					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR		Code		170.000.00.00	1101300101111		7707000
19120	MALI	PRIMARY PROCEDURE	19120		\$ 448.56	\$ 728.91	\$ 728.91	\$ 448.56
		ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM O	00400		not available	not available	not available	not available
		PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		\$ 85.65	\$ 139.18	\$ 139.18	\$ 85.65
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,						
		1 MG INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	J1100		not available	not available	not available	not available
		1 MG INJECTION,	J2250		not available	not available	not available	not available
		ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY							
29881	(MEDIAL	PRIMARY PROCEDURE	29881		\$ 596.74	\$ 969.70	\$ 969.70	\$ 596.74
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available			not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Code	Service Category	Procedure Description	Code	Note	Professional	Professional	Professional	Professional
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE						
		INFUSION, UP TO 1000	J7120		not available	not available	not available	not available
			37120		not available	not available	not available	not available
	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE							
42820		PRIMARY PROCEDURE	42820		\$ 320.16	\$ 520.26	\$ 520.26	\$ 320.16
		ANESTHESIA FOR				'	,	
		INTRAORAL PROCEDURES, INCLUDING BIOPSY;	00170		not available	not available	not available	not available
		INFECTIOUS AGENT						
		DETECTION BY NUCLEIC ACID (DNA						
		OR RNA)	87635		not available	not available	not available	not available
		LEVEL III - SURGICAL						
		PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 11.84	\$ 19.24	\$ 19.24	\$ 11.84
		INJECTION,			Ψ 110.	Ψ 25121	Ψ 15.12.1	Ψ 12.0 .
		DEXAMETHASONE						
		SODIUM PHOSPHATE,	14.400		nat available	net eveileble	n et eveileble	nat available
		1 MG INJECTION,	J1100		not available	not available	not available	not available
		MORPHINE SULFATE,						
		UP TO 10 MG						
		EFFECTIVE DAT	J2270		not available	not available	not available	not available
		INJECTION, ONDANSETRON						
		HYDROCHLORIDE, PER						
		1 MG	J2405		not available	not available	not available	not available
		INJECTION,						
		NEOSTIGMINE METHYLSULFATE, UP						
		TO 0.5 MG	J2710		not available	not available	not available	not available
		UNCLASSIFIED DRUGS						
		EFFECTIVE DATE:	12400		not available	not available	not available	not available
		01/01/1986 INFUSION, NORMAL	J3490		not available	not available	not available	not available
		SALINE SOLUTION, 250						
		сс	J7050		not available	not available	not available	not available
		GLYCOPYRROLATE, INHALATION						
		SOLUTION,						
		COMPOUNDED PRODUCT	J7642		not available	not available	not available	not available
	ESOPHAGOGASTRODU ODENOSCOPY,		37042		not available	not available	not available	not available
	FLEXIBLE, TRANSORAL;							
43235	DIAGNO	PRIMARY PROCEDURE	43235		\$ 129.34	\$ 210.18	\$ 210.18	\$ 129.34
		INJECTION, MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
43239	ESOPHAGOGASTRODU ODENOSCOPY, FLEXIBLE, TRANSORAL; WITH B	PRIMARY PROCEDURE	43239		\$ 145.83	\$ 236.97	\$ 236.97	\$ 145.83
		LEVEL IV - SURGICAL PATHOLOGY, GROSS				7	·	·
		AND MICROSCOPIC EX	88305		\$ 38.96	\$ 63.31	\$ 63.31	\$ 38.96
		MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING	ernare, c. rivid	33010		not available	nocavanasic	nocavanasie	not available
45378	COLLECTION	PRIMARY PROCEDURE	45378		\$ 193.07	\$ 313.74	\$ 313.74	\$ 193.07
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL			not available	not available	not available	not available
	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR	CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
45380	MULTIPLE	PRIMARY PROCEDURE	45380		\$ 209.90	\$ 341.09	\$ 341.09	\$ 209.90
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 38.96	\$ 63.31	\$ 63.31	\$ 38.96
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
45385	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(	PRIMARY PROCEDURE	45385		\$ 265.17			
43303	10.0001(3), 102.11(	ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES,	00811		not available		not available	not available
		LEVEL IV - SURGICAL PATHOLOGY, GROSS						
		AND MICROSCOPIC EX INJECTION, PROPOFOL, 10 MG	88305 J2704		\$ 38.96 not available		\$ 63.31 not available	\$ 38.96 not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
	COLONOSCOPY, FLEXIBLE; WITH		J7120		not available	not available	not available	not available
45391	ENDOSCOPIC ULTRASOUND EXAMI LAPAROSCOPY,	PRIMARY PROCEDURE	45391		\$ 269.13	\$ 437.34	\$ 437.34	\$ 269.13
47562	SURGICAL; CHOLECYSTECTOMY	PRIMARY PROCEDURE	47562		\$ 694.46	\$ 1,128.50	\$ 1,128.50	\$ 694.46
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 11.84	\$ 19.24	\$ 19.24	\$ 11.84
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available		not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,	30030		not available	not available	not available	not available
		1 MG INJECTION,	J1100		not available	not available	not available	not available
		HYDROMORPHONE, UP TO 4 MG INJECTION, HEPARIN	J1170		not available	not available	not available	not available
		SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER						
		15 MG INJECTION, MIDAZOLAM	J1885		not available	not available	not available	not available
		HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER						
		1 MG INJECTION, PROPOFOL, 10 MG	J2405 J2704		not available not available		not available not available	not available not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG UNCLASSIFIED DRUGS EFFECTIVE DATE:	J3010		not available	not available	not available	not available
		01/01/1986 RINGERS LACTATE INFUSION, UP TO 1000	J3490		not available	not available	not available	not available
		CC ANTIBODY SCREEN,	J7120		not available	not available	not available	not available
		RBC, EACH SERUM TECHNIQUE BLOOD TYPING,	86850		not available	not available	not available	not available
	REPAIR INITIAL INGUINAL HERNIA,	SEROLOGIC; RH (D)	86901		not available	not available	not available	not available
49505	AGE 5 YEARS OR OLDER; R	PRIMARY PROCEDURE	49505		\$ 554.77	\$ 901.50	\$ 901.50	\$ 554.77

					BLUE SHIELD	ANTHEM BLUE		
					TRIWEST	CROSS	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS		(Commerical)	(Commercial)		
Code	Service Category	Procedure Description	Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION,						
		DEXAMETHASONE SODIUM PHOSPHATE,						
		1 MG	J1100		not available	not available	not available	not available
		INJECTION,	31100		not available	not available	not available	not available
		HYDROMORPHONE,						
		UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION,						
		ONDANSETRON						
		HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION,	12403		not available	not available	not available	not available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		1 1101 01 01 01 110	32704			not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS						
		EFFECTIVE DATE:						
		01/01/1986	J3490		not available	not available	not available	not available
	DIODCY DDOCTATE							
	BIOPSY, PROSTATE; NEEDLE OR PUNCH,							
55700	SINGLE OR MULTIPLE,	PRIMARY PROCEDURE	55700		\$ 135.57	\$ 220.30	\$ 220.30	\$ 135.57
33700	SINGLE ON WICE III LE,	OFFICE OR OTHER	33700		Ţ 155.57	220.30	220.30	<del>y</del> 133.37
		OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99214		\$ 102.80	\$ 167.05	\$ 167.05	\$ 102.80
		LEVEL IV - SURGICAL						
		PATHOLOGY, GROSS						
		AND MICROSCOPIC EX	88305		\$ 38.96	\$ 63.31	\$ 63.31	\$ 38.96
		INJECTION, GARAMYCIN,						
		GENTAMICIN, UP TO						
		80 MG	J1580		not available	not available	not available	not available
		INJECTION, LIDOCAINE	31300				not available	not available
		HCL FOR						
		INTRAVENOUS						
		INFUSION, 10 M	J2001		not available	not available	not available	not available
	ROUTINE OBSTETRIC							
	CARE INCLUDING							
50400	ANTEPARTUM CARE, VAGIN	PRIMARY PROCEDURE	59400		\$ 2,543.07	\$ 4,132.49	\$ 4,132.49	\$ 2,543.07
39400	VAGIN	OFFICE OR OTHER	39400		کر,543.U/	4,132.49	4,152.49	2,343.07
		OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
		URINALYSIS, BY DIP						
		STICK OR TABLET						
	1	In = 1 0=1 = = 0 =			•	1	i	
		REAGENT FOR BILIRUBI	81000		not available	not available	not available	not available

					BLUE SHIE TRIWEST	•	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professiona	ıl <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
I .	INJECTION(S), OF DIAGNOSTIC OR								
62322	THERAPEUTIC SUBSTANCE(S)	PRIMARY PROCEDURE	62322		\$	83.10	\$ 135.04	\$ 135.04	\$ 83.10
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$	15.47	\$ 25.14	\$ 25.14	\$ 15.47
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON INJECTION,	Q9967		not av	ailable	not available	not available	not available
		BUPIVICAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	J0665		not av	ailable	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not av	ailable	not available	e not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704			ailable	not available		
		INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECI	J3301			ailable	not available		
62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)	PRIMARY PROCEDURE	62323		\$	105.52	\$ 171.47	' \$ 171.47	\$ 105.52
	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRANS	PRIMARY PROCEDURE	64483		\$	119.32	\$ 193.90	\$ 193.90	\$ 119.32
	DISCISSION OF SECONDARY MEMBRANOUS								
66821	CATARACT (OPACIFIED  EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF	PRIMARY PROCEDURE	66821		\$	347.74	\$ 565.08	\$ 565.08	\$ 347.74
66984	INTRAO	PRIMARY PROCEDURE POSTERIOR CHAMBER	66984		\$	595.07	\$ 966.99	\$ 966.99	\$ 595.07
	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT	INTRAOCULAR LENS	V2632			ailable	not available		
	CONTRAST MA MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDI	PRIMARY PROCEDURE PRIMARY PROCEDURE	70450 70553		\$	42.33 113.98			

					1	UE SHIELD TRIWEST ommerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Ne	Minimum egotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Pro	ofessional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Pr	ofessional <sup>2,3,4</sup>
	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL;									
72110	MINIMUM OF	PRIMARY PROCEDURE	72110		\$	13.22	\$ 21.48	\$ 21.48	\$	13.22
74477	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH					99.59	4 447.07	<b>A</b> 447.07	4	00.50
/41//	CONTRAST	PRIMARY PROCEDURE OFFICE OR OTHER	74177		\$	90.63	\$ 147.27	\$ 147.27	\$	90.63
		OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$	9.26	\$ 15.05	\$ 15.05	\$	9.26
		LEUPROLIDE ACETATE (FOR DEPOT	10247							
	ULTRASOUND,	SUSPENSION), 7.5 MG	J9217			not available	not available	not available		not available
76700	ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATI	PRIMARY PROCEDURE	76700		\$	40.14	\$ 65.23	\$ 65.23	\$	40.14
	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH									
76805	IMAGE DOCUM	PRIMARY PROCEDURE ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH	76805		\$	49.96				49.96
	ULTRASOUND,	IMAGE DOCUM	76811		\$	95.84	\$ 155.74	\$ 155.74	Ş	95.84
76830	TRANSVAGINAL	PRIMARY PROCEDURE ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT	76830		\$	34.56	\$ 56.16	\$ 56.16	\$	34.56
		ENDOCERVI CYTOPATHOLOGY SMEARS, CERVICAL OR	58100		\$	65.64	\$ 106.67	\$ 106.67	\$	65.64
		VAGINAL; SCREENING BY	88147			not available	not available	not available		not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624			not available	not available	not available		not available
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$	38.96	\$ 63.31	\$ 63.31	ė	38.96
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA	86303		۲	38.90	3 03.31	\$ 03.31	φ	36.50
		OR RNA)  CYTOPATHOLOGY,  CERVICAL OR VAGINAL	87522			not available	not available	not available		not available
		(ANY REPORTING SYSTE BASIC METABOLIC PANEL (CALCIUM,	88142			not available	not available	not available		not available
		TOTAL) THIS PANEL MUST	80048			not available	not available	not available		not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	,	, and the part						
		ANTIBODY; HIV-1 AND	06702		واطوانويو فوم	nat available	nat available	net evelleble
		HIV-2, SINGLE RESULT BLOOD COUNT;	86703		not available	not available	not available	not available
		COMPLETE (CBC),						
		AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		,	03023		not available		ocava.nao.e	not available
		INFECTIOUS AGENT ANTIGEN DETECTION						
		BY IMMUNOASSAY						
		TECHN	87340		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE						
		SODIUM PHOSPHATE,						
		1 MG	J1100		not available	not available	not available	not available
		INJECTION,						
		LEUPROLIDE ACETATE						
		(FOR DEPOT SUSPENSION), P	J1950		not available	not available	not available	not available
		INJECTION,						
		MEPERIDINE HYDROCHLORIDE, PER						
		100 MG	J2175		not available	not available	not available	not available
		INJECTION, MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
	DIAGNOSTIC MAMMOGRAPHY,							
	INCLUDING							
77066	COMPUTER-AIDED DETECT	PRIMARY PROCEDURE	77066		\$ 49.74	\$ 80.83	\$ 80.83	\$ 49.74
77000		DIAGNOSTIC DIGITAL	77000		, , , , , , , , , , , , , , , , , , ,	φ σεισε	φ σσισσ	·
		BREAST TOMOSYNTHESIS,						
		UNILATERAL OR	G0279		\$ 29.85	\$ 48.51	\$ 48.51	\$ 29.85
	SCREENING							
	MAMMOGRAPHY, BILATERAL (2-VIEW							
		PRIMARY PROCEDURE	77067		\$ 38.01	\$ 61.77	\$ 61.77	\$ 38.01
	BASIC METABOLIC PANEL (CALCIUM,							
	TOTAL) THIS PANEL							
80048		PRIMARY PROCEDURE COLLECTION OF	80048		not available	not available	not available	not available
		VENOUS BLOOD BY						
<u> </u>	COMPREHENSIVE	VENIPUNCTURE	36415		not available	not available	not available	not available
	METABOLIC PANEL							
000==	THIS PANEL MUST	DDIA 4 A DV DD O CET VITE	000=-			,		
80053		PRIMARY PROCEDURE COLLECTION OF	80053		not available	not available	not available	not available
		VENOUS BLOOD BY						
	LIPID PANEL THIS	VENIPUNCTURE	36415		not available	not available	not available	not available
	PANEL MUST INCLUDE							
90061	THE FOLLOWING:	DRIMARY DROCEDURE	00061		not available	not available	not available	not available
80061	CITOL	PRIMARY PROCEDURE	80061		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical		ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2</sup>	,4	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		BASIC METABOLIC PANEL (CALCIUM,							
		TOTAL) THIS PANEL MUST	80048		not avai	able	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not avai	able	not available	not available	not available
		HEMOGLOBIN; GLYCOSYLATED (A1C)	83036		not avai	able	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not avai	able	not available	not available	not available
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81000		not avai	able	not available	not available	not available
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81001		not avai	able	not available	not available	not available
	THYROID STIMULATING HORMONE (TSH)	PRIMARY PROCEDURE	84443		not avai			not available	not available
01110	THE	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not avai				not available
	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB,		30.13						
85025	HCT, RBC,	PRIMARY PROCEDURE COLLECTION OF VENOUS BLOOD BY	85025		not avai	able	not available	not available	not available
	BLOOD COUNT;	VENIPUNCTURE	36415		not avai	able	not available	not available	not available
85027	COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	PRIMARY PROCEDURE	85027		not avai	able	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not avai	able	not available	not available	not available
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90832		\$ 7	1.63	\$ 116.40	\$ 116.40	\$ 71.63
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90834		\$ 9	4.81	\$ 154.07	\$ 154.07	\$ 94.81
	PSYCHOTHERAPY, 60 MINUTES WITH								
90837	PATIENT FAMILY PSYCHOTHERAPY	PRIMARY PROCEDURE	90837		\$ 13	9.91	\$ 227.35	\$ 227.35	\$ 139.91
90846	(WITHOUT THE PATIENT PRESENT), 50	PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT	90846		\$ 10	2.18	\$ 166.04	\$ 166.04	\$ 102.18
		FOR THE EVALUATION AND	99204		\$ 14	0.61	\$ 228.49	\$ 228.49	\$ 140.61

					1	UE SHIELD FRIWEST ommerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimu Negotiated	
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Pro	fessional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Profession	nal <sup>2,3,4</sup>
		TELEHEALTH TRANSMISSION, PER								
		MINUTE,								
		PROFESSIONAL SERVI	T1014			not available	not available	not available	not a	available
	FAMILY PSYCHOTHERAPY									
	(CONJOINT									
	PSYCHOTHERAPY)									
90847	(WITH PAT	PRIMARY PROCEDURE	90847		\$	106.79	\$ 173.53	\$ 173.53	\$	106.79
	GROUP									
	PSYCHOTHERAPY									
	(OTHER THAN OF A	DD1444DV DD 0 CEDUDE			_	25.44	40.05	40.05		25.44
90853	MULTIPLE-FAMILY GR ELECTROCARDIOGRA	PRIMARY PROCEDURE	90853		\$	25.14	\$ 40.85	\$ 40.85	\$	25.14
	M, ROUTINE ECG									
	WITH AT LEAST 12									
93000	LEADS;	PRIMARY PROCEDURE OFFICE OR OTHER	93000		\$	15.89	\$ 25.82	\$ 25.82	\$	15.89
		OUTPATIENT VISIT								
		FOR THE EVALUATION								
		AND	99214		\$	102.80	\$ 167.05	\$ 167.05	\$	102.80
		WEIGHT RECORDED (PAG)	2001F			not available	not available	not available	not a	available
		ELECTROCARDIOGRA								
		M, ROUTINE ECG								
		WITH AT LEAST 12 LEADS;	93005		\$	7.38	\$ 11.99	\$ 11.99	\$	7.38
							7 ==:00	7 =====	*	
	LEFT HEART									
	CATHETERIZATION INCLUDING									
93452	INTRAPROCEDURAL IN	PRIMARY PROCEDURE	93452		\$	236.82	\$ 384.83	\$ 384.83	\$	236.82
		MOST RECENT								
		SYSTOLIC BLOOD PRESSURE LESS THAN								
		130 MM HG	3074F			not available	not available	not available	not a	available
		MOST RECENT								
		SYSTOLIC BLOOD PRESSURE 130-139								
		MM HG (DM)	3075F			not available	not available	not available	not a	available
		MOST RECENT								
		SYSTOLIC BLOOD								
		PRESSURE GREATER THAN OR EQU	3077F			not available	not available	not available	not a	available
		MOST RECENT								
		DIASTOLIC BLOOD								
		PRESSURE LESS THAN 80 MM HG	3078F			not available	not available	not available	not a	available
		MOST RECENT	30705			not available	not available	not available	1101.6	. runubie
		DIASTOLIC BLOOD								
		PRESSURE 80-89 MM HG (HTN,	3079F			not available	not available	not available	no+ r	available
		BASIC METABOLIC	30/9F			not available	not available	not available	1101.6	avanabie
		PANEL (CALCIUM,								
		TOTAL) THIS PANEL	000			mak sus til 1.1	9.11	9.11		
		MUST INJECTION, HEPARIN	80048			not available	not available	not available	not a	available
		SODIUM, PER 1000								
		UNITS	J1644			not available	not available	not available	not a	available

