY PROCEDURE	52332		\$ 3,685.46	see footnote ****	\$ 3,685.46	not contracted	\$ 3,685.46	not contracted	\$ 3,685.46	not contracted	\$ 3,685.46	not contracted	\$ 3,685.46	not contracted	\$ 3,685.46	\$ 3,685.46
		UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	74420		\$ 441.42	see footnote ****	\$ 441.42	not contracted	\$ 441.42	not contracted	\$ 441.42	not contracted	\$ 441.42	not contracted	\$ 441.42	not contracted	\$ 441.42	\$ 441.42
		INJECTION, MORPHINE SULFATE, UP TO 10 MG	J2270		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
91300	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-C)	PRIMARY PROCEDURE	91300		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT (PPSV23)	PRIMARY PROCEDURE	90732		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 74.32	see footnote ****	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	\$ 74.32
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
52356	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY;	PRIMARY PROCEDURE	52356		\$ 5,288.56	see footnote ****	\$ 5,288.56	not contracted	\$ 5,288.56	not contracted	\$ 5,288.56	not contracted	\$ 5,288.56	not contracted	\$ 5,288.56	not contracted	\$ 5,288.56	\$ 5,288.56
		ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE;	00872		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN	76000		\$ 275.82	see footnote ****	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	not contracted	\$ 275.82	\$ 275.82
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 66.72	see footnote ****	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	\$ 66.72

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		CALCULUS; INFRARED SPECTROSCOPY	82365		\$ 12.90	see footnote ****	\$ 12.90	not contracted	\$ 12.90	not contracted	\$ 12.90	not contracted	\$ 12.90	not contracted	\$ 12.90	not contracted	\$ 12.90	\$ 12.90
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	J0696		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROCHLORPERAZINE, UP TO 10 MG	J0780		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	J2175		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	J2765		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTER	PRIMARY PROCEDURE	97802		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93456		\$ 3,475.94	see footnote ****	\$ 3,475.94	not contracted	\$ 3,475.94	not contracted	\$ 3,475.94	not contracted	\$ 3,475.94	not contracted	\$ 3,475.94	not contracted	\$ 3,475.94	\$ 3,475.94
		GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HC	82803		\$ 26.07	see footnote ****	\$ 26.07	not contracted	\$ 26.07	not contracted	\$ 26.07	not contracted	\$ 26.07	not contracted	\$ 26.07	not contracted	\$ 26.07	\$ 26.07

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
64644	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLES	PRIMARY PROCEDURE	64644		\$ 761.17	see footnote ****	\$ 761.17	not contracted	\$ 761.17	not contracted	\$ 761.17	not contracted	\$ 761.17	not contracted	\$ 761.17	not contracted	\$ 761.17	\$ 761.17
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		\$ 142.43	see footnote ****	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	\$ 142.43
		INJECTION, ONABOTULINUMTOXINA, 1 UNIT	J0585		\$ 7.31	see footnote ****	\$ 7.31	not contracted	\$ 7.31	not contracted	\$ 7.31	not contracted	\$ 7.31	not contracted	\$ 7.31	not contracted	\$ 7.31	\$ 7.31
93247	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7	PRIMARY PROCEDURE	93247		\$ 135.16	see footnote ****	\$ 135.16	not contracted	\$ 135.16	not contracted	\$ 135.16	not contracted	\$ 135.16	not contracted	\$ 135.16	not contracted	\$ 135.16	\$ 135.16
93289	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYS	PRIMARY PROCEDURE	93289		\$ 44.64	see footnote ****	\$ 44.64	not contracted	\$ 44.64	not contracted	\$ 44.64	not contracted	\$ 44.64	not contracted	\$ 44.64	not contracted	\$ 44.64	\$ 44.64
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTUR	PRIMARY PROCEDURE	58661		\$ 6,065.32	see footnote ****	\$ 6,065.32	not contracted	\$ 6,065.32	not contracted	\$ 6,065.32	not contracted	\$ 6,065.32	not contracted	\$ 6,065.32	not contracted	\$ 6,065.32	\$ 6,065.32
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		\$ 29.61	see footnote ****	\$ 29.61	not contracted	\$ 29.61	not contracted	\$ 29.61	not contracted	\$ 29.61	not contracted	\$ 29.61	not contracted	\$ 29.61	\$ 29.61
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	PRIMARY PROCEDURE	D2392		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	ORAL HYGIENE INSTRUCTION		D1330		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	LIMITED ORAL EVALUATION - PROBLEM FOCUSED		D0140		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG,	PRIMARY PROCEDURE	11055		\$ 215.26	see footnote ****	\$ 215.26	not contracted	\$ 215.26	not contracted	\$ 215.26	not contracted	\$ 215.26	not contracted	\$ 215.26	not contracted	\$ 215.26	\$ 215.26
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND		99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 3 OR	PRIMARY PROCEDURE	20553		\$ 313.18	see footnote ****	\$ 313.18	not contracted	\$ 313.18	not contracted	\$ 313.18	not contracted	\$ 313.18	not contracted	\$ 313.18	not contracted	\$ 313.18	\$ 313.18
	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A		76942		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS	PRIMARY PROCEDURE	91010		\$ 585.12	see footnote ****	\$ 585.12	not contracted	\$ 585.12	not contracted	\$ 585.12	not contracted	\$ 585.12	not contracted	\$ 585.12	not contracted	\$ 585.12	\$ 585.12
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	PRIMARY PROCEDURE	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	INJECTION, FENTANYL CITRATE, 0.1 MG		J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SU	PRIMARY PROCEDURE	36589		\$ 647.93	see footnote ****	\$ 647.93	not contracted	\$ 647.93	not contracted	\$ 647.93	not contracted	\$ 647.93	not contracted	\$ 647.93	not contracted	\$ 647.93	\$ 647.93
	REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER		49422		\$ 3,431.46	see footnote ****	\$ 3,431.46	not contracted	\$ 3,431.46	not contracted	\$ 3,431.46	not contracted	\$ 3,431.46	not contracted	\$ 3,431.46	not contracted	\$ 3,431.46	\$ 3,431.46
45384	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(	PRIMARY PROCEDURE	45384		\$ 1,243.02	see footnote ****	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	not contracted	\$ 1,243.02	\$ 1,243.02