					BLUE S		ANTHEM BLUE CROSS	Maximum	Minimum
					(Comm		(Commercial)	Negotiated Rate	Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Profess	ional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		INJECTION,							
		MIDAZOLAM							
		HYDROCHLORIDE, PER	J2250		no	t available	not available	not available	not available
		1 1110	32230		110	e avanable	not available	not available	not available
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		no	t available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC),							
		AUTOMATED (HGB,							
		HCT, RBC,	85027		no	t available	not available	not available	not available
-		PROTHROMBIN TIME;	85610		no	t available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY							
		VENIPUNCTURE	36415		no	t available	not available	not available	not available
	POLYSOMNOGRAPHY;								
	AGE 6 YEARS OR								
05910	OLDER, SLEEP STAGING WI	PRIMARY PROCEDURE	95810		\$	123.76	\$ 201.11	\$ 201.11	\$ 123.76
95610	STAGING WI	OFFICE OR OTHER	93610		7	123.70	Ş 201.11	3 201.11	3 123.70
		OUTPATIENT VISIT							
		FOR THE EVALUATION							
	THEDADELITIC	AND	99212		\$	37.18	\$ 60.42	\$ 60.42	\$ 37.18
	THERAPEUTIC PROCEDURE, 1 OR								
	MORE AREAS, EACH								
97110	15 MINUTES	PRIMARY PROCEDURE	97110		\$	32.53	\$ 52.86	\$ 52.86	\$ 32.53
	OFFICE OR OTHER								
	OUTPATIENT VISIT FOR THE EVALUATION								
99203		PRIMARY PROCEDURE	99203		\$	86.20	\$ 140.08	\$ 140.08	\$ 86.20
33200	OFFICE OR OTHER		33200		Ψ	00.20	φ 2.0.00	Ψ 2.0.00	φ σσι <u>ε</u> σ
	OUTPATIENT VISIT								
00004	FOR THE EVALUATION		00204			140.64	å 220.40	d 220.40	440.54
99204	OFFICE OR OTHER	PRIMARY PROCEDURE	99204		\$	140.61	\$ 228.49	\$ 228.49	\$ 140.61
	OUTPATIENT VISIT								
	FOR THE EVALUATION								
99205		PRIMARY PROCEDURE	99205		\$	191.38	\$ 310.99	\$ 310.99	\$ 191.38
	OFFICE OR OTHER								
	OUTPATIENT CONSULTATION FOR A								
99243	NEW OR ES	PRIMARY PROCEDURE	99243		\$	93.18	\$ 151.42	\$ 151.42	\$ 93.18
	OFFICE OR OTHER								
	OUTPATIENT								
90244	CONSULTATION FOR A NEW OR ES	PRIMARY PROCEDURE	99244		\$	142.29	\$ 231.22	\$ 231.22	\$ 142.29
33244	INITIAL	I MINANT I NOCEDORE	33244		7	142.23	251.22	y 231.22	7 142.23
	COMPREHENSIVE								
	PREVENTIVE								
00305	MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99385		\$	98.76	\$ 160.49	\$ 160.49	\$ 98.76
33385	INITIAL	F MINIANT FROCEDURE	99385		۶	30.70	160.49	160.49	96.76
	COMPREHENSIVE								
	PREVENTIVE								
0005-	MEDICINE	 	2225			440.0-	A		
99386	EVALUATION AN	PRIMARY PROCEDURE	99386		\$	119.80	\$ 194.68	\$ 194.68	\$ 119.80

					TE	E SHIELD RIWEST nmerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate	
Primary	Samina Catanama	Donat de la Donatie di La	CPT/HCPCS	Ness	Duref	essional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>	
Code	Service Category OFFICE OR OTHER	Procedure Description	Code	Note	Prote	essional	Professional	Professional	Professional	
	OUTPATIENT VISIT									
	FOR THE EVALUATION									
99213		PRIMARY PROCEDURE	99213		\$	69.65	\$ 113.18	\$ 113.18	\$ 69.65	
		DIAGNOSTIC MAMMOGRAPHY,								
		INCLUDING								
		COMPUTER-AIDED								
		DETECT	77065		\$	40.54	\$ 65.88	\$ 65.88	\$ 40.54	
	OFFICE OR OTHER									
	OUTPATIENT VISIT FOR THE EVALUATION									
99212		PRIMARY PROCEDURE	99212		\$	37.18	\$ 60.42	\$ 60.42	\$ 37.18	
	OFFICE OR OTHER									
	OUTPATIENT VISIT									
99211	FOR THE EVALUATION	PRIMARY PROCEDURE	99211		\$	9.26	\$ 15.05	\$ 15.05	\$ 9.26	
99211	OFFICE OR OTHER	PRIVIARY PROCEDURE	99211		7	3.20	Ş 15.05	3 15.05	ÿ 9.20	
	OUTPATIENT VISIT									
	FOR THE EVALUATION									
99214	AND HOSPITAL	PRIMARY PROCEDURE	99214		\$	102.80	\$ 167.05	\$ 167.05	\$ 102.80	
	OUTPATIENT CLINIC									
	VISIT FOR									
	ASSESSMENT AND									
G0463	MAN	PRIMARY PROCEDURE	G0463			not available	not available	not available	not available	
	TELEPHONE									
	EVALUATION AND									
	MANAGEMENT									
99442	SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99442		\$	69.42	\$ 112.81	\$ 112.81	\$ 69.42	
	TELEPHONE									
	EVALUATION AND									
	MANAGEMENT									
99441	SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99441		\$	36.95	\$ 60.04	\$ 60.04	\$ 36.95	
	TELEPHONE									
	EVALUATION AND									
	MANAGEMENT									
99443	SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99443		\$	102.80	\$ 167.05	\$ 167.05	\$ 102.80	
	OPHTHALMOLOGICAL									
	SERVICES: MEDICAL									
	EXAMINATION AND									
92012		PRIMARY PROCEDURE	92012		\$	53.66	\$ 87.20	\$ 87.20	\$ 53.66	
	OFFICE OR OTHER									
	OUTPATIENT VISIT FOR THE EVALUATION									
99202		PRIMARY PROCEDURE	99202		\$	49.99	\$ 81.23	\$ 81.23	\$ 49.99	
	OFFICE OR OTHER									
	OUTPATIENT VISIT									
99215	FOR THE EVALUATION	PRIMARY PROCEDURE	99215		\$	152.65	\$ 248.06	\$ 248.06	\$ 152.65	
99213	LIMITED ORAL	T MIVIANT I NOCEDORE	33213		-	132.03	240.00	240.00	7 132.03	
	EVALUATION -									
D0140		PRIMARY PROCEDURE	D0140			not available	not available	not available	not available	
	CHEMOTHERAPY									
	ADMINISTRATION, INTRAVENOUS									
96413	INFUSION TECHN	PRIMARY PROCEDURE	96413		\$	151.62	\$ 246.38	\$ 246.38	\$ 151.62	

					BLUE SHIELD	ANTHEM BLUE	Maximum	Minimum
					TRIWEST (Commerical)	CROSS (Commercial)	Negotiated Rate	Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
5545	certice entegery	CHEMOTHERAPY	5545	11010	1101000101101	1101000101101	1101000101101	1101000101101
		ADMINISTRATION,						
		INTRAVENOUS						
		INFUSION TECHN	96415		\$ 31.69	\$ 51.50	\$ 51.50	\$ 31.69
		OFFICE OR OTHER						
		OUTPATIENT VISIT						
		FOR THE EVALUATION AND	00211		¢ 0.26	15.05	ć 15.05	, n 20
		DIPHENHYDRAMINE	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
		HYDROCHLORIDE, 50						
		MG, ORAL, FDA						
		APPROVE	Q0163		not available	not available	not available	not available
		INJECTION,						
		INFLIXIMAB-DYYB,						
		BIOSIMILAR,						
		(INFLECTRA), 10	Q5103		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION, 250						
		ICC	J7050		not available	not available	not available	not available
	INTRAVITREAL		37030		not available	not available	not available	not available
	INJECTION OF A							
	PHARMACOLOGIC							
67028	AGENT (SEPARA	PRIMARY PROCEDURE	67028		\$ 98.58	\$ 160.19	\$ 160.19	\$ 98.58
		INJECTION,						
		BEVACIZUMAB, 0.25						
		MG	C9257		not available	not available	not available	not available
	PERIODIC COMPREHENSIVE							
	PREVENTIVE							
	MEDICINE							
99392	REEVALUATION	PRIMARY PROCEDURE	99392		not available	not available	not available	not available
	OPHTHALMOLOGICAL							
	SERVICES: MEDICAL							
	EXAMINATION AND	PRIMARY PROCEDURE	02014		\$ 80.78	\$ 131.27	\$ 131.27	\$ 80.78
92014	EVAL	PRIMARY PROCEDURE	92014		\$ 80.78	3 151.27	3 151.27	\$ 60.76
	IMMUNIZATION							
	ADMINISTRATION							
	(INCLUDES							
90471		PRIMARY PROCEDURE	90471		\$ 23.61	\$ 38.37	\$ 38.37	\$ 23.61
		OFFICE OR OTHER						
		OUTPATIENT VISIT						
		FOR THE EVALUATION AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
		INFLUENZA VIRUS	22213		50.60 د	, 115.18	7 115.18	20.50 ب
		VACCINE,						
		QUADRIVALENT (IIV4),						
		SPLIT VIR	90686		not available	not available	not available	not available
	PERIODIC							
	COMPREHENSIVE							
	PREVENTIVE							
	MEDICINE REEVALUATION	PRIMARY PROCEDURE	99391		not available	not available	not available	not available
	THERAPEUTIC,	I MINIANT FROCEDURE	77371		not available	not available	not available	not available
	PROPHYLACTIC, OR							
	DIAGNOSTIC							
96372	INJECTION (SPE	PRIMARY PROCEDURE	96372		\$ 16.06	\$ 26.10	\$ 26.10	\$ 16.06

					BLUE SHIELD	ANTHEM BLUE	Maximum	Minimum
					TRIWEST (Commerical)	CROSS (Commercial)	Negotiated Rate	Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Code	0 ,	OFFICE OR OTHER	Code	Note	Fioressional	Fioressional	Professional	Fiolessional
		OUTPATIENT VISIT						
		FOR THE EVALUATION AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
					7	7 20.00	7 20.00	7
	TELEPHONE ASSESSMENT AND							
	MANAGEMENT							
	SERVICE PROVIDED BY INTRAVENOUS	PRIMARY PROCEDURE	98966		\$ 12.08	\$ 19.63	\$ 19.63	\$ 12.08
	INFUSION, FOR							
	THERAPY,							
96365	PROPHYLAXIS, OR DIAG	PRIMARY PROCEDURE	96365		\$ 72.99	\$ 118.61	\$ 118.61	\$ 72.99
		OFFICE OR OTHER						
		OUTPATIENT VISIT FOR THE EVALUATION						
		AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
		INJECTION, SODIUM						
		FERRIC GLUCONATE						
		COMPLEX IN SUCROSE	J2916		not available	not available	not available	not available
		INFUSION, NORMAL						
		SALINE SOLUTION, 250 CC	J7050		not available	not available	not available	not available
	POSTOPERATIVE							
	FOLLOW-UP VISIT, NORMALLY INCLUDED							
		PRIMARY PROCEDURE	99024		not available	not available	not available	not available
	PERIODIC COMPREHENSIVE							
1	PREVENTIVE							
1	MEDICINE REEVALUATION	PRIMARY PROCEDURE	99393		not available	not available	not available	not available
	TELEPHONE ASSESSMENT AND							
	MANAGEMENT							
98967	SERVICE PROVIDED BY	PRIMARY PROCEDURE	98967		\$ 23.37	\$ 37.98	\$ 37.98	\$ 23.37
1	PERIODIC ORAL							
	EVALUATION - ESTABLISHED PATIENT	PRIMARY PROCEDURE	D0120		not available	not available	not available	not available
	PERIODIC							
	COMPREHENSIVE PREVENTIVE							
	MEDICINE							
	REEVALUATION SCANNING	PRIMARY PROCEDURE	99394		not available	not available	not available	not available
	COMPUTERIZED							
	OPHTHALMIC DIAGNOSTIC							
	IMAGING, PO	PRIMARY PROCEDURE	92134		\$ 26.57	\$ 43.18	\$ 43.18	\$ 26.57
	PERIODIC COMPREHENSIVE							
	PREVENTIVE							
99396	MEDICINE REEVALUATION	PRIMARY PROCEDURE	99396		not available	not available	not available	not available
99396	REEVALUATION	PRIIVIART PROCEDURE	99396		not available	not available	not available	not available

				BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	OUTPATIENT VISIT FOR THE EVALUATION	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
PARACENTESIS (DIAGNOSTIC OR	PRIMARY PROCEDURE	49083		\$ 110.53	\$ 179.61	\$ 179.61	\$ 110.53
ACTINOTHERAPY (ULTRAVIOLET LIGHT)	PRIMARY PROCEDURE	96900		\$ 29.64	\$ 48.17	\$ 48.17	\$ 29.64
	OUTPATIENT VISIT FOR THE EVALUATION	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND		02250		4 22.05	4 25.00	4 25.00	4 22.05
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION						
INITIAL COMPREHENSIVE PREVENTIVE MEDICINE		99211			not available	not available	\$ 9.26
MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED							
PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE							not available
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION						
EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT							not available
INFLUENZA VIRUS VACCINE, QUADRIVALENT							
	IMMUNIZATION ADMINISTRATION	90694		not available	not available	not available	not available
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	90471					
	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WIT  ACTINOTHERAPY (ULTRAVIOLET LIGHT)  FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT  INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION EVALUATION  EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AN INFLUENZA VIRUS VACCINE, QUADRIVALENT (AIIV4), INACTIVA	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND  ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WIT  ACTINOTHERAPY (ULTRAVIOLET LIGHT)  FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT  OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND  INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN  MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PPERIODIC COMPREHENSIVE PREVENTIVE MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PRIMARY PROCEDURE  OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND  PRIMARY PROCEDURE  OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION PRIMARY PROCEDURE  OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND  EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AN PRIMARY PROCEDURE  INFLUENCE OUTPATIENT VISIT FOR THE EVALUATION AND  EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AN PRIMARY PROCEDURE	Service Category Procedure Description Code  OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99213  ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WIT PRIMARY PROCEDURE 96900  OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99211  FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT PRIMARY PROCEDURE 92250  OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99211  INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN PRIMARY PROCEDURE 99381  MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PRIMARY PROCEDURE 99381  MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PRIMARY PROCEDURE 99395  OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99213  EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVALION AN PRIMARY PROCEDURE 99395  VACCINE, QUADRIVALENT (AIIV4), INACTIVA PRIMARY PROCEDURE 90694  IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99213	Service Category Procedure Description Code OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99213  ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WIT PRIMARY PROCEDURE 49083  ACTINOTHERAPY (ULTRAVIOLET LIGHT) PRIMARY PROCEDURE 96900  OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99211  FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND PRIMARY PROCEDURE 92250  OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99211  INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND PRIMARY PROCEDURE 9381  MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PRIMARY PROCEDURE 99381  MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PRIMARY PROCEDURE 99395  OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99213  EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AN PRIMARY PROCEDURE DATE)  EXERNACION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AN PRIMARY PROCEDURE DATE)  MEDICATION AN PRIMARY PROCEDURE DATE OUTPATIENT VISIT FOR THE EVALUATION AND PRIMARY PROCEDURE DATE OUTPATIENT VISIT FOR THE EVALUATION AND PRIMARY PROCEDURE DATE OUTPATIENT VISIT FOR THE EVALUATION AND PRIMARY PROCEDURE DATE OUTPATIENT VISIT FOR THE EVALUATION AND PRIMARY PROCEDURE DATE OUTPATIENT VISIT FOR THE EVALUATION AND PRIMARY PROCEDURE DATE OUTPATIENT VISIT FOR THE EVALUATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION FOR THE EVALUATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION FOR THE EVALUATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION FOR THE EV	Service Category Procedure Description Code OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99213 \$ 69.65  ABBODMINAL PARACENTESIS (DIAGNOSTIC OR THERAPPUTIC), WIT PRIMARY PROCEDURE 96900 \$ 110.53  ACTINOTHERAPY ULITRAVIOLET LIGHT) OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99211 \$ 9.26  FUNDUS PHOTOGRAPHY WITH INTERPETATION AND REPORT OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99211 \$ 9.26  FUNDUS PHOTOGRAPHY WITH INTERPETATION AND REPORT OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99211 \$ 9.26  FUNDAMENT OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99211 \$ 9.26  FUNDAMENT OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99211 \$ 9.26  FUNDAMENT OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND PRIMARY PROCEDURE 99381 not available PRIMARY PROCEDURE 99381 not available FERVICLISI FOR THE EVALUATION AND 99213 \$ 69.65  EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT ELEVATION AND PRIMARY PROCEDURE D7140 not available NEUCATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT OFFICE OR OTHER OUTPATIENT VISIT OUTPATIENT VISIT OUTPATIENT VISIT OUTPATIENT VISIT OUTPATIENT	Service Category	Service Category

						LUE SHIELD TRIWEST Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Pr	ofessional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		INFLUENZA VIRUS							
		VACCINE, QUADRIVALENT (IIV4),							
		SPLIT VIR	90686			not available	not available	not available	not available
	TREATMENT OF EXTENSIVE OR								
	PROGRESSIVE								
67228	RETINOPATHY (EG,	PRIMARY PROCEDURE	67228		\$	328.83	\$ 534.35	\$ 534.35	\$ 328.83
	TELEPHONE								
	ASSESSMENT AND								
98968	MANAGEMENT SERVICE PROVIDED BY	PRIMARY PROCEDURE	98968		\$	32.44	\$ 52.72	\$ 52.72	\$ 32.44
	IN A A CINIC OF DETINA								
	IMAGING OF RETINA FOR DETECTION OR								
	MONITORING OF								
92227	DISEAS	PRIMARY PROCEDURE OFFICE OR OTHER	92227		\$	20.90	\$ 33.96	\$ 33.96	\$ 20.90
		OUTPATIENT VISIT							
		FOR THE EVALUATION AND	99211		\$	9.26	\$ 15.05	\$ 15.05	\$ 9.26
	MOST RECENT	AND	33211		7	3.20	15.05	15.05	ÿ 3.20
	SYSTOLIC BLOOD								
	PRESSURE LESS THAN 130 MM HG	PRIMARY PROCEDURE	3074F			not available	not available	not available	not available
		MOST RECENT							
		DIASTOLIC BLOOD PRESSURE LESS THAN							
		80 MM HG	3078F			not available	not available	not available	not available
	INFLUENZA VIRUS VACCINE,								
	QUADRIVALENT (IIV4),								
90686	SPLIT VIR	PRIMARY PROCEDURE	90686			not available	not available	not available	not available
		IMMUNIZATION							
		ADMINISTRATION							
		(INCLUDES PERCUTANEOUS, INT	90471		\$	23.61	\$ 38.37	\$ 38.37	\$ 23.61
		OFFICE OR OTHER							
		OUTPATIENT VISIT FOR THE EVALUATION							
		AND	99211		\$	9.26	\$ 15.05	\$ 15.05	\$ 9.26
	PATIENT SCREENED FOR DEPRESSION								
1220F		PRIMARY PROCEDURE	1220F			not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT							
		FOR THE EVALUATION							
	CYCTOLIBETUROCCORY	AND	99213		\$	69.65	\$ 113.18	\$ 113.18	\$ 69.65
	CYSTOURETHROSCOPY (SEPARATE								
52000	PROCEDURE)	PRIMARY PROCEDURE	52000		\$	83.66	\$ 135.95	\$ 135.95	\$ 83.66
	VISUAL FIELD EXAMINATION,								
	UNILATERAL OR								<u> </u>
92083	BILATERAL, WITH	PRIMARY PROCEDURE OFFICE OR OTHER	92083		\$	28.70	\$ 46.64	\$ 46.64	\$ 28.70
		OUTPATIENT VISIT							
		FOR THE EVALUATION	00344		۲	0.30	d 45.05	6 45.05	6 0.35
L		AND	99211		\$	9.26	\$ 15.05	\$ 15.05	\$ 9.26

					Т	JE SHIELD RIWEST mmerical)	CI	EM BLUE ROSS mercial)		Maximum otiated Rate	N	Minimum egotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Prof	essional <sup>2,4</sup>	Profe	ssional <sup>3,4</sup>	Pro	fessional <sup>2,3,4</sup>	P	rofessional <sup>2,3,4</sup>
	MEASUREMENT OF POST-VOIDING											
	RESIDUAL URINE											
51798	·	PRIMARY PROCEDURE	51798		\$	13.35	\$	21.69	\$	21.69	\$	13.35
		OFFICE OR OTHER OUTPATIENT VISIT										
		FOR THE EVALUATION										
		AND	99213		\$	69.65	\$	113.18	\$	113.18	\$	69.65
	INSERTION OF											
	TEMPORARY											
F1702	INDWELLING BLADDER	DDIMARY DDOCEDLIDE	F1703		,	26.27	,	42.60	ċ	42.00	ے ا	26.27
51/02	CATHETER; SIM	PRIMARY PROCEDURE	51702		\$	26.27	\$	42.69	\$	42.69	\$	26.27
	SLEEP STUDY,											
	UNATTENDED,											
95806	SIMULTANEOUS RECORDING OF, HEA	PRIMARY PROCEDURE	95806		\$	46.06	\$	74.85	\$	74.85	\$	46.06
		EDUCATION AND										
		TRAINING FOR										
		PATIENT SELF- MANAGEMENT BY A	98960		\$	36.23	\$	58.87	\$	58.87	\$	36.23
	REMOVAL OF						,					
	DEVITALIZED TISSUE FROM WOUND(S),											
		PRIMARY PROCEDURE	97602			not available	,	not available		not available		not available
		OFFICE OR OTHER										
		OUTPATIENT VISIT FOR THE EVALUATION										
		AND	99213		\$	69.65	\$	113.18	\$	113.18	\$	69.65
	MEDICATION THERAPY MANAGEMENT											
	SERVICE(S) PROVIDED											
99605		PRIMARY PROCEDURE	99605			not available	,	not available		not available		not available
	CHANGE OF CYSTOSTOMY TUBE;											
51705	·	PRIMARY PROCEDURE	51705		\$	54.81	\$	89.07	\$	89.07	\$	54.81
		HOSPITAL										
		OUTPATIENT CLINIC VISIT FOR										
		ASSESSMENT AND										
		MAN	G0463			not available	<u> </u>	not available		not available		not available
DUSSU	PANORAMIC FILM	PRIMARY PROCEDURE	D0330			not available		not available		not available		not available
50330		LIMITED ORAL	50330			ot available	<u> </u>	iot available		not available		not available
		EVALUATION -										
	FETAL NON-STRESS	PROBLEM FOCUSED	D0140			not available	<u>'</u>	not available		not available		not available
59025		PRIMARY PROCEDURE	59025		\$	29.72	\$	48.30	\$	48.30	\$	29.72
		OFFICE OR OTHER								<u> </u>		
		OUTPATIENT VISIT FOR THE EVALUATION										
		AND	99211		\$	9.26	\$	15.05	\$	15.05	\$	9.26
	PSYCHIATRIC											
	DIAGNOSTIC EVALUATION WITH											
90792		PRIMARY PROCEDURE	90792		\$	178.01	\$	289.27	\$	289.27	\$	178.01

					BLUE SHIELD TRIWEST	ANTHEM BLUE CROSS	Maximum	Minimum
					(Commerical)	(Commercial)	Negotiated Rate	Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	0 ,	OFFICE OR OTHER	3333	13000				
		OUTPATIENT VISIT						
		FOR THE EVALUATION AND	99214		\$ 102.80	) \$ 167.05	\$ 167.05	\$ 102.80
	INITIAL							
	COMPREHENSIVE PREVENTIVE							
	MEDICINE							
99383	EVALUATION AN	PRIMARY PROCEDURE	99383		not available	not available	not available	not available
	ECHOCARDIOGRAPHY,							
	TRANSTHORACIC, REAL-TIME WITH							
93306		PRIMARY PROCEDURE	93306		\$ 72.06	\$ 117.10	\$ 117.10	\$ 72.06
	INFLUENZA VACCINE,							
	INACTIVATED (IIV), SUBUNIT, ADJUVANT	PRIMARY PROCEDURE	90653		not available	not available	not available	not available
90033	SUBUNIT, ADJUVANT	PRIIVIARY PROCEDURE	90055		HOL available	not available	not available	not available
		IMMUNIZATION						
		ADMINISTRATION (INCLUDES						
		PERCUTANEOUS, INT	90471		\$ 23.61	. \$ 38.37	\$ 38.37	\$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND INFLUENZA VIRUS	99213		\$ 69.65	\$ \$ 113.18	\$ 113.18	\$ 69.65
		VACCINE,						
		QUADRIVALENT (IIV4), SPLIT VIR	90686		not available	not available	not available	not available
	ZOSTER (SHINGLES)							
	VACCINE (HZV), RECOMBINANT,							
		PRIMARY PROCEDURE	90750		not available	not available	not available	not available
		IMMUNIZATION						
		ADMINISTRATION						
		(INCLUDES PERCUTANEOUS, INT	90471		\$ 23.61	. \$ 38.37	\$ 38.37	\$ 23.61
		OFFICE OR OTHER	50.72			7 20:0:	7 30.0.	7
		OUTPATIENT VISIT FOR THE EVALUATION						
		AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
	OPHTHALMOLOGICAL							
	SERVICES: MEDICAL							
92002	EXAMINATION AND	PRIMARY PROCEDURE	92002		\$ 48.47	,   \$ 78.76	\$ 78.76	\$ 48.47
92002	INITIAL	I MINIANT PROCEDURE	92002		7 40.47	7 78.76	78.76	7 40.47
	COMPREHENSIVE PREVENTIVE							
	MEDICINE							
99382	EVALUATION AN	PRIMARY PROCEDURE	99382		not available	not available	not available	not available
	ARTHROCENTESIS,							
	ASPIRATION AND/OR INJECTION, MAJOR							
20610		PRIMARY PROCEDURE	20610		\$ 47.88	3 \$ 77.81	\$ 77.81	\$ 47.88

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	00212					
		AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS							
90715	VAC	PRIMARY PROCEDURE	90715		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES						
		PERCUTANEOUS, INT OFFICE OR OTHER	90471		\$ 23.61	\$ 38.37	\$ 38.37	\$ 23.61
		OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
		PATIENT SCREENED	99215		3 09.03	Ş 113.16	ÿ 113.18	\$ 09.03
		FOR DEPRESSION (SUD)	1220F		not available	not available	not available	not available
		(300)	1220F		not available	not available	not available	not available
92015		PRIMARY PROCEDURE	92015		not available	not available	not available	not available
	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE							
99397	REEVALUATION	PRIMARY PROCEDURE	99397		not available	not available	not available	not available
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND						
	INITIAL	MAN	G0463		not available	not available	not available	not available
	COMPREHENSIVE PREVENTIVE MEDICINE							
99384	EVALUATION AN	PRIMARY PROCEDURE	99384		not available	not available	not available	not available
	PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20),							
90677	FOR	PRIMARY PROCEDURE	90677		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES			4 22.54	4 20 27	4 20.27	4 22.51
		PERCUTANEOUS, INT OFFICE OR OTHER	90471		\$ 23.61	\$ 38.37	\$ 38.37	\$ 23.61
		OUTPATIENT VISIT						
		FOR THE EVALUATION AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
	FLUORESCEIN				, 3.20	. 15.03		. 5.20
	ANGIOGRAPHY (INCLUDES							
	MULTIFRAME							
92235	IMAGING) W	PRIMARY PROCEDURE	92235		\$ 45.32	\$ 73.65	\$ 73.65	\$ 45.32

						LUE SHIELD TRIWEST ommerical)		ANTHEM BLUE CROSS (Commercial)		Maximum gotiated Rate	Ne	Minimum gotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Pro	ofessional <sup>2,4</sup>		Professional <sup>3,4</sup>	Pr	ofessional <sup>2,3,4</sup>	Pr	ofessional <sup>2,3,4</sup>
	COMPREHENSIVE											
	AUDIOMETRY											
	THRESHOLD EVALUATION AND											
92557	SPEEC	PRIMARY PROCEDURE	92557		\$	33.99	\$	55.23	\$	55.23	\$	33.99
		TYMPANOMETRY AND										
		REFLEX THRESHOLD MEASUREMENTS	92550		\$	23.90	١	38.84	\$	38.84	\$	23.90
	ENDOMETRIAL	WEASONEWENTS	92330		7	23.30	<u> </u>	30.04	7	30.04	7	23.30
	SAMPLING (BIOPSY)											
	WITH OR WITHOUT						١.					
58100	ENDOCERVI	PRIMARY PROCEDURE	58100		\$	65.64	\$	106.67	\$	106.67	\$	65.64
		OFFICE OR OTHER OUTPATIENT VISIT										
		FOR THE EVALUATION										
		AND	99213		\$	69.65	\$	113.18	\$	113.18	\$	69.65
		LEVEL IV - SURGICAL PATHOLOGY, GROSS										
		AND MICROSCOPIC EX	88305		\$	38.96	   \$	63.31	Ś	63.31	\$	38.96
		7.11.2 1.11.01.00001.10 2.7.	00000		Ψ	55.55	Ť	00.01		00.01	<u> </u>	30.30
	BLADDER IRRIGATION,											
	SIMPLE, LAVAGE AND/OR INSTILLATION	DRIMARY DROCEDI IRE	51700		\$	31.00	ا ا	50.38	¢	50.38	¢	31.00
31700	AND/OR INSTILLATION	OFFICE OR OTHER	31700		۲	31.00	٦	30.38	ڔ	30.38	ڔ	31.00
		OUTPATIENT VISIT										
		FOR THE EVALUATION										
	TUEDADELITIC	AND	99211		\$	9.26	\$	15.05	\$	15.05	\$	9.26
	THERAPEUTIC, PROPHYLACTIC, OR											
	DIAGNOSTIC											
96374	INJECTION (SPE	PRIMARY PROCEDURE	96374		\$	42.47	\$	69.01	\$	69.01	\$	42.47
		OFFICE OR OTHER										
		OUTPATIENT VISIT FOR THE EVALUATION										
		AND	99211		\$	9.26	Ś	15.05	Ś	15.05	Ś	9.26
		INJECTION,					Ė					
		ZOLEDRONIC ACID, 1										
	PSYCHIATRIC	MG	J3489			not available		not available		not available		not available
	DIAGNOSTIC											
	EVALUATION	PRIMARY PROCEDURE	90791		\$	154.96	\$	251.81	\$	251.81	\$	154.96
		DDEDADATION OF										
		PREPARATION OF REPORT OF PATIENT'S										
		PSYCHIATRIC STATUS,	90889			not available		not available		not available		not available
		PSYCHOTHERAPY, 60										
		MINUTES WITH										
		PATIENT	90837		\$	139.91	<b>Ş</b>	227.35	\$	227.35	\$	139.91
		PSYCHIATRIC										
		EVALUATION OF										
		HOSPITAL RECORDS,										
		OTHER PSYCH	90885		\$	50.13	\$	81.46	\$	81.46	\$	50.13

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	MEDICAL NUTRITION THERAPY; INITIAL							
97802	ASSESSMENT AND	PRIMARY PROCEDURE	97802		\$ 34.91	. \$ 56.73	\$ 56.73	\$ 34.91
	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED		2,332		7	, , , , , , ,	,	
D0150		PRIMARY PROCEDURE	D0150		not available	not available	not available	not available
02200	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH	DDIMARY DDOCEDURE	02200		\$ 21.50	24.04	6 3404	4 24.50
93288	ANALYS	PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	93288		\$ 21.50	\$ 34.94	\$ 34.94	\$ 21.50
		AND	99213		\$ 69.65	\$ \$ 113.18	\$ 113.18	\$ 69.65
	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY)							
58558	OF ENDOM	PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT	58558		\$ 242.03	\$ \$ 393.30	\$ 393.30	\$ 242.03
		FOR THE EVALUATION AND	99212		\$ 37.18	\$ \$ 60.42	\$ 60.42	\$ 37.18
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 38.96	63.31	\$ 63.31	\$ 38.96
	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR							
92025	BILATERA	PRIMARY PROCEDURE OPHTHALMIC BIOMETRY BY ULTRASOUND	92025		\$ 20.72	\$ 33.67	\$ 33.67	\$ 20.72
		ECHOGRAPHY, A- SCAN; W	70510		\$ 32.47	, , \$ 52.76	\$ 52.76	\$ 32.47
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	76519				\$ 32.70	\$ 32.47
		AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
93770	DETERMINATION OF VENOUS PRESSURE	PRIMARY PROCEDURE	93770		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 9.26	i \$ 15.05	\$ 15.05	\$ 9.26
	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2							
91320	(SARS-C	PRIMARY PROCEDURE	91320		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR						
		INJECTION	90480		not available	not available	not available	not available