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 59.57	see footnote ****	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	\$ 59.57
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	PRIMARY PROCEDURE	D2391		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TI	PRIMARY PROCEDURE	76825		\$ 579.20	see footnote ****	\$ 579.20	not contracted	\$ 579.20	not contracted	\$ 579.20	not contracted	\$ 579.20	not contracted	\$ 579.20	not contracted	\$ 579.20	\$ 579.20
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99205		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 3	PRIMARY PROCEDURE	90651		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 74.32	see footnote ****	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	not contracted	\$ 74.32	\$ 74.32
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36902	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS	PRIMARY PROCEDURE	36902		\$ 5,941.14	see footnote ****	\$ 5,941.14	not contracted	\$ 5,941.14	not contracted	\$ 5,941.14	not contracted	\$ 5,941.14	not contracted	\$ 5,941.14	not contracted	\$ 5,941.14	\$ 5,941.14
		UROGRAPHY, ANTEGRADE, RADIOLOGICAL SUPERVISION AND INTE	74425		\$ 441.42	see footnote ****	\$ 441.42	not contracted	\$ 441.42	not contracted	\$ 441.42	not contracted	\$ 441.42	not contracted	\$ 441.42	not contracted	\$ 441.42	\$ 441.42

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, L	PRIMARY PROCEDURE	67145		\$ 603.26	see footnote ****	\$ 603.26	not contracted	\$ 603.26	not contracted	\$ 603.26	not contracted	\$ 603.26	not contracted	\$ 603.26	not contracted	\$ 603.26	\$ 603.26
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	PRIMARY PROCEDURE	92550		\$ 167.36	see footnote ****	\$ 167.36	not contracted	\$ 167.36	not contracted	\$ 167.36	not contracted	\$ 167.36	not contracted	\$ 167.36	not contracted	\$ 167.36	\$ 167.36
		COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEEC	92557		\$ 167.36	see footnote ****	\$ 167.36	not contracted	\$ 167.36	not contracted	\$ 167.36	not contracted	\$ 167.36	not contracted	\$ 167.36	not contracted	\$ 167.36	\$ 167.36
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE	PRIMARY PROCEDURE	D0145		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	D0603		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PROPHYLAXIS-CHILD	D1120		\$ -	see footnote	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	D1206		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR	PRIMARY PROCEDURE	67210		\$ 603.26	see footnote ****	\$ 603.26	not contracted	\$ 603.26	not contracted	\$ 603.26	not contracted	\$ 603.26	not contracted	\$ 603.26	not contracted	\$ 603.26	\$ 603.26
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92014		\$ 142.43	see footnote ****	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	\$ 142.43
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTE	PRIMARY PROCEDURE	58571		\$ 10,676.52	see footnote ****	\$ 10,676.52	not contracted	\$ 10,676.52	not contracted	\$ 10,676.52	not contracted	\$ 10,676.52	not contracted	\$ 10,676.52	not contracted	\$ 10,676.52	\$ 10,676.52
		CYSTOURETHROSCOP Y (SEPARATE PROCEDURE)	52000		\$ 689.62	see footnote ****	\$ 689.62	not contracted	\$ 689.62	not contracted	\$ 689.62	not contracted	\$ 689.62	not contracted	\$ 689.62	not contracted	\$ 689.62	\$ 689.62