						LUE SHIELD TRIWEST Commerical)	ANTHEM BLUE CROSS (Commercial)		imum Ited Rate		Minimum gotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Pr	ofessional <sup>2,4</sup>	Professional <sup>3,4</sup>	Profess	ional <sup>2,3,4</sup>	Pro	ofessional <sup>2,3,4</sup>
		OFFICE OR OTHER									
		OUTPATIENT VISIT FOR THE EVALUATION									
		AND	99211		\$	9.26	\$ 15.0	5 \$	15.05	\$	9.26
	EDUCATION AND										
	TRAINING FOR PATIENT SELF-										
98960	MANAGEMENT BY A	PRIMARY PROCEDURE	98960		\$	36.23	\$ 58.8	7 \$	58.87	\$	36.23
	CHEMOTHERAPY										
	ADMINISTRATION; INTRAVENOUS, PUSH										
96409	TECHNIQU	PRIMARY PROCEDURE	96409		\$	117.01	\$ 190.14	\$	190.14	\$	117.01
		OFFICE OR OTHER									
		OUTPATIENT VISIT FOR THE EVALUATION									
		AND	99211		\$	9.26	\$ 15.09	\$	15.05	\$	9.26
		ONDANSETRON 1 MG, ORAL, FDA APPROVED									
		PRESCRIPTION ANTI-	Q0162			not available	not available	e n	ot available		not available
		INFUSION, NORMAL									
		SALINE SOLUTION, 250 CC	J7050			not available	not available		ot available		not available
		INJECTION,	37030			not available	not available	11	ot available		not available
		AZACITIDINE, 1 MG	J9025			not available	not available	e n	ot available		not available
	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR										
96402	INTRAMUSCU	PRIMARY PROCEDURE	96402		\$	40.83	\$ 66.3	\$	66.35	\$	40.83
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		AND	99211		\$	9.26	\$ 15.0	\$	15.05	\$	9.26
		COSERELINI ASSETATE									
		GOSERELIN ACETATE IMPLANT, PER 3.6 MG	J9202			not available	not available	e n	ot available		not available
	SELF-CARE							1			
	EDUCATION										
4450F	PROVIDED TO PATIENT	PRIMARY PROCEDURE	4450F			not available	not available	n n	ot available		not available
50.	()	OFFICE OR OTHER	1.55.						ot available		
		OUTPATIENT VISIT									
		FOR THE EVALUATION AND	99213		\$	69.65	\$ 113.1	3 5	113.18	s	69.65
	CHEMOTHERAPY	7.1.12	33223		Ť		Ψ 120.2	7	110110	<u> </u>	03.03
	ADMINISTRATION,										
96401	SUBCUTANEOUS OR INTRAMUSCU	PRIMARY PROCEDURE	96401		\$	83.72	\$ 136.0		136.05	\$	83.72
30401	INTRAVIOSCO	OFFICE OR OTHER	30401			03.72	3 130.0.	7	130.03	<u> </u>	03.72
		OUTPATIENT VISIT									
		FOR THE EVALUATION AND	99211		\$	9.26	\$ 15.0		15.05	,	9.26
			33211		+	5.20	13.0.	7	15.05	<u> </u>	5.20
		ONDANSETRON 1 MG,									
		ORAL, FDA APPROVED PRESCRIPTION ANTI-	Q0162			not available	not available	,	ot available		not available
		DEXAMETHASONE,	Q0102			not available	iot available		ot available		not available
		ORAL, 0.25 MG	J8540			not available	not available	e n	ot available		not available
		INJECTION, BORTEZOMIB									
		(VELCADE), 0.1 MG	J9041			not available	not available	e n	ot available		not available

					BLUE SHIELD	ANTHEM BLUE	Maximum	Minimum
					TRIWEST (Commerical)	CROSS (Commercial)	Negotiated Rate	Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Couc	Scrolec category	Troccaure Bescription	Couc	Note	Troicssional	Troicssionar	Troicssional	Troicssional
	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC,							
	•	PRIMARY PROCEDURE	45330		\$ 60.91	\$ 98.98	\$ 98.98	\$ 60.91
		MIDAZOLAM HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
	CATHETER PLACEMENT IN CORONARY ARTERY(S)							
93454	FOR CORONARY A	PRIMARY PROCEDURE	93454		\$ 239.23	\$ 388.75	\$ 388.75	\$ 239.23
		INJECTION, HEPARIN SODIUM, PER 1000						
		UNITS INJECTION, LIDOCAINE	J1644		not available	not available	not available	not available
		HCL FOR						
		INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE:						
		01/01/1986	J3490		not available	not available	not available	not available
	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH							
76815	IMAGE DOCUM	PRIMARY PROCEDURE	76815		\$ 32.38	\$ 52.62	\$ 52.62	\$ 32.38
	ZOSTER (SHINGLES) VACCINE (HZV), LIVE,							
90736	FOR SUBCUTANEOUS	PRIMARY PROCEDURE	90736		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES						
		PERCUTANEOUS, INT	90471		\$ 23.61	\$ 38.37	\$ 38.37	\$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION						
		AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
	DOPPLER ECHOCARDIOGRAPHY,							
	FETAL, PULSED WAVE AND/OR CON	PRIMARY PROCEDURE	76827		\$ 29.32	\$ 47.65	\$ 47.65	\$ 29.32
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION						
		AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26

					Т	UE SHIELD RIWEST mmerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Pro	fessional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	HEPATITIS B VACCINE (HEPB), CPG- ADJUVANTED, ADULT								
90739		PRIMARY PROCEDURE	90739			not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES							
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	90471		\$	23.61	\$ 38.37	\$ 38.37	\$ 23.61
		AND	99211		\$	9.26	\$ 15.05	\$ 15.05	\$ 9.26
53340	CYSTOURETHROSCOPY , WITH REMOVAL OF FOREIGN BODY,		52240			457.07	Å 356.70	Å 350.70	<u> </u>
	CALCUL SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE,	PRIMARY PROCEDURE	52310		\$	157.97	\$ 256.70	\$ 256.70	\$ 157.97
99173	•	PRIMARY PROCEDURE	99173			not available	not available	not available	not available
		VISUAL FIELD EXAMINATION, UNILATERAL OR							
		BILATERAL, WITH	92083		\$	28.70	\$ 46.64	\$ 46.64	\$ 28.70
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92012		\$	53.66	\$ 87.20	\$ 87.20	\$ 53.66
	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND								
92004		PRIMARY PROCEDURE	92004		\$	100.05	\$ 162.58	\$ 162.58	\$ 100.05
		PRIMARY PROCEDURE	67040		\$	1,126.56	\$ 1,830.66	\$ 1,830.66	\$ 1,126.56
	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING								
88175		PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	88175			not available	not available	not available	not available
		AND	99202		\$	49.99	\$ 81.23	\$ 81.23	\$ 49.99
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA							
		OR RNA) CYTOPATHOLOGY,	87624		1	not available	not available	not available	not available
		CERVICAL OR VAGINAL (ANY REPORTING	004.43			المادات	ا اداد، د هم س	ا اداد، د هم س	ا اللاحد عموس
		SYSTE	88142		+	not available	not available	not available	not available
	ESOPHAGOGASTRODU ODENOSCOPY, FLEXIBLE, TRANSORAL;								
43244	WITH B	PRIMARY PROCEDURE	43244		\$	256.14	\$ 416.23	\$ 416.23	\$ 256.14

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	5 ,	INJECTION,						
		MIDAZOLAM						
		HYDROCHLORIDE, PER 1 MG	J2250		not availal	ole not availal	ole not available	not available
			7==0					
		INJECTION, FENTANYL	J3010		not availal	not availab	ole not available	not available
	INFLUENZA VIRUS	CITRATE, 0.1 MG	13010		HOL availai	ole not availab	not available	not available
	VACCINE,							
00600	QUADRIVALENT (IIV4), SPLIT VIR	PRIMARY PROCEDURE	90688		not availal	ole not availal	ole not available	not available
90000	SPEIT VIN	PRIIVIARI PROCEDORE	90000		not availai	not availat	not available	Hot available
		IMMUNIZATION						
		ADMINISTRATION (INCLUDES						
		PERCUTANEOUS, INT	90471		\$ 23.	61 \$ 38.	37 \$ 38.37	\$ 23.61
		OFFICE OR OTHER				,		
		OUTPATIENT VISIT						
		FOR THE EVALUATION	99213		\$ 69.	65 \$ 113.	18 \$ 113.18	\$ 69.65
		PATIENT SCREENED	33213		φ 03.	υσ γ 113.	15 7 115:10	03.03
		FOR DEPRESSION						
		(SUD) INFLUENZA VIRUS	1220F		not availal	ole not availal	ole not available	not available
		VACCINE,						
		QUADRIVALENT (IIV4),						
	IMMUNIZATION	SPLIT VIR	90686		not availal	ole not availal	ole not available	not available
	ADMINISTRATION							
	THROUGH 18 YEARS							
90460	OF AGE VIA	PRIMARY PROCEDURE	90460		\$ 25	87 \$ 42.	04 \$ 42.04	\$ 25.87
		OFFICE OR OTHER OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99211		\$ 9.	26 \$ 15.	05 \$ 15.05	\$ 9.26
		IMMUNIZATION						
		ADMINISTRATION						
		(INCLUDES PERCUTANEOUS, INT	90471		ć 22	C1 ¢ 20	27 6 20.25	22.61
		INFLUENZA VIRUS	90471		\$ 23.	61 \$ 38.	37 \$ 38.37	\$ 23.61
		VACCINE,						
		QUADRIVALENT (IIV4),	00000					nat available
		SPLIT VIR	90686		not availal	ole not availab	ole not available	not available
D1110	PROPHYLAXIS-ADULT	PRIMARY PROCEDURE	D1110		not availal	ole not availal	ole not available	not available
		DENTAL PROPHYLAXIS						
		AND TOPICAL FLUORIDE						
		TREATMENT	D1208		not availal	ole not availal	ole not available	not available
		ORAL HYGIENE	D4330			nlo	No	mak a !! - b. !
		INSTRUCTION	D1330		not availal	ole not availab	ole not available	not available
		PERIODIC ORAL						
		EVALUATION -	20422					
		ESTABLISHED PATIENT	D0120		not availal	ole not availal	ole not available	not available
	TRANSTHORACIC							
	ECHOCARDIOGRAPHY							
dssus	FOR CONGENITAL CARDIAC A	PRIMARY PROCEDURE	93303		\$ 64.	29 \$ 104.	47 \$ 104.47	\$ 64.29
23303	C. IIIDIAC A	I MINIANT I NOCEDORE	33303		٧ 04.		7) 7 104.47	J 7 04.29

					BLUE SHIELD TRIWEST	ANTHEM BLUE CROSS	Maximum	Minimum
					(Commerical)	(Commercial)	Negotiated Rate	Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		OFFICE OR OTHER						
		OUTPATIENT VISIT						
		FOR THE EVALUATION AND	99215		\$ 152.65	\$ 248.06	\$ 248.06	\$ 152.65
		AND	33213		3 132.03	ÿ 248.00	ÿ 248.00	٦ 152.05
		ECHOCARDIOGRAPHY,						
		TRANSTHORACIC,						
		REAL-TIME WITH	93308		\$ 26.00	\$ 42.25	\$ 42.25	\$ 26.00
	INTRAORAL-	INVIAGE D	93308		20.00	7 42.23	7 42.23	20.00
	PERIAPICAL-FIRST							
D0220	FILM	PRIMARY PROCEDURE	D0220		not available	not available	not available	not available
		INTRAORAL- PERIAPICAL-EACH						
		ADDITIONAL FILM	D0230		not available	not available	not available	not available
		CARIES RISK						
		ASSESSMENT AND						
		DOCUMENTATION, WITH A FINDIN	D0603		not available	not available	not available	not available
		WIIITATINDIN	50003		not available	not available	not available	not available
		PROPHYLAXIS-CHILD	D1120		not available	not available	not available	not available
		TODICAL FLUODIDE						
		TOPICAL FLUORIDE VARNISH;						
		THERAPEUTIC						
		APPLICATION FOR M	D1206		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
		INSTRUCTION	D1220		not available	not available	not available	not available
		PERIODIC ORAL						
		EVALUATION -						
		ESTABLISHED PATIENT	D0120		not available	not available	not available	not available
	REMOVAL IMPACTED							
	CERUMEN USING							
1	IRRIGATION/LAVAGE,	DDIAAADY DDOCEDUDE	60200		40.04	4 20.72	¢ 20.72	40.04
69209		PRIMARY PROCEDURE OFFICE OR OTHER	69209		\$ 18.91	\$ 30.73	\$ 30.73	\$ 18.91
		OUTPATIENT VISIT						
		FOR THE EVALUATION						
	MOST RECENT	AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
	SYSTOLIC BLOOD							
1	PRESSURE GREATER							
3077F	THAN OR EQU	PRIMARY PROCEDURE	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD						
		PRESSURE LESS THAN						
		80 MM HG	3078F		not available	not available	not available	not available
	EXCHANGE							
1	NEPHROSTOMY CATHETER,							
	PERCUTANEOUS,							
	INCLUDING	PRIMARY PROCEDURE	50435		\$ 103.66	\$ 168.45	\$ 168.45	\$ 103.66
		CHANGE OF						
		PERCUTANEOUS TUBE OR DRAINAGE						
		CATHETER WITH C	75984		\$ 39.31	\$ 63.88	\$ 63.88	\$ 39.31

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Couc	Service category	Troccuare Description	Couc	Hote	Troicssional	Troressionar	Trotessional	Troressionar
		LOW OSMOLAR						
		CONTRAST MATERIAL, 300-399 MG/ML						
		IODINE CON	Q9967		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL	12010					
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INFUSION, NORMAL						
		SALINE SOLUTION,	.=					
		STERILE (500 ML = 1 U	J7040		not available	not available	not available	not available
	CYSTOURETHROSCOPY							
	, WITH							
52256	URETEROSCOPY AND/OR PYELOSCOPY;	DRIMARY DROCEDLIRE	52356		\$ 429.56	\$ 698.04	\$ 698.04	\$ 429.56
32330	AND/ON FILLOSCOFT,	PRIMART PROCEDURE	32330		7 425.50	3 038.04	<del>3</del> 038.04	3 429.50
		CALCULUS; INFRARED						
		SPECTROSCOPY STENT, NON-	82365		not available	not available	not available	not available
		CORONARY,						
		TEMPORARY,						
		WITHOUT DELIVERY	62617		not available	net eveileble	nat available	not available
		SYSTEM	C2617		not available	not available	not available	not available
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE						
		SODIUM PHOSPHATE,						
		1 MG	J1100		not available	not available	not available	not available
		INJECTION, MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON						
		HYDROCHLORIDE, PER						
		1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		1 1.01 01 01, 10 1010	JZ / U4		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG UNCLASSIFIED DRUGS	J3010		not available	not available	not available	not available
		EFFECTIVE DATE:						
		01/01/1986	J3490		not available	not available	not available	not available
	SPIROMETRY,							
	INCLUDING GRAPHIC							
	RECORD, TOTAL AND							
94010	TIMED V	PRIMARY PROCEDURE	94010		\$ 8.51	\$ 13.83	\$ 13.83	\$ 8.51

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		PLETHYSMOGRAPHY FOR DETERMINATION						
		OF LUNG VOLUMES						
		AND,	94726		\$ 12.43	\$ 20.20	\$ 20.20	\$ 12.43
		DIFFUSING CAPACITY (EG, CARBON MONOXIDE,						
		MEMBRANE) (LIS	94729		\$ 9.20	\$ 14.95	\$ 14.95	\$ 9.20
		MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY						
		VENTILATI	94200		\$ 2.76	\$ 4.49	\$ 4.49	\$ 2.76
	CHEMODENERVATION							
	OF ONE EXTREMITY; 5							
64644		PRIMARY PROCEDURE INJECTION,	64644		\$ 122.39	\$ 198.88	\$ 198.88	\$ 122.39
		ONABOTULINUMTOXI						
		NA, 1 UNIT	J0585		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT						
		FOR THE EVALUATION AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH							
		PRIMARY PROCEDURE	76811		\$ 95.84	\$ 155.74	\$ 155.74	\$ 95.84
	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY							
91010	,	PRIMARY PROCEDURE	91010		\$ 68.03	\$ 110.55	\$ 110.55	\$ 68.03
	MOST RECENT							
	SYSTOLIC BLOOD PRESSURE 130-139							
		PRIMARY PROCEDURE	3075F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD						
		PRESSURE LESS THAN						
	HEPATITIS B VACCINE	80 MM HG	3078F		not available	not available	not available	not available
	(HEPB), ADULT DOSAGE, 3 DOSE							
		PRIMARY PROCEDURE	90746		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES						
		PERCUTANEOUS, INT	90471		\$ 23.61	\$ 38.37	\$ 38.37	\$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION						
		AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26

					BLUE S TRIW (Comm	VEST	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Profess	,	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Couc	Service category	roccaare Bescription	Couc	Note	1101033	ionai	Troressionar	Trolessional	Troressionar
	MEDICAL NUTRITION								
	THERAPY; RE- ASSESSMENT AND								
97803		PRIMARY PROCEDURE	97803		\$	29.75	\$ 48.34	\$ 48.34	\$ 29.75
	CYSTOURETHROSCOPY								
	, WITH INSERTION OF								
52332	INDWELLING URETERA	OFFICE OR OTHER	52332		\$	162.69	\$ 264.37	\$ 264.37	\$ 162.69
		OUTPATIENT VISIT							
		FOR THE EVALUATION	00244			102.00	\$ 167.05	ć 167.05	ć 103.00
		UROGRAPHY,	99214		\$	102.80	\$ 167.05	\$ 167.05	\$ 102.80
		RETROGRADE, WITH							
		OR WITHOUT KUB INJECTION,	74420		\$	25.65	\$ 41.68	\$ 41.68	\$ 25.65
		MORPHINE SULFATE,							
		UP TO 10 MG							
		EFFECTIVE DAT	J2270		no	t available	not available	not available	not available
	PARING OR CUTTING								
	OF BENIGN HYPERKERATOTIC								
11055	LESION (EG,	PRIMARY PROCEDURE	11055		\$	16.01	\$ 26.02	\$ 26.02	\$ 16.01
		OFFICE OR OTHER							
		OUTPATIENT VISIT FOR THE EVALUATION							
		AND	99212		\$	37.18	\$ 60.42	\$ 60.42	\$ 37.18
	HUMAN								
	PAPILLOMAVIRUS VACCINE TYPES 6, 11,								
		PRIMARY PROCEDURE	90651		no	t available	not available	not available	not available
		IMMUNIZATION							
		ADMINISTRATION							
		(INCLUDES							
		PERCUTANEOUS, INT OFFICE OR OTHER	90471		\$	23.61	\$ 38.37	\$ 38.37	\$ 23.61
		OUTPATIENT VISIT							
		FOR THE EVALUATION	99211		ć	0.26	Ć 15.05	ć 15.05	ć 0.2C
	OFFICE OR OTHER	AND	99211		\$	9.26	\$ 15.05	\$ 15.05	\$ 9.26
	OUTPATIENT								
99242	CONSULTATION FOR A NEW OR ES	PRIMARY PROCEDURE	99242		no	ot available	not available	not available	not available
33242	INCOV ON ES	T KINIAKI T KOCEBOKE	33242		110	or available	not available	not available	not available
	INJECTION(S); SINGLE								
20553	OR MULTIPLE TRIGGER POINT(S), 3 OR	PRIMARY PROCEDURE	20553		\$	44.38	\$ 72.12	\$ 72.12	\$ 44.38
	.,, -						· · · · · · · · · · · · · · · · · · ·		
		ULTRASONIC GUIDANCE FOR							
		NEEDLE PLACEMENT							
	DEDIODONITAL	(EG, BIOPSY, A	76942		\$	31.48	\$ 51.16	\$ 51.16	\$ 31.48
	PERIODONTAL SCALING AND ROOT								
	PLANING - FOUR OR								
D4341	MORE TEE	PRIMARY PROCEDURE	D4341		no	t available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Code	Service Category	ORAL HYGIENE	Coue	Note	Fioressional	FTOTESSIONAL	Fioressional	Fioressional
		INSTRUCTION	D1330		not available	not available	not available	not available
	ABDOMINAL							
	PARACENTESIS							
	(DIAGNOSTIC OR							
49082	THERAPEUTIC); WIT	PRIMARY PROCEDURE	49082		\$ 77.18	\$ 125.42	\$ 125.42	\$ 77.18
	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF							
	ADNEXAL STRUCTUR	PRIMARY PROCEDURE	58661		\$ 691.36	\$ 1,123.46	\$ 1,123.46	\$ 691.36
30001	7.5.1.2.7.1.2.511.6.51.61.		30001		ψ 031.00	ψ 1/120.10	ψ 1,120110	φ 032.00
		LEVEL IV - SURGICAL						
		PATHOLOGY, GROSS						
		AND MICROSCOPIC EX	88305		\$ 38.96	\$ 63.31	\$ 63.31	\$ 38.96
		INJECTION,						
		DEXAMETHASONE						
		SODIUM PHOSPHATE,	J1100		not available	not available	not available	not available
		INJECTION,	31100		not available	not available	not available	not available
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION,						
		ONDANSETRON						
		HYDROCHLORIDE, PER	12.405		net eveileble	mat available	nat available	nat available
		1 MG INJECTION,	J2405		not available	not available	not available	not available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS						
		EFFECTIVE DATE:						
		01/01/1986 RINGERS LACTATE	J3490		not available	not available	not available	not available
		INFUSION, UP TO 1000						
		CC	J7120		not available	not available	not available	not available
		ANTIBODY SCREEN,						
		RBC, EACH SERUM						
		TECHNIQUE	86850		not available	not available	not available	not available
		BLOOD TYPING,						
		SEROLOGIC; RH (D) BLOOD TYPING,	86901		not available	not available	not available	not available
		SEROLOGIC; ABO	86900		not available	not available	not available	not available
		COLLECTION OF	00300		not available	110t available	not available	not available
		VENOUS BLOOD BY						
		VENIPUNCTURE	36415		not available	not available	not available	not available
	DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL							
	MILESTONE SU	PRIMARY PROCEDURE	96110		not available	not available	not available	not available
30110	22310142 30	PERIODIC	30110		st available	1.5t available	not available	1.5t available
		COMPREHENSIVE PREVENTIVE						
		MEDICINE						
		REEVALUATION	99391		not available	not available	not available	not available

					BLUE SHIEL TRIWEST (Commerica		ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS		Professional			Professional <sup>2,3,4</sup>	
Code	Service Category	Procedure Description	Code	Note	Professiona		Professional <sup>3,4</sup>	Professional **	Professional <sup>2,3,4</sup>
	RIGHT HEART CATHETERIZATION INCLUDING								
93451		PRIMARY PROCEDURE	93451		\$ 1	31.72	\$ 214.05	\$ 214.05	\$ 131.72
		INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER							
		(EG,	93503		\$	89.01	\$ 144.64	\$ 144.64	\$ 89.01
		GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HC	82803		not ava	ilable	not available	not available	not available
		INJECTION, LIDOCAINE	02000		not are		not available	ocava.nab.re	not aramasic
		HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not ava	ilable	not available	not available	not available
	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR								
76825	SYSTEM, REAL TI	PRIMARY PROCEDURE	76825		\$	83.88	\$ 136.31	\$ 136.31	\$ 83.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION							
	CHEMOTHERAPY	AND	99205		\$ 1	91.38	\$ 310.99	\$ 310.99	\$ 191.38
	ADMINISTRATION, INTRAVENOUS								
96416	INFUSION TECHN	PRIMARY PROCEDURE CHEMOTHERAPY	96416		\$ 1	.49.59	\$ 243.08	\$ 243.08	\$ 149.59
		ADMINISTRATION, INTRAVENOUS							
		INFUSION TECHN	96413		\$ 1	51.62	\$ 246.38	\$ 246.38	\$ 151.62
		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS							
		INFUSION TECHN CHEMOTHERAPY	96415		\$	31.69	\$ 51.50	\$ 51.50	\$ 31.69
		ADMINISTRATION, INTRAVENOUS	25447			74.40	420.54	420.54	7140
		INFUSION TECHN THERAPEUTIC,	96417		\$	74.18	\$ 120.54	\$ 120.54	\$ 74.18
		PROPHYLACTIC, OR DIAGNOSTIC							
		INJECTION (SPE OFFICE OR OTHER	96375		\$	17.61	\$ 28.62	\$ 28.62	\$ 17.61
		OUTPATIENT VISIT FOR THE EVALUATION							
		AND	99211		\$	9.26	\$ 15.05	\$ 15.05	\$ 9.26
		INJECTION, LEUCOVORIN							
		CALCIUM, PER 50 MG INJECTION,	J0640		not ava	ilable	not available	not available	not available
		DEXAMETHASONE SODIUM PHOSPHATE,							
		1 MG INJECTION,	J1100		not ava	ilable	not available	not available	not available
		ONDANSETRON HYDROCHLORIDE, PER							
		1 MG	J2405		not ava	ilable	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Code	0 ,	INFUSION, NORMAL	Code	Note	Fiolessional	Fioressional	Fioressional	Professional
		SALINE SOLUTION, 250						
		сс	J7050		not available	not available	not available	not available
		EN DEVIDOSE NAVATED						
		5% DEXTROSE/WATER (500 ML = 1 UNIT)	J7060		not available	not available	not available	not available
		INJECTION,						
		FLUOROURACIL, 500						
		MG	J9190		not available	not available	not available	not available
		INJECTION, OXALIPLATIN, 0.5 MG	J9263		not available	not available	not available	not available
	SCANNING							
	COMPUTERIZED  OPHTHALMIC							
	DIAGNOSTIC							
		PRIMARY PROCEDURE	92133		\$ 22.85	\$ 37.13	\$ 37.13	\$ 22.85
	OPHTHALMIC BIOMETRY BY PARTIAL							
	COHERENCE							
92136	INTERFEROMETRY	PRIMARY PROCEDURE	92136		\$ 32.47	\$ 52.76	\$ 52.76	\$ 32.47
D0215	LOCAL ANESTHESIA	PRIMARY PROCEDURE	D9215		not available	not available	not available	not available
D9213	LOCAL ANLSTITESIA	EXTRACTION,	D9213		not available	not available	ilot avaliable	not available
		ERUPTED TOOTH OR						
		EXPOSED ROOT					. 9.11	
		(ELEVATION AN LIMITED ORAL	D7140		not available	not available	not available	not available
		EVALUATION -						
		PROBLEM FOCUSED	D0140		not available	not available	not available	not available
	INJECTION(S); SINGLE							
	OR MULTIPLE TRIGGER							
20552	POINT(S), 1 OR	PRIMARY PROCEDURE	20552		\$ 39.04	\$ 63.44	\$ 63.44	\$ 39.04
		OFFICE OR OTHER						
		OUTPATIENT VISIT FOR THE EVALUATION						
		AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
	EVTD 4 6 4 5 5 :							
	EXTRACAPSULAR CATARACT REMOVAL							
	WITH INSERTION OF							
66982		PRIMARY PROCEDURE	66982		\$ 813.65	\$ 1,322.18	\$ 1,322.18	\$ 813.65
		INJECTION, MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		DOCTEDIOD CHARACTER						
		POSTERIOR CHAMBER INTRAOCULAR LENS	V2632		not available	not available	not available	not available
	EXTERNAL		V 2032		ot available			not available
	ELECTROCARDIOGRAP							
02247	HIC RECORDING FOR	DDIMARY DROCEDURE	02247		¢ 270.64	6 454.43	6 454.43	6 270.64
93247	MORE THAN 7 OFFICE OR OTHER	PRIMARY PROCEDURE	93247		\$ 279.64	\$ 454.42	\$ 454.42	\$ 279.64
	OUTPATIENT							
	CONSULTATION FOR A							
99245	NEW OR ES	PRIMARY PROCEDURE	99245		not available	not available	not available	not available

					BLUE SHIELD	ANTHEM BLUE	Maximum	Minimum
					TRIWEST (Commerical)	CROSS (Commercial)	Negotiated Rate	Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	ESOPHAGOGASTRODU ODENOSCOPY,							
43237	FLEXIBLE, TRANSORAL; WITH E	PRIMARY PROCEDURE	43237		\$ 205.06	\$ 333.22	\$ 333.22	\$ 205.06
		ANESTHESIA FOR UPPER GASTROINTESTINAL						
		INJECTION, SUCCINYLCHOLINE	00731		not available	not available	not available	not available
		CHLORIDE, UP TO 20	J0330		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER	30000			not a famouse		1101 01010
		1 MG INJECTION,	J2405		not available	not available	not available	not available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
D1330	ORAL HYGIENE INSTRUCTION	PRIMARY PROCEDURE	D1330		not available	not available	not available	not available
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		not available	not available	not available	not available
	PHOTOCHEMOTHERA PY; TAR AND ULTRAVIOLET B (GOECKERMAN TR	PRIMARY PROCEDURE	96910		\$ 141.16	\$ 229.39	\$ 229.39	\$ 141.16
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 9.26	·		·
	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010,	PRIMARY PROCEDURE	94060		\$ 10.64			
34000		PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES	34000		7 10:04	7 17.25	Ų 17.25	7 10.04
		AND,	94726		\$ 12.43	\$ 20.20	\$ 20.20	\$ 12.43
		DIFFUSING CAPACITY (EG, CARBON MONOXIDE,						
		MEMBRANE) (LIS	94729		\$ 9.20	\$ 14.95	\$ 14.95	\$ 9.20
		SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND						
		TIMED V	94010		\$ 8.51	\$ 13.83	\$ 13.83	\$ 8.51

					7	UE SHIELD FRIWEST ommerical)	ANTHEM BLUE CROSS (Commercial)		Maximum Negotiated Rate	Ne	Minimum egotiated Rate
Primary			CPT/HCPCS			. , ,2.4	n r · 13.4		D 6 . 12.3.4		2.3.4
Code	Service Category	Procedure Description	Code	Note	Pro	fessional <sup>2,4</sup>	Professional <sup>3,4</sup>		Professional <sup>2,3,4</sup>	Pr	ofessional <sup>2,3,4</sup>
		MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY									
		VENTILATI	94200		\$	2.76	\$ 4.4	.9 \$	\$ 4.49	\$	2.76
		PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR	94640		\$	9.37	\$ 15.2	:3 \$	\$ 15.23	\$	9.37
	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND										
92285	REP	PRIMARY PROCEDURE	92285		\$	3.16	\$ 5.1	.4 \$	\$ 5.14	\$	3.16
		FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	92250		\$	22.05	\$ 25.5	3 \$	\$ 35.83	\$	22.05
		REPORT	92230		Ş	22.03	, 55.0	5 3	5 55.65	Ą	22.03
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92012		\$	53.66	\$ 87.2	20 \$	\$ 87.20	\$	53.66
	CYSTOURETHROSCOPY , WITH INJECTION(S) FOR										
52287	CHEMODENERVATI	PRIMARY PROCEDURE	52287		\$	175.26	\$ 284.8	0 \$	284.80	\$	175.26
		INJECTION, ONABOTULINUMTOXI NA, 1 UNIT	J0585			not available	not availab	e	not available		not available
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463			not available	not availab	e	not available		not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001			not available	not availab	e	not available		not available
	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL	PRIMARY PROCEDURE	88152			not available	not availab	e	not available		not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$	37.18	\$ 60.4	12 \$	\$ 60.42	\$	37.18
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	88175		,	not available			not available	<u> </u>	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624			not available			not available		not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary	Camilas Catanama	Donat dans Dansida	CPT/HCPCS	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Code	Service Category	Procedure Description	Code	Note	Professional	Professional	Professional	Professional
	DISCHARGE MEDICATIONS RECONCILED WITH							
1111F	THE CURRENT MEDIC	PRIMARY PROCEDURE	1111F		not available	not available	not available	not available
	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	PRIMARY PROCEDURE	41899		not available	not available	not available	not available
		MOST RECENT						
		SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG MOST RECENT	3074F		not available	not available	not available	not available
		DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
88150	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL	PRIMARY PROCEDURE	88150		not available	not available	not available	not available
00130		OFFICE OR OTHER	99130		not available	not available	not available	not available
		OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ 37.18	\$ 60.42	\$ 60.42	\$ 37.18
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA						
		OR RNA) CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING	87624		not available			
		SYSTE	88142		not available	not available	not available	not available
	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE	PRIMARY PROCEDURE	D0145		not available	not available	not available	not available
		CARIES RISK ASSESSMENT AND DOCUMENTATION,						
		WITH A FINDIN	D0603		not available	not available	not available	not available
		PROPHYLAXIS-CHILD	D1120		not available	not available	not available	not available
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC						
		APPLICATION FOR M	D1206		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
2225-	OPEN TREATMENT OF DISTAL RADIAL EXTRA-		2222					A 045
25607	ARTICULAR FRACTUR	PRIMARY PROCEDURE	25607		\$ 818.50	\$ 1,330.06	\$ 1,330.06	\$ 818.50

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS					Professional <sup>2,3,4</sup>	234
Code	Service Category	Procedure Description	Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>		Professional 757	Professional <sup>2,3,4</sup>
		FLUOROSCOPY							
		(SEPARATE							
		PROCEDURE), UP TO 1							
		HOUR PHYSICIA	76000		\$ 15	47 \$ 2!	5.14	\$ 25.14	\$ 15.47
		ANCHOR/SCREW FOR							
		OPPOSING BONE-TO-							
		BONE OR SOFT TISSUE-						. 9.11	
		I	C1713		not availa	ole not availa	ble	not available	not available
		INJECTION, CEFAZOLIN							
		SODIUM, 500 MG	J0690		not availa	ole not availa	able	not available	not available
		INJECTION,							
		MIDAZOLAM							
		HYDROCHLORIDE, PER							
		1 MG	J2250		not availa	ole not availa	able	not available	not available
		INJECTION,	12704		mat	No	اءام	mak ayınıllak l	mak a: :=! = .
		PROPOFOL, 10 MG INJECTION,	J2704		not availa	ole not availa	abie	not available	not available
		ROPIVACAINE							
		HYDROCHLORIDE, 1							
		MG	J2795		not availa	ole not availa	ble	not available	not available
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		not availa	ole not availa	ble	not available	not available
		RINGERS LACTATE							
		INFUSION, UP TO 1000	J7120		not availa	ole not availa	hle	not available	not available
	POSTERIOR TIBIAL		37120					not available	1100 000010
	NEUROSTIMULATION,								
	PERCUTANEOUS								
64566	NEEDLE	PRIMARY PROCEDURE	64566		\$ 31	39 \$ 5:	1.01	\$ 51.01	\$ 31.39
		OFFICE OR OTHER							
		OUTPATIENT VISIT FOR THE EVALUATION							
		AND	99213		\$ 69	65 \$ 113	3.18	\$ 113.18	\$ 69.65
					7 33				7
	NERVE CONDUCTION								
95907	STUDIES; 1-2 STUDIES	PRIMARY PROCEDURE	95907		\$ 55	87 \$ 90	0.79	\$ 90.79	\$ 55.87
		NEEDLE							
		NEEDLE ELECTROMYOGRAPHY,							
		EACH EXTREMITY,							
		WITH RELATED P	95885		\$ 19	52 \$ 3:	1.72	\$ 31.72	\$ 19.52
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATION			1.	1.			
	DDONCHOCCOS.	AND	99214		\$ 102	80 \$ 16	7.05	\$ 167.05	\$ 102.80
	BRONCHOSCOPY, RIGID OR FLEXIBLE,								
	INCLUDING								
	FLUOROSCOPIC	PRIMARY PROCEDURE	31624		\$ 138	47 \$ 22!	5.01	\$ 225.01	\$ 138.47
		LEVEL IV - SURGICAL							
		PATHOLOGY, GROSS							
		AND MICROSCOPIC EX	88305		\$ 38	96 \$ 63	3.31	\$ 63.31	\$ 38.96
		CYTOPATHOLOGY, CONCENTRATION							
		TECHNIQUE, SMEARS							
		AND INTE	88108		\$ 23	44 \$ 38	3.09	\$ 38.09	\$ 23.44
	<u> </u>	p	00100		1 7 23	7		<sub>7</sub> 30.03	25.44