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		\$ 349.12	see footnote ****	\$ 349.12	not contracted	\$ 349.12	not contracted	\$ 349.12	not contracted	\$ 349.12	not contracted	\$ 349.12	not contracted	\$ 349.12	\$ 349.12
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT	J7642		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	PRIMARY PROCEDURE	92082		\$ 66.72	see footnote ****	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	not contracted	\$ 66.72	\$ 66.72
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA)	PRIMARY PROCEDURE	66761		\$ 603.26	see footnote ****	\$ 603.26	not contracted	\$ 603.26	not contracted	\$ 603.26	not contracted	\$ 603.26	not contracted	\$ 603.26	not contracted	\$ 603.26	\$ 603.26
52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATI	PRIMARY PROCEDURE	52287		\$ 2,146.29	see footnote ****	\$ 2,146.29	not contracted	\$ 2,146.29	not contracted	\$ 2,146.29	not contracted	\$ 2,146.29	not contracted	\$ 2,146.29	not contracted	\$ 2,146.29	\$ 2,146.29

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		\$ 142.43	see footnote ****	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	not contracted	\$ 142.43	\$ 142.43
		INJECTION, ONABOTULINUMTOXI NA, 1 UNIT	J0585		\$ 7.31	see footnote ****	\$ 7.31	not contracted	\$ 7.31	not contracted	\$ 7.31	not contracted	\$ 7.31	not contracted	\$ 7.31	not contracted	\$ 7.31	\$ 7.31
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93460		\$ 3,475.94	see footnote ****	\$ 3,475.94	not contracted	\$ 3,475.94	not contracted	\$ 3,475.94	not contracted	\$ 3,475.94	not contracted	\$ 3,475.94	not contracted	\$ 3,475.94	\$ 3,475.94
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		\$ 8.46	see footnote ****	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 8.46	\$ 8.46
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		\$ 6.47	see footnote ****	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 6.47	\$ 6.47
		PROTHROMBIN TIME;	85610		\$ 4.29	see footnote ****	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.29	\$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 3.00	see footnote ****	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	not contracted	\$ 3.00	\$ 3.00
67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE	PRIMARY PROCEDURE	67113		\$ 4,694.32	see footnote ****	\$ 4,694.32	not contracted	\$ 4,694.32	not contracted	\$ 4,694.32	not contracted	\$ 4,694.32	not contracted	\$ 4,694.32	not contracted	\$ 4,694.32	\$ 4,694.32
		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOL	67040		\$ 4,694.32	see footnote ****	\$ 4,694.32	not contracted	\$ 4,694.32	not contracted	\$ 4,694.32	not contracted	\$ 4,694.32	not contracted	\$ 4,694.32	not contracted	\$ 4,694.32	\$ 4,694.32