					BLUE SHIELD	ANTHEM BLUE	Banimanna	B.d.inimovino
					TRIWEST (Commerical)	CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS				224	224
Code	Service Category	Procedure Description	Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		INFECTIOUS AGENT						
		ANTIGEN DETECTION BY						
		IMMUNOFLUORESCEN						
		Т	87281		not available	not available	not available	not available
		INFECTIOUS AGENT						
		ANTIGEN DETECTION BY IMMUNOASSAY						
		TECHN	87305		not available	not available	not available	not available
		TECHN	07303		not available	not available	not available	not available
		CULTURE, TUBERCLE						
		OR OTHER ACID-FAST						
		BACILLI (EG, TB, A	87116		not available	not available	not available	not available
		CULTURE, FUNGI (MOLD OR YEAST)						
		ISOLATION, WITH						
		PRESUMPT	87102		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		,						
		CONCENTRATION						
		(ANY TYPE), FOR						
		INFECTIOUS AGENTS	87015		not available	not available	not available	not available
		SMEAR, PRIMARY SOURCE WITH						
		INTERPRETATION;						
		FLUORESCENT	87206		not available	not available	not available	not available
		CULTURE, BACTERIAL;						
		ANY OTHER SOURCE EXCEPT URINE, BLOO	87070		not available	not available	not available	not available
		SMEAR, PRIMARY	87070		not available	not available	not available	not available
		SOURCE WITH						
		INTERPRETATION;						
		GRAM OR GIEM	87205		not available	not available	not available	not available
		CELL COUNT, MISCELLANEOUS						
		BODY FLUIDS (EG,						
		CEREBROSPINA	89050		not available	not available	not available	not available
	TELEHEALTH							
	TRANSMISSION, PER							
T1014	MINUTE, PROFESSIONAL SERVI	DRIMARY DROCEDURE	T1014		not available	not available	not available	not available
11014	T NOTESSIONAL SERVI	PRIMARY PROCEDURE OFFICE OR OTHER	11014		not available	not available	not available	not available
		OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
	PERCUTANEOUS							
	TRANSCATHETER PLACEMENT OF							
92928	INTRACORONARY S	PRIMARY PROCEDURE	92928		\$ 586.16	\$ 952.51	\$ 952.51	\$ 586.16
	• • • • • • • • •							

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>	
Couc	Screec category	ENDOLUMINAL ENDOLUMINAL	Couc	14010	Troicssional	Troicissional	Troicssional	Trotessional	
		IMAGING OF							
		CORONARY VESSEL OR							
		GRAFT USING I	92978		\$ 94.89	\$ 154.20	\$ 154.20	\$ 94.89	
		CATHETER							
		PLACEMENT IN							
		CORONARY ARTERY(S)			1.				
		FOR CORONARY A INJECTION, HEPARIN	93454		\$ 239.23	\$ 388.75	\$ 388.75	\$ 239.23	
		SODIUM, PER 1000							
		UNITS	J1644		not available	not available	not available	not available	
		INJECTION, LIDOCAINE							
		HCL FOR							
		INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available	
		INJECTION,	32001		not available	not available		not available	
		MIDAZOLAM							
		HYDROCHLORIDE, PER							
		1 MG	J2250		not available	not available	not available	not available	
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available	
		UNCLASSIFIED DRUGS							
		EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available	
		COLLECTION OF	13490		not available	not available	not available	not available	
		VENOUS BLOOD BY							
		VENIPUNCTURE	36415		not available	not available	not available	not available	
	PHOTOTHERAPY (BILIRUBIN) LIGHT								
E0202		PRIMARY PROCEDURE	E0202		not available	not available	not available	not available	
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATION AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26	
	CHEMODENERVATION	AND	99211		3 3.20	3 13.03	3 13.03	3 3.20	
	OF MUSCLE(S);								
	MUSCLE(S)				1.				
64612	INNERVATED BY	PRIMARY PROCEDURE OFFICE OR OTHER	64612		\$ 130.92	\$ 212.75	\$ 212.75	\$ 130.92	
		OUTPATIENT VISIT							
		FOR THE EVALUATION							
		AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65	
	CATHETER								
	PLACEMENT IN								
	CORONARY ARTERY(S)								
93458		PRIMARY PROCEDURE	93458		\$ 295.13	\$ 479.59	\$ 479.59	\$ 295.13	
		INJECTION, HEPARIN SODIUM, PER 1000							
		UNITS	J1644		not available	not available	not available	not available	
		INJECTION, LIDOCAINE	-20.1						
		HCL FOR							
		INTRAVENOUS	12004		m m h =	mak surified t		mak a: :=!!=!.!	
		INFUSION, 10 M INJECTION,	J2001		not available	not available	not available	not available	
		MIDAZOLAM							
		HYDROCHLORIDE, PER							
		1 MG	J2250		not available	not available	not available	not available	

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		INIECTION FENTANIVI						
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS						
		EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
	HUMAN	01/01/1986	J3490		not available	not available	not available	not available
	PAPILLOMAVIRUS							
00050	VACCINE, TYPES 16,	DDIMARY DDOCEDLIDE	00050		not available	not available	not available	not available
90650	18, BIVALENT (2	PRIMARY PROCEDURE	90650		not available	HOL available	not available	not available
		IMMUNIZATION						
		ADMINISTRATION						
		(INCLUDES PERCUTANEOUS, INT	90471		\$ 23.61	\$ 38.37	\$ 38.37	\$ 23.61
		OFFICE OR OTHER			7	7 33.0.	7 55.5.	7
		OUTPATIENT VISIT						
		FOR THE EVALUATION AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
		HUMAN	33222		7	7 25.55	7 25.55	7 5125
		PAPILLOMAVIRUS						
		VACCINE TYPES 6, 11, 16, 18, 31, 3	90651		not available	not available	not available	not available
	LAPAROSCOPY,	10, 10, 31, 3	30031		not available	not available	not available	not available
1	SURGICAL; REPAIR							
1	INITIAL INGUINAL HERNIA	PRIMARY PROCEDURE	49650		\$ 462.27	\$ 751.19	\$ 751.19	\$ 462.27
43030	TILITION	T KIII VIII T KOCEBOKE	43030		Ψ 402.27	751.13	751.13	7 402.27
		MESH (IMPLANTABLE)	C1781		not available	not available	not available	not available
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION,						
		DEXAMETHASONE SODIUM PHOSPHATE,						
		1 MG	J1100		not available	not available	not available	not available
		INJECTION,						
		HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION,	32270					
		KETOROLAC						
		TROMETHAMINE, PER	J1885		not available	not available	not available	not available
		INJECTION,	31000				30 0.0000	
		MIDAZOLAM						
		HYDROCHLORIDE, PER	J2250		not available	not available	not available	not available
		INJECTION,	32230					
		PHENYLEPHRINE						
		HYDROCHLORIDE, 20 MICROGRAMS	J2371		not available	not available	not available	not available
		INJECTION,	323,1		st available			
		ONDANSETRON						
		HYDROCHLORIDE, PER	J2405		not available	not available	not available	not available
		INJECTION,	32403		not available	not available	not available	not available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Samina Catagony	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Code	<b>5</b> ,	UNCLASSIFIED DRUGS	Code	Note	Professional	Professional	Professional	Professional
		EFFECTIVE DATE:						
		01/01/1986	J3490		not available	not available	not available	not available
	REMOVAL IMPACTED							
	CERUMEN REQUIRING							
	INSTRUMENTATION,							
69210		PRIMARY PROCEDURE HOSPITAL	69210		\$ 34.12	\$ 55.45	\$ 55.45	\$ 34.12
		OUTPATIENT CLINIC						
		VISIT FOR						
		ASSESSMENT AND						
	SLEEP STUDY,	MAN	G0463		not available	not available	not available	not available
	UNATTENDED,							
	SIMULTANEOUS							
95800	RECORDING; HEART	PRIMARY PROCEDURE	95800		\$ 41.30	\$ 67.11	\$ 67.11	\$ 41.30
		HOME SLEEP STUDY						
		TEST (HST) WITH TYPE						
		II PORTABLE MONIT	G0398		not available	not available	not available	not available
	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER,							
36589		PRIMARY PROCEDURE	36589		\$ 142.93	\$ 232.26	\$ 232.26	\$ 142.93
		REMOVAL OF						
		TUNNELED INTRAPERITONEAL						
		CATHETER	49422		\$ 225.35	\$ 366.19	\$ 366.19	\$ 225.35
	SURGICAL REMOVAL							
	OF ERUPTED TOOTH REQUIRING							
		PRIMARY PROCEDURE	D7210		not available	not available	not available	not available
	TRANSFUSION, BLOOD							
	OR BLOOD COMPONENTS	PRIMARY PROCEDURE	36430		\$ 49.97	\$ 81.20	\$ 81.20	\$ 49.97
30430		OFFICE OR OTHER	30430		3 45.57	\$ 81.20	Ş 61.20	3 45.57
		OUTPATIENT VISIT						
		FOR THE EVALUATION	00244		6 0.26	45.05	ć 1F.0F	6 0.26
		AND DIPHENHYDRAMINE	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
		HYDROCHLORIDE, 50						
		MG, ORAL, FDA						
		APPROVE	Q0163		not available	not available	not available	not available
		RED BLOOD CELLS,						
		LEUKOCYTES						
		REDUCED,	D0040		not available	not availal-1-	not available	not available
	SEVERE ACUTE	IRRADIATED, EACH U	P9040		not available	not available	not available	not available
	RESPIRATORY							
	SYNDROME							
01210	CORONAVIRUS 2	DRIMARY DROCEDURE	01210		not available	not available	not available	not available
91318		PRIMARY PROCEDURE	91318		not available	not available	not available	not availa

						SHIELD	ANTHEM BLUE	Maximum	Minimum
						WEST merical)	CROSS (Commercial)	Negotiated Rate	Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Profes	sional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Couc	Service eutegory	Troccaire Bescription	Couc	11010	110.03	3101101	Troressionar	Trolessional	1 Totessional
		IMMUNIZATION							
		ADMINISTRATION BY INTRAMUSCULAR							
		INJECTION	90480		n	ot available	not available	not available	not available
		OFFICE OR OTHER							
		OUTPATIENT VISIT FOR THE EVALUATION							
		AND	99211		\$	9.26	\$ 15.05	\$ 15.05	\$ 9.26
	SIGMOIDOSCOPY,								
	FLEXIBLE; WITH BIOPSY, SINGLE OR								
		PRIMARY PROCEDURE	45331		\$	77.17	\$ 125.40	\$ 125.40	\$ 77.17
		MODERATE SEDATION							
		SERVICES PROVIDED							
		BY THE SAME PHYSICI	G0500		\$	5.75	\$ 9.34	\$ 9.34	\$ 5.75
		LEVEL IV - SURGICAL							
		PATHOLOGY, GROSS							
		AND MICROSCOPIC EX	88305		\$	38.96	\$ 63.31	\$ 63.31	\$ 38.96
		INJECTION, MIDAZOLAM							
		HYDROCHLORIDE, PER							
		1 MG	J2250		n	ot available	not available	not available	not available
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		n	ot available	not available	not available	not available
	ELECTROENCEPHALOG RAM (EEG);								
	INCLUDING								
95816	RECORDING AWAKE A		95816		\$	60.07	\$ 97.61	\$ 97.61	\$ 60.07
		OFFICE OR OTHER OUTPATIENT VISIT							
		FOR THE EVALUATION							
		AND	99214		\$	102.80	\$ 167.05	\$ 167.05	\$ 102.80
	COLPOSCOPY OF THE								
	CERVIX INCLUDING								
57454	UPPER/ADJACENT	DDIAAADV DDOCEDUSE	F74F4			144.05	ć 220.24	ć 330.34	6 444.05
5/454		PRIMARY PROCEDURE OFFICE OR OTHER	57454		\$	141.05	\$ 229.21	\$ 229.21	\$ 141.05
		OUTPATIENT VISIT							
		FOR THE EVALUATION	00343		_ ا	27.40	ć (0.40	6 60.53	6 37.40
		AND	99212		\$	37.18	\$ 60.42	\$ 60.42	\$ 37.18
		LEVEL IV - SURGICAL							
		PATHOLOGY, GROSS	0000			30.00	ć 63.51	6 60.00	6 30.55
	UNLISTED SPECIAL	AND MICROSCOPIC EX	88305		\$	38.96	\$ 63.31	\$ 63.31	\$ 38.96
	DERMATOLOGICAL								
00000	SERVICE OR	DDIAAADY DDOCEDUE	00000			a		9.11	9.11
96999		PRIMARY PROCEDURE OFFICE OR OTHER	96999		l n	ot available	not available	not available	not available
		OUTPATIENT VISIT							
		FOR THE EVALUATION	00041		_	0.36	ć 45.05	6 45.05	6 036
		AND	99211		\$	9.26	\$ 15.05	\$ 15.05	\$ 9.26

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	,							
	REPLACEMENT OF GASTROSTOMY TUBE,							
43762	PERCUTANEOUS, INCLUDES	PRIMARY PROCEDURE	43762		\$ 37.97	\$ 61.70	\$ 61.70	\$ 37.97
10702	HEPATITIS A VACCINE		.5762		<b>V</b> 37.37	φ 01.70	φ 01.70	φ 37.37
	(HEPA), PEDIATRIC/ADOLESCE							
90633	NT DOSAGE	PRIMARY PROCEDURE	90633		not available	not available	not available	not available
		IMMUNIZATION						
		ADMINISTRATION (INCLUDES						
		PERCUTANEOUS, INT	90471		\$ 23.61	\$ 38.37	\$ 38.37	\$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT						
		FOR THE EVALUATION AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
	EXTERNAL	AND	33211		3.20	3 13.03	3 13.03	Ş 3.20
	ELECTROCARDIOGRAP HIC RECORDING FOR							
93248	MORE THAN 7	PRIMARY PROCEDURE	93248		\$ 26.69	\$ 43.37	\$ 43.37	\$ 26.69
		EXTERNAL ELECTROCARDIOGRAP						
		HIC RECORDING FOR MORE THAN 7	93247		\$ 279.64	\$ 454.42	\$ 454.42	\$ 279.64
	REMOVAL OF						,	,
	IMPLANT; DEEP (EG, BURIED WIRE, PIN,							
20680	SCREW,	PRIMARY PROCEDURE	20680		\$ 457.22	\$ 742.98	\$ 742.98	\$ 457.22
		FLUOROSCOPY						
		(SEPARATE PROCEDURE), UP TO 1						
		HOUR PHYSICIA	76000		\$ 15.47	\$ 25.14	\$ 25.14	\$ 15.47
		LEVEL I - SURGICAL PATHOLOGY, GROSS						
		EXAMINATION ONLY	88300		\$ 4.59	\$ 7.46	\$ 7.46	\$ 4.59
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG INJECTION,	J0690		not available	not available	not available	not available
		DEXAMETHASONE						
		SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE,						
		UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, MIDAZOLAM						
		HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION,	12230		not available	not available	not available	not available
		ONDANSETRON HYDROCHLORIDE, PER						
		1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Code	Service euregory	roccaure Bescription	Couc	Hote	Troressionar	Troressionar	Troressionar	1 Totessional
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG RINGERS LACTATE	J3010		not available	not available	not available	not available
		INFUSION, UP TO 1000						
		сс	J7120		not available	not available	not available	not available
	PHOTOCHEMOTHERA							
	PY; PSORALENS AND ULTRAVIOLET A							
96912	(PUVA)	PRIMARY PROCEDURE	96912		\$ 120.09	\$ 195.15	\$ 195.15	\$ 120.09
		PERIODIC						
		COMPREHENSIVE						
		PREVENTIVE MEDICINE						
		REEVALUATION	99396		not available	not available	not available	not available
		OFFICE OR OTHER						
		OUTPATIENT VISIT						
		FOR THE EVALUATION AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
	SMOKING AND		33211		* 2.22	7	7	7
	TOBACCO USE							
	CESSATION COUNSELING VISIT;							
99406	· ·	PRIMARY PROCEDURE	99406		\$ 12.36	\$ 20.09	\$ 20.09	\$ 12.36
					·	·	·	·
	INDUCED ABORTION,							
	BY DILATION AND EVACUATION	PRIMARY PROCEDURE	59841		\$ 392.08	\$ 637.13	\$ 637.13	\$ 392.08
33641	LVACOATION	PRIMART PROCEDURE	33041		3 332.06	3 037.13	3 037.13	3 332.08
		LEVEL VI - SURGICAL						
		PATHOLOGY, GROSS	00200		ć 454.42	245.50	ć 245.50	6 454.43
		AND MICROSCOPIC EX AZITHROMYCIN	88309		\$ 151.13	\$ 245.59	\$ 245.59	\$ 151.13
		DIHYDRATE, ORAL,						
		CAPSULES/POWDER, 1						
		GRAM INJECTION,	Q0144		not available	not available	not available	not available
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON						
		HYDROCHLORIDE, PER						
		1 MG	J2405		not available	not available	not available	not available
		INJECTION,	12704		nat available	net available	net available	net available
		PROPOFOL, 10 MG RINGERS LACTATE	J2704		not available	not available	not available	not available
		INFUSION, UP TO 1000						
		CC	J7120		not available	not available	not available	not available
		GLYCOPYRROLATE, INHALATION						
		SOLUTION,						
		COMPOUNDED						
		PRODUCT	J7642		not available	not available	not available	not available
		MISOPROSTOL, ORAL, 200 MCG	S0191		not available	not available	not available	not available
		ANTIBODY SCREEN,	30191		not available	not available	not available	not available
		RBC, EACH SERUM						
		TECHNIQUE	86850		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		not available	not available	not available	not available
		DEMOLOGIC, NA (D)	00301		not available	L HOL AVAIIABLE	liot available	l iot available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary	Samina Catagomi	Dun and two Denovintion	CPT/HCPCS	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Code	• .	Procedure Description	Code	Note	Professional	Professional	Professional	Professional
		BLOOD TYPING, SEROLOGIC; ABO	86900		not available	not available	not available	not available
		COLLECTION OF	80900		not available	not available	flot available	not available
		VENOUS BLOOD BY						
		VENIPUNCTURE	36415		not available	not available	not available	not available
	DIPHTHERIA, TETANUS							
00007	TOXOIDS, ACELLULAR	DDIAAADY DDOCEDIIDE	00007					
90697	PERTUSSIS VACCIN	PRIMARY PROCEDURE	90697		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 23.61	\$ 38.37	\$ 38.37	\$ 23.61
		HEPATITIS B VACCINE						
		(HEPB),						
		PEDIATRIC/ADOLESCE NT DOSAGE	90744		not available	not available	not available	not available
		INT DOSAGE	30744		not available	not available	flot available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES						
		PERCUTANEOUS, INT	90472		\$ 16.56	\$ 26.91	\$ 26.91	\$ 16.56
		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13), FOR	90670		not available	not available	not available	not available
		ROTAVIRUS VACCINE, HUMAN, ATTENUATED						
		(RV1), 2 DOSE SCHE	90681		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL						
		ROUTE	90473		\$ 18.84	\$ 30.62	\$ 30.62	\$ 18.84
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR						
	ARTERIOVENOUS	PERTUSSIS VACCIN	90698		not available	not available	not available	not available
	ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC	PRIMARY PROCEDURE	36818		\$ 691.38	\$ 1,123.49	\$ 1,123.49	\$ 691.38
33018		T.I.I.I. III T. III CELDONE	20010		7 051.38	7 1,123.43	- 1,123.43	, UJ1.36
		INJECTION, CEFAZOLIN SODIUM, 500 MG INJECTION,	J0690		not available	not available	not available	not available
		MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION,	32230		available			available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1						
		MG	J2795		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		INVESTIGAL FENTANIA						
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INFUSION, NORMAL	33010		not available	not available	not available	not available
		SALINE SOLUTION ,						
		1000 CC	J7030		not available	not available	not available	not available
	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR							
90723		PRIMARY PROCEDURE	90723		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS						
		OF AGE VIA	90460		\$ 25.87	\$ 42.04	\$ 42.04	\$ 25.87
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T						
		CONJ IMMUNIZATION	90648		not available	not available	not available	not available
		ADMINISTRATION THROUGH 18 YEARS						
		OF AGE VIA	90461		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13), FOR	90670		not available	not available	not available	not available
		ROTAVIRUS VACCINE, PENTAVALENT (RV5), 3						
		IMMUNIZATION ADMINISTRATION BY	90680		not available	not available	not available	not available
		INTRANASAL OR ORAL ROUTE	90473		\$ 18.84	\$ 30.62	\$ 30.62	\$ 18.84
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE	30473		7 10.04	<del>y</del> 30.02	<del>у</del> 30.02	7 10.04
		REEVALUATION	99391		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES						
		PERCUTANEOUS, INT	90471		\$ 23.61	\$ 38.37	\$ 38.37	\$ 23.61
		IMMUNIZATION ADMINISTRATION (INCLUDES						
		PERCUTANEOUS, INT	90472		\$ 16.56	\$ 26.91	\$ 26.91	\$ 16.56
	BLADDER INSTILLATION OF ANTICARCINOGENIC							
51720		PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT	51720		\$ 45.02	\$ 73.16	\$ 73.16	\$ 45.02
		FOR THE EVALUATION AND	99214		\$ 102.80	\$ 167.05	\$ 167.05	\$ 102.80

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>	
55.00	our mor our gar, y	BCG LIVE	5500						
		INTRAVESICAL							
		INSTILLATION, 1 MG	J9030		not available	not available	not available	not available	
		BLADDER IRRIGATION,							
		SIMPLE, LAVAGE							
	LADADOCCODY	AND/OR INSTILLATION	51700		\$ 31.00	\$ 50.38	\$ 50.38	\$ 31.00	
	LAPAROSCOPY, SURGICAL, WITH								
	TOTAL								
	HYSTERECTOMY, FOR								
58571	UTE	PRIMARY PROCEDURE	58571		\$ 971.70	\$ 1,579.01	\$ 1,579.01	\$ 971.70	
		UNLISTED LAPAROSCOPY							
		PROCEDURE,							
		ABDOMEN,							
		PERITONEUM AND	49329		not available	not available	not available	not available	
		CYSTOURETHROSCOPY							
		(SEPARATE PROCEDURE)	52000		\$ 83.66	\$ 135.95	\$ 135.95	\$ 83.66	
		LEVEL V - SURGICAL	32000		\$ 65.00	3 155.95	3 155.95	\$ 65.00	
		PATHOLOGY, GROSS							
		AND MICROSCOPIC							
		EXA	88307		\$ 85.65	\$ 139.18	\$ 139.18	\$ 85.65	
		LEVEL II - SURGICAL							
		PATHOLOGY, GROSS							
		AND MICROSCOPIC EX	88302		\$ 7.12	\$ 11.57	\$ 11.57	\$ 7.12	
		INJECTION, CEFAZOLIN	10.000						
		SODIUM, 500 MG INJECTION,	J0690		not available	not available	not available	not available	
		DEXAMETHASONE							
		SODIUM PHOSPHATE,							
		1 MG	J1100		not available	not available	not available	not available	
		INJECTION,							
		HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available	
		INJECTION,	31170		not available	not available	not available	not available	
		METRONIDAZOLE, 10							
		MG EFF. DATE:							
		7/1/2023 INJECTION,	J1836		not available	not available	not available	not available	
		KETOROLAC							
		TROMETHAMINE, PER							
		15 MG	J1885		not available	not available	not available	not available	
		INJECTION,							
		MIDAZOLAM HYDROCHLORIDE, PER							
		1 MG	J2250		not available	not available	not available	not available	
		INJECTION,							
		ONDANSETRON							
		HYDROCHLORIDE, PER	12.40-		0.11		9.10	9.11	
		1 MG INJECTION,	J2405		not available	not available	not available	not available	
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available	
		, ,							
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available	

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		UNCLASSIFIED DRUGS EFFECTIVE DATE:						
		01/01/1986	J3490		not available	not available	not available	not available
	PROPHYLAXIS OF							
	RETINAL DETACHMENT (EG,							
67145	RETINAL BREAK, L	PRIMARY PROCEDURE	67145		\$ 240.20	\$ 390.33	\$ 390.33	\$ 240.20
	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCL	PRIMARY PROCEDURE	78452		\$ 79.43	\$ 129.07	\$ 129.07	\$ 79.43
78432		INJECTION,	70432		7 75.43	3 125.07	\$ 125.07	75.43
		REGADENOSON, 0.1 MG	12705		not available	not available	nat available	not oveilable
		IVIG	J2785		not available	not available	not available	not available
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHOD	PRIMARY PROCEDURE	81025		not available	not available	not available	not available
81023		OFFICE OR OTHER	81023		not available	not available	not available	TIOT available
		OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
	CHEMODENEDVATION							
	CHEMODENERVATION OF ONE EXTREMITY; 1-							
64642	. ,	PRIMARY PROCEDURE	64642		\$ 112.92	\$ 183.50	\$ 183.50	\$ 112.92
		CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTR	64643		\$ 72.87	\$ 118.41	\$ 118.41	\$ 72.87
		INJECTION, ONABOTULINUMTOXI NA, 1 UNIT	J0585		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
	HEALTH BEHAVIOR ASSESSMENT, OR RE- ASSESSMENT (IE,							
96156	RE-EVALUATION -	PRIMARY PROCEDURE	96156		\$ 92.22	\$ 149.86	\$ 149.86	\$ 92.22
	POST-OPERATIVE							
D0171		PRIMARY PROCEDURE MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN	D0171		not available	not available	not available	not available
		130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S)	PRIMARY PROCEDURE	38222		\$ 78.94	\$ 128.28	\$ 128.28	\$ 78.94

					BLUE SHIELD TRIWEST (Commerical)		ANTHEM BLUE CROSS (Commercial)		Maximum Negotiated Rate		Minimum gotiated Rate
Primary	Samina Catanana	Book and the Book in the co	CPT/HCPCS	Niete	Professional <sup>2,4</sup>		Professional <sup>3,4</sup>		Professional <sup>2,3,4</sup>	ο	ofessional <sup>2,3,4</sup>
Code	Service Category	Procedure Description	Code	Note	Professional		Professional	-	Professional	Pro	oressional
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMIS									
		TRY, PER SPECIM	88341		\$ 29	9.19	\$ 47.4	13 \$	47.43	\$	29.19
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 38	3.96	5 \$ 63.:	31 \$	63.31	\$	38.96
		BONE MARROW, SMEAR									
		INTERPRETATION	85097		\$ 50	0.45	\$ \$ 81.9	98 \$	81.98	\$	50.45
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMIS TRY, PER SPECIM	88342					20 \$			36.43
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION	88311			2.53					12.53
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88313			2.53					12.53
	PREVENTIVE MEDICINE COUNSELING AND/OR										
99401		PRIMARY PROCEDURE MEDICAL GENETICS AND GENETIC COUNSELING	99401		not availa	able	e not availab	le	not available		not available
		SERVICES, EACH	96040		not availa	ble	not availab	le	not available		not available
	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS										
90700		PRIMARY PROCEDURE IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS	90700		not availa	able	e not availab	le	not available		not available
		OF AGE VIA	90460		\$ 25	5.87	7 \$ 42.0	)4 \$	42.04	\$	25.87
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE									
		REEVALUATION	99392		not availa	ble	not availab	le	not available		not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 23	3,61	L \$ 38.:	37 \$	38.37	Ś	23.61
		DISCHARGE MEDICATIONS RECONCILED WITH	331						55.57	т.	23.01
		THE CURRENT MEDIC	1111F		not availa	ble	not availab	le	not available		not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRAN	PRIMARY PROCEDURE	19301		\$ 697.92	2 \$ 1,134.12	\$ 1,134.12	\$ 697.92
		BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	38500		\$ 271.76	5 \$ 441.61	\$ 441.61	\$ 271.76
		INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICAT LEVEL V - SURGICAL	38792		\$ 33.13	\$ 53.84	\$ 53.84	\$ 33.13
		PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		\$ 85.65	5 \$ 139.18	\$ 139.18	\$ 85.65
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMIS TRY, PER SPECIM	88341		\$ 29.19	<b>)</b> \$ 47.43	\$ 47.43	\$ 29.19
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMIS TRY, PER SPECIM	88342		\$ 36.43	3 \$ 59.20	\$ 59.20	\$ 36.43
		RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	76098		\$ 15.98	3 \$ 25.97	\$ 25.97	\$ 15.98
		INJECTION, CEFAZOLIN SODIUM, 500 MG INJECTION,	J0690		not available	e not available	not available	not available
		DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	e not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG INJECTION,	J1170		not available	e not available	not available	not available
		MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	e not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available			
		INJECTION, FENTANYL CITRATE, 0.1 MG UNCLASSIFIED DRUGS	J3010		not available	e not available	not available	not available
		EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA TOGRAPHY (ERCP);	PRIMARY PROCEDURE	43264		\$ 379.04	\$ 615.94	\$ 615.94	\$ 379.04
43204		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00732		not available	not available	not available	not available
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 15.47	\$ 25.14	\$ 25.14	\$ 15.47
		INJECTION,				•	·	
		PROPOFOL, 10 MG INJECTION, FENTANYL CITRATE, 0.1 MG	J2704 J3010		not available not available	not available not available	not available not available	not available not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
	HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T CONJ	PRIMARY PROCEDURE	90648		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 23.61	\$ 38.37	\$ 38.37	\$ 23.61
		PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR	90677		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES	36077					
		PERCUTANEOUS, INT OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	90472		\$ 16.56			
	ANTICOAGULANT MANAGEMENT FOR A PATIENT TAKING	PRIMARY PROCEDURE	99211		\$ 9.26 \$ 12.43			·
33/33		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	93793		\$ 9.26			
	HUMAN PAPILLOMAVIRUS VACCINE, TYPES 6, 11,	PRIMARY PROCEDURE	90649		not available	not available	not available	not available

					BLUE SHIELD	ANTHEM BLUE	Maximum	Minimum
					TRIWEST (Commerical)	CROSS (Commercial)	Negotiated Rate	Negotiated Rate
Primary Code	Samiles Satesami	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Code	Service Category	Procedure Description	Code	Note	Professional	Professional	Professional	Professional
		IMMUNIZATION						
		ADMINISTRATION						
		(INCLUDES PERCUTANEOUS, INT	90471		\$ 23.61	\$ 38.37	\$ 38.37	\$ 23.61
		OFFICE OR OTHER	30471		23.01	30.37	ÿ 30.37	25.01
		OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND HUMAN	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
		PAPILLOMAVIRUS						
		VACCINE TYPES 6, 11,						
		16, 18, 31, 3	90651		not available	not available	not available	not available
	ESOPHAGOGASTRODU							
	ODENOSCOPY,							
	FLEXIBLE, TRANSORAL;							
43249		PRIMARY PROCEDURE	43249		\$ 161.23	\$ 262.00	\$ 262.00	\$ 161.23
		INJECTION, MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION,	12704		n ak awailah la			
		PROPOFOL, 10 MG RINGERS LACTATE	J2704		not available	not available	not available	not available
		INFUSION, UP TO 1000						
		сс	J7120		not available	not available	not available	not available
	VASCULAR							
1	EMBOLIZATION OR							
	OCCLUSION,							
37243	INCLUSIVE OF ALL RA	PRIMARY PROCEDURE	37243		\$ 566.22	\$ 920.11	\$ 920.11	\$ 566.22
		CHEMOTHERAPY ADMINISTRATION,						
		INTRA-ARTERIAL;						
		PUSH TECHN	96420		\$ 119.75	\$ 194.59	\$ 194.59	\$ 119.75
		ANCIOCRADIIV						
		ANGIOGRAPHY, VISCERAL, SELECTIVE						
		OR SUPRASELECTIVE						
		(WIT	75726		\$ 96.81	\$ 157.32	\$ 157.32	\$ 96.81
		ULTRASOUND GUIDANCE FOR						
		VASCULAR ACCESS						
		REQUIRING ULTRA	76937		\$ 14.27	\$ 23.19	\$ 23.19	\$ 14.27
		FILLIODOS COSTI						
		FLUOROSCOPY (SEPARATE						
		PROCEDURE), UP TO 1						
		HOUR PHYSICIA	76000		\$ 15.47	\$ 25.14	\$ 25.14	\$ 15.47
		LOW OSMOLAR						
		LOW OSMOLAR CONTRAST MATERIAL,						
		300-399 MG/ML						
		IODINE CON	Q9967		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD						
		PRESSURE LESS THAN						
		130 MM HG	3074F		not available	not available	not available	not available