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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL	67025		\$ 2,489.25	see footnote ****	\$ 2,489.25	not contracted	\$ 2,489.25	not contracted	\$ 2,489.25	not contracted	\$ 2,489.25	not contracted	\$ 2,489.25	not contracted	\$ 2,489.25	\$ 2,489.25
		INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARA	67028		\$ 382.20	see footnote ****	\$ 382.20	not contracted	\$ 382.20	not contracted	\$ 382.20	not contracted	\$ 382.20	not contracted	\$ 382.20	not contracted	\$ 382.20	\$ 382.20
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUC	PRIMARY PROCEDURE	99401		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH	96040		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	PRIMARY PROCEDURE	31624		\$ 1,793.41	see footnote ****	\$ 1,793.41	not contracted	\$ 1,793.41	not contracted	\$ 1,793.41	not contracted	\$ 1,793.41	not contracted	\$ 1,793.41	not contracted	\$ 1,793.41	\$ 1,793.41
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT	87281		\$ 11.98	see footnote ****	\$ 11.98	not contracted	\$ 11.98	not contracted	\$ 11.98	not contracted	\$ 11.98	not contracted	\$ 11.98	not contracted	\$ 11.98	\$ 11.98
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHN	87305		\$ 11.98	see footnote ****	\$ 11.98	not contracted	\$ 11.98	not contracted	\$ 11.98	not contracted	\$ 11.98	not contracted	\$ 11.98	not contracted	\$ 11.98	\$ 11.98
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, A	87116		\$ 10.80	see footnote ****	\$ 10.80	not contracted	\$ 10.80	not contracted	\$ 10.80	not contracted	\$ 10.80	not contracted	\$ 10.80	not contracted	\$ 10.80	\$ 10.80
		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPT	87102		\$ 8.41	see footnote ****	\$ 8.41	not contracted	\$ 8.41	not contracted	\$ 8.41	not contracted	\$ 8.41	not contracted	\$ 8.41	not contracted	\$ 8.41	\$ 8.41
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS	87015		\$ 6.68	see footnote ****	\$ 6.68	not contracted	\$ 6.68	not contracted	\$ 6.68	not contracted	\$ 6.68	not contracted	\$ 6.68	not contracted	\$ 6.68	\$ 6.68
		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; FLUORESCENT	87206		\$ 5.39	see footnote ****	\$ 5.39	not contracted	\$ 5.39	not contracted	\$ 5.39	not contracted	\$ 5.39	not contracted	\$ 5.39	not contracted	\$ 5.39	\$ 5.39
		CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOO	87070		\$ 8.62	see footnote ****	\$ 8.62	not contracted	\$ 8.62	not contracted	\$ 8.62	not contracted	\$ 8.62	not contracted	\$ 8.62	not contracted	\$ 8.62	\$ 8.62
		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEM	87205		\$ 4.27	see footnote ****	\$ 4.27	not contracted	\$ 4.27	not contracted	\$ 4.27	not contracted	\$ 4.27	not contracted	\$ 4.27	not contracted	\$ 4.27	\$ 4.27
		CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINA	89050		\$ 4.72	see footnote ****	\$ 4.72	not contracted	\$ 4.72	not contracted	\$ 4.72	not contracted	\$ 4.72	not contracted	\$ 4.72	not contracted	\$ 4.72	\$ 4.72
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW,	PRIMARY PROCEDURE	20680		\$ 2,842.17	see footnote ****	\$ 2,842.17	not contracted	\$ 2,842.17	not contracted	\$ 2,842.17	not contracted	\$ 2,842.17	not contracted	\$ 2,842.17	not contracted	\$ 2,842.17	\$ 2,842.17
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	PRIMARY PROCEDURE	20206		\$ 1,686.60	see footnote ****	\$ 1,686.60	not contracted	\$ 1,686.60	not contracted	\$ 1,686.60	not contracted	\$ 1,686.60	not contracted	\$ 1,686.60	not contracted	\$ 1,686.60	\$ 1,686.60
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG,	77012		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	72193		\$ 214.12	see footnote ****	\$ 214.12	not contracted	\$ 214.12	not contracted	\$ 214.12	not contracted	\$ 214.12	not contracted	\$ 214.12	not contracted	\$ 214.12	\$ 214.12
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88341		\$ -	see footnote ****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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

Primary Code	Service Category	Service Description	CPT Code	Note	ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 59.57	see footnote****	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	not contracted	\$ 59.57	\$ 59.57
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		\$ 178.78	see footnote****	\$ 178.78	not contracted	\$ 178.78	not contracted	\$ 178.78	not contracted	\$ 178.78	not contracted	\$ 178.78	not contracted	\$ 178.78	\$ 178.78
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote****	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
55866	SURGICAL REMOVAL OF PROSTATE AND SURROUNDING LYMPH NODES USING AN ENDOSCOPE			This procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
59510	ROUTINE OBSTETRIC CARE FOR CESAREAN DELIVERY, INCLUDING PRE-AND POST-DELIVERY CARE			This procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
59610	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY AFTER PRIOR CESAREAN DELIVERY INCLUDING PRE-AND POST-DELIVERY CARE			This procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
80055	OBSTETRIC BLOOD TEST PANEL			Not offered	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Footnotes:

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

\*\* Facility Rates are calculated based on the contract terms, using 100% FY 2021-2022 Wage Index for LA County CBSA code 31084, Addendum B.-Final OPPS Payment by HCPCS Code for CY 2022 published on October 18, 2022 and 2022 Medicare 4th Quarter Clinical Laboratory fee schedule as applicable.

\*\*\* Professional services are not contracted.

\*\*\*\* Professional services can be found in schedule "Consumer Shoppable Services\_LAC+USC Medical Center\_Medicare and Commercial Payor Contracts - Shoppable Outpatient Professional Services By Procedure for Anthem Blue Cross".