MOST RECENT SYSTOLIC BLOOD PRESSURE 130.139 MM MG (DM) MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR MOST RECENT DIASTOLIC BLOOD PRESSURE (ESS THAN 80 MM MG MOST RECENT DIASTOLIC BLOOD PRESSURE (ESS THAN 80 MM MG MOST RECENT DIASTOLIC BLOOD PRESSURE (ESS THAN 80 MM MG MOST RECENT DIASTOLIC BLOOD PRESSURE 80.89 MM MG (H) MOST RECENT DIASTOLIC BLOOD PRESSURE 80.89 MM MG (H) MOST RECENT DIASTOLIC BLOOD PRESSURE 80.89 MM MG (H) MOST RECENT DIASTOLIC BLOOD PRESSURE 60.84 TER THAN OR DIASTOLIC BLOOD PRESSURE GREATER THAN OR CETTRIAXONE CETTRIAXONE CETTRIAXONE CETTRIAXONE CETTRIAXONE CETTRIAXONE CETTRIAXONE CETTRIAXONE COLUMN, PER 200 MG DIAM,						BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
MOST RECENT SYSTOLIC ELODO PRESSURE SIJO-199 MM HO (DM) MOST RECENT SYSTOLIC BLOOD PRESSURE REFATER THAN OR EQU MOST RECENT DIASTOLIC BLOOD PRESSURE REFATER THAN OR EQU MOST RECENT DIASTOLIC BLOOD PRESSURE ISST HAN BOM MH G MOST RECENT DIASTOLIC BLOOD PRESSURE ISST HAN BOM MH G MOST RECENT DIASTOLIC BLOOD PRESSURE ISS HIAN BOM MH G MOST RECENT DIASTOLIC BLOOD PRESSURE ISS HIAN BOM MH G MOST RECENT DIASTOLIC BLOOD PRESSURE ISS HIAN BOM MH G MOST RECENT DIASTOLIC BLOOD PRESSURE ISS HON MOST RECENT DIASTOLIC BLOOD PRESSURE ISS HOM HIS HITH MOST RECENT DIASTOLIC BLOOD PRESSURE ISS HOM HIS HITH MOST RECENT DIASTOLIC BLOOD PRESSURE ISS HOM HIS HITH MOST RECENT DIASTOLIC BLOOD PRESSURE ISS HOM HIS HITH MOST RECENT DIASTOLIC BLOOD PRESSURE ISS HOM HIS HITH MOST RECENT SOUNLY, REP 250 MG EFFECTIVE DA JOSS B MOST INDECTION, HEPARIN LOCK RIJSH, PER 10 LOCK RIJSH		Samuica Catagony	Dragadura Dasarintian		Note	Drofossional <sup>2,4</sup>	Drofossional <sup>3,4</sup>	Drofossional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
SSTOLICE BLOOD PRESSURE 130-138 MM HG (DM) 3073F NOT RECENT SSTOLICE BLOOD PRESSURE GREATER THAN OR EQU 3077F NOT RECENT DIASTOLICE BLOOD PRESSURE GREATER THAN OR EQU 3077F NOT RECENT DIASTOLICE BLOOD PRESSURE GREATER THAN OR EQU 3077F NOT RECENT DIASTOLICE BLOOD PRESSURE GREATER THAN OR EQU 3077F NOT RECENT DIASTOLICE BLOOD PRESSURE GREATER THAN OR EQU 3079F NOT RECENT DIASTOLICE BLOOD PRESSURE GREATER THAN OR EQ 3079F NOT RECENT DIASTOLICE BLOOD PRESSURE GREATER THAN OR EQ 3080F NECTION, CETTRAXADUR SOULM, FEE 250 MG EFFECTIVE DA 10696 NECTION, HEPARN SOULM, FEE 250 MG EFFECTIVE DA 10696 NECTION, HEPARN SOULM, FEE 250 MG EFFECTIVE DA 10697 NECTION, HEPARN SOULM, FEE 250 MG EFFECTIVE DA 10696 NECTION, HEPARN SOULM, FEE 250 MG EFFECTIVE DA 10697 NECTION, HEPARN SOULM, FEE 250 MG EFFECTIVE DA 10697 NECTION, HEPARN SOULM, FEE 250 MG EFFECTIVE DA 10697 NECTION, HEPARN SOULM, FEE 250 MG EFFECTIVE DA 10697 NECTION, HEPARN SOULM, FEE 250 MG EFFECTIVE DA 10697 NECTION, HEPARN SOULM, FEE 250 MG EFFECTIVE DA 10697 NECTION, HEPARN SOULM, FEE 250 MG EFFECTIVE DA 10697 NECTION, HEPARN SOULM, FEE 250 MG EFFECTIVE DA 10697 NECTION, HEPARN SOULM, FEE 250 MG EFFECTIVE DA 11644 NECTION, HEPARN SOULM, FEE 250 MG EFFECTIVE DA 11644 NECTION, HEPARN SOULM, FEE 250 MG EFFECTIVE DA 11644 NECTION, HEPARN SOULM, FEE 250 MG EFFECTIVE DA 11644 NECTION, HEPARN SOULM, FEE 250 MG NECTION, HEPARN NECTION, HE	Code	Service Category		Code	Note	Professional	Professional	Professional	Professional
PRESSURE 19.0-139 MM HG (DM) MOST RECENT SYSTOLIC BLOOD PRESSURE GRATER THAN OR EQU AD77F THAN OR EQU			1						
MM MG (DM) 3075F not available									
MOST RECENT SYSTOLIC BLOOD PRESSURE CRATER THAN DR EQU MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN MOST RECENT DIASTOLIC BLOOD PRESSURE BLOOD DINICTION, CETHANONE SOOILM, PER 300 MG EFFECTIVE DA JOGGE MINICTION, EFFECTIVE DA JOGGE MINICTION, BLOOD JUNICTION, BLOOD JUNICTION JUNICTIO				30755		not available	not available	not available	not available
SYSTOLIC ELODO PRESSURE GREATER THAN DR EQU 3077F  DIASTOLIC BLOOD PRESSURE (SEATER THAN DR EQU 3078F  DIASTOLIC BLOOD PRESSURE (SES THAN 80 MM HG 3078F  DIASTOLIC BLOOD PRESSURE (SES THAN 80 MM HG 3078F  DIASTOLIC BLOOD PRESSURE (SES THAN 10 MOST RECENT DIASTOLIC BLOOD PRESSURE (SES THAN 10 MOST RECENT DIASTOLIC BLOOD PRESSURE (SES THAN 10 MOST RECENT DIASTOLIC BLOOD PRESSURE (REATER THAN DR EQ. 10 MOST RECENT DIASTOLIC BLOOD PRESSURE (REATER THAN OR EQ. 10 MOST RECENT DIASTOLIC BLOOD PRESSURE (REATER THAN OR EQ. 10 MOST RECENT DIASTOLIC BLOOD PRESSURE (REATER THAN OR EQ. 10 MOST RECENT DIASTOLIC BLOOD PRESSURE (REATER THAN OR EQ. 10 MOST RECENT DIASTOLIC BLOOD PRESSURE (REATER THAN OR EQ. 10 MOST RECENT DIASTOLIC BLOOD PRESSURE (REATER THAN OR EQ. 10 MOST RECENT DIASTOLIC BLOOD PRESSURE (REATER THAN OR EQ. 10 MOST RECENT DIASTOLIC BLOOD PRESSURE (REATER THAN OR EQ. 10 MOST RECENT DIASTOLIC BLOOD PRESSURE (REATER THAN OR EQ. 10 MOST RECENT DIASTOLIC BLOOD PRESSURE (REATER THAN OR EQ. 10 MOST RECENT DIASTOLIC BLOOD PRESSURE (REATER THAN OR EQ. 10 MOST RECENT DIASTOLIC BLOOD PRESSURE (REATER THAN OR EQ. 10 MOST RECENT DIASTOLIC BLOOD PRESSURE (REATER THAN OR EQ. 10 MOST RECENT DIASTOLIC BLOOD PRESSURE (REATER THAN OR EQ. 10 MOST RECENT DIASTOLIC BLOOD PRESSURE (REATER THAN OR EQ. 10 MOST RECENT DIASTOLIC BLOOD PRESSURE (REATER THAN OR EQ. 10 MOST RECENT DIASTOLIC BLOOD				30731		not available	not available	not available	not available
PRESSURE GREATER THAN OR EQU  NOST RECENT ONSTOLL BLOOD PRESSURE LESS THAN 30 MM HE  MOST RECENT ONSTOLL BLOOD PRESSURE LESS THAN 30 MM HE  MOST RECENT ONSTOLL BLOOD PRESSURE CREATER THAN OR EQU  NOST RECENT ONSTOLL BLOOD PRESSURE CREATER THAN OR EQU  NOST RECENT ONSTOLL BLOOD PRESSURE CREATER THAN OR EQU  NOST RECENT ONSTOLL BLOOD PRESSURE CREATER THAN OR EQU  NOST RECENT ONSTOLL BLOOD PRESSURE CREATER THAN OR EQU  NOST RECENT OLASTICLE BLOOD PRESSURE CREATER THAN OR EQU  NOST RECENT OLASTICLE BLOOD PRESSURE CREATER THAN OR EQU  NOST RECENT OLASTICLE BLOOD PRESSURE CREATER THAN OR EQU  NOST RECENT OLASTICLE BLOOD PRESSURE CREATER THAN OR EQU  NOST RECENT OLASTICLE BLOOD PRESSURE CREATER THAN OR EQU  NOST RECENT OLASTICLE BLOOD PRESSURE CREATER THAN OR EQU  NOST RECENT OLASTICLE BLOOD PRESSURE CREATER THAN OR EQU  NOST RECENT OLASTICLE BLOOD PRESSURE CREATER THAN OR EQU  NOST RECENT OLASTICLE BLOOD PRESSURE CREATER THAN OR EQU  NOST RECENT OLASTICLE BLOOD PRESSURE CREATER THAN OR EQU  NOST RECENT OLASTICLE BLOOD PRESSURE CREATER THAN OR EQU  NOST RECENT OLASTICLE BLOOD									
MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM MG MOST RECENT DIASTOLIC BLOOD PRESSURE BO 39 MM HG (HTM, MOST RECENT DIASTOLIC BLOOD PRESSURE BO 39 MM HG (HTM, MOST RECENT DIASTOLIC BLOOD PRESSURE BO 39 MM HG (HTM, MOST RECENT DIASTOLIC BLOOD PRESSURE BO 39 MM HG (HTM, MOST RECENT DIASTOLIC BLOOD PRESSURE GRAFER THAN OR EQ NORTHOLIC BLOOD PRESSURE GRAFER THAN OR EQ NORTHOLIC BLOOD PRESSURE GRAFER HAN OR EQ NORTHOLIC BLOOD NORTHOLIC BLOOD PRESSURE GRAFER HAN OR EQ NORTHOLIC BLOOD NO									
DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM MG MOST RECENT DIASTOLIC BLOOD PRESSURE SO-85 MM HG (HTM, 3079F  DIASTOLIC BLOOD PRESSURE SO-85 MM HG (HTM, 3079F  DIASTOLIC BLOOD PRESSURE SO-85 MM HG (HTM, 3079F  DIASTOLIC BLOOD PRESSURE GREATER THAN OR EC  THAN OR EC  THAN OR EC  DIASTOLIC BLOOD PRESSURE GREATER THAN OR EC  THAN OR EC  THAN OR EC  DIASTOLIC BLOOD PRESSURE GREATER THAN OR EC  THAN OR EC  DIASTOLIC BLOOD PRESSURE GREATER THAN OR EC  DIASTOLIC BLOOD PRESSURE GREATER THAN OR EC  DIASTOLIC BLOOD PRESSURE LESS ASM HOT available  DIASTOLIC BLOOD DIASTOLIC BL			THAN OR EQU	3077F		not available	not available	not available	not available
RESSURE LESS THAN 80 MM HG MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN. MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN. MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN. MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN. MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN. MOST RECENT DIASTOLIC BLOOD PRESSURE 80-80 MM HG (HTN. CETTRIAXONE SODIUM, PER 250 MG EFFECTIVE DA J0596  INICETION, LEPARIN SODIUM, (HEPARIN SODIUM, HEPARIN SODIUM, HEPARIN SODIUM, HEPARIN SODIUM, HEPARIN SODIUM, PER 100 J1642  REPAIR OF COMPLEX RETINAL DETACHMENT (EG, FORTIAL BLOOD UNITS J1644  REPAIR OF COMPLEX RETINAL DETACHMENT (EG, FORTIAL BLOOD UNITS J1644  REPAIR OF COMPLEX RETINAL DETACHMENT (EG, FORTIAL BLOOD UNITS J1644  REPAIR OF COMPLEX RETINAL DETACHMENT (EG, FORTIAL BLOOD UNITS J1644  REPAIR OF COMPLEX RETINAL DETACHMENT (EG, FORTIAL BLOOD UNITS J1644  REPAIR OF COMPLEX RETINAL DETACHMENT (EG, FORTIAL BLOOD UNITS J1644  REPAIR OF COMPLEX RETINAL DETACHMENT (EG, FORTIAL BLOOD UNITS J1644  REPAIR OF COMPLEX RETINAL RETINAL DETACHMENT (EG, FORTIAL BLOOD UNITS J1644  REPAIR OF COMPLEX RETINAL RETINAL RETINAL DETACHMENT (EG, FORTIAL BLOOD UNITS J1644  REPAIR OF COMPLEX RETINAL RETI			MOST RECENT						
BO MM MG MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN) MOST RECENT DIASTOLIC BLOOD PRESSURE 6REATER THAN OR EQ SORUM, PER 250 MG INJECTION, CESTRIAXONE SODIUM, PER 250 MG INJECTION, HEPARIN LOCK FLUSH, PER 10 INJECTION, PER 1000 UNITS REPARI OF COMPLEX RETINAL DIASTOLIC BLOOD RESSURE GREATER THAN OR EQ SODIUM, PER 250 MG INJECTION, HEPARIN SODIUM, PER 100 UNITS 11544  REPARI OF COMPLEX RETINAL DIASTOLIC BLOOD RESSURE GREATER THAN OR EQ SODIUM, PER 100 UNITS 11544  REPARI OF COMPLEX RETINAL DIASTOLIC BLOOD RESSURE GREATER THAN OR EQ SODIUM, PER 100 UNITS 11544  REPARI OF COMPLEX RETINAL DIASTOLIC BLOOD RESSURE GREATER THAN OR EQ SODIUM, PER 1000 UNITS 11544  REPARI OF COMPLEX RETINAL DIASTOLIC BLOOD RESSURE GREATER THAN OR EQ SODIUM, PER 1000 UNITS 11544  REPARI OF COMPLEX RETINAL RETINAL DIASTOLIC BLOOD RESSURE GREATER THAN OR EQ SODIUM, PER 1000 UNITS 11544  REPARI OF COMPLEX RETINAL RET			DIASTOLIC BLOOD						
MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTM), 3079F  MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTM), 3079F  MOST RECENT DIASTOLIC BLOOD PRESSURE REATER THAN OR RQ THAN OR RAW PROCEDURE REPAIR OF COMPLEX RETINAL DETACHMENT (EG, 67113 PROLIFERATIVE TIMECTION, MINECTION, PROPOPOL, ID MG J2250 THAN OR LAWAILABLE ROTA OR AVAILABLE			PRESSURE LESS THAN						
DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN, 3079F not available not avail				3078F		not available	not available	not available	not available
PRESSURE 30-99 MM HG (HTN, MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ 3080F not available not availab			MOST RECENT						
MGST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ THAN OR EQ SODIUM, PER 250 MS EFFECTIVE DA  INJECTION, LEPARIN SODIUM, PER 250 MS OUNTS UNITS UNITS DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ 3080F  INJECTION, LEPARIN SODIUM, PER 250 MS EFFECTIVE DA  INJECTION, LEPARIN SODIUM, PER 250 MS UNITS UNITS JI642  REPAIR OF COMPLEX RETINAL DETACHMENT (EG, 67113) PROLIFERATIVE PRIMARY PROCEDURE INJECTION, LEPARIN SODIUM, PER 1000 UNITS  INJECTION, LEPARIN SODIUM, PER 1000 UNITS JI644  REPAIR OF COMPLEX RETINAL DETACHMENT (EG, 67113) PROLIFERATIVE SUBSTITUTE, PARS PLANA OR LIMBAL HYDROCHLORIDE, PER 1 MG INJECTION, MIDAZOLAM HYDROCHLORIDE HYDROCHLORIDE HYDROCHLORIDE HYDROCHLORIDE HYDROCHLOR			1						
MOST RECENT DIASTOLLE BLOOD PRESSURE GREATER THAN OR EQ INJECTION, CEFTRIAXONE SODIUM, PER 250 MG EFFECTIVE DA J0696  INJECTION, HEPARIN SODIUM, PER 250 MG EFFECTIVE DA J0696  INJECTION, HEPARIN SODIUM, PER 100 LOCK FLUSH), PER 10 J1642  not available			1						
DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ. 3080F  NINECTION, CEFFIRIAXONE SODIUM, PER 250 MG EFFECTIVE DA J0696  NINECTION, HEPARIN SODIUM, HEPARIN SODIUM, HEPARIN SODIUM, PER 100 J1642  NINECTION, HEPARIN SODIUM, PER 100 J1644  NOT available			<del>- ' '</del>	3079F		not available	not available	not available	not available
PRESSURE GREATER THAN OR EQ INJECTION, CEFTRIAXONE SODIUM, PER 250 MG EFFECTIVE DA J0696  NIJECTION, HEPARIN SODIUM, HEPARIN SODIUM, HEPARIN SODIUM, HEPARIN SODIUM, PER 100 UNITS INJECTION, HEPARIN SODIUM, PER 1000 UNITS INJECTION FER 1000 INJE			1						
THAN OR EQ 3080F not available									
INJECTION, CEFTRIAXONE SODIUM, PER 250 MG EFFECTIVE DA J0696 not available not availab			'''	20005				nakanallahla	
CEFTRIAXONE SODIUM, PER 250 MG EFFECTIVE DA J0696  INJECTION, HEPARIN SODIUM, (HEPARIN SODIUM, (HEPARIN SODIUM, HEPARIN SODIUM, PER 10 INJECTION, HEPARIN SODIUM, PER 1000 JUITS J1644  REPAIR OF COMPLEX RETINAL DETACHMENT (EG, F7113 PROLIFERATIVE RIMERTON OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL TIMECTION, MIDAZOLAM HYDROCHLORIDE, PER J MG J MG J J J MG J MG J J MG J MG J J MG REPAIR OF COMPLEX RETINAL DETACHMENT (EG, F7113 PROLIFERATIVE RETINAL RETINAL RETINAL RETINAL ROTATION				3080F		not available	not available	not available	not available
SODIUM, PER 250 MG EFFECTIVE DA J0696 not available not av			· '						
EFFECTIVE DA J0696 not available not availab			1						
INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 J1642 not available not availa			1 '	10696		not available	not available	not available	not available
SODIUM, (HEPARIN LOCK FLUSH), PER 10 J1642 not available n			ETTECTIVE DA	30030		not available	not available	not available	not available
SODIUM, (HEPARIN LOCK FLUSH), PER 10 J1642 not available n			INJECTION, HEPARIN						
LOCK FLUSH), PER 10 INJECTION, HEPARIN SODIUM, PER 1000 UNITS J1644  REPAIR OF COMPLEX RETINAL DETACHMENT (EG, 67113 PROLIFERATIVE  INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL HYDROCHLORIDE, PER 1 MG INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG INJECTION, PROPOFOL, 10 MG J2250  INJECTION, PROPOFOL, 10 MG J2704  RINJECTION, PROPOFOL, 10 MG J3010  RINJECTION, FENTANYL CITRATE, 0.1 MG RINGERS LACTATE INJECTION, INJECTION, INJECTION, RINJECTION, PROPOSCOPIC RETROGRADE  RINGERS LACTATE INJECTIONO CC J7120  not available			· '						
REPAIR OF COMPLEX RETINAL DETACHMENT (EG, 67113 PROLIFERATIVE PRIMARY PROCEDURE 67113 \$ 1,441.88 \$ 2,343.06 \$ 2,343.06 \$ 1,126.48 \$			· '	J1642		not available	not available	not available	not available
REPAIR OF COMPLEX RETINAL DETACHMENT (EG, 67113   \$ 1,441.88 \$ 2,343.06 \$ 2,343.06 \$ \$ 1,126.48 \$ 1									
REPAIR OF COMPLEX RETINAL DETACHMENT (EG, 67113 PROLIFERATIVE PRIMARY PROCEDURE 67113 \$ 1,441.88 \$ 2,343.06 \$ 2,343.06 \$ \$ 1,1441.88 \$ 2,343.06 \$ 2,343.06 \$ \$ 1,1441.88 \$ 2,343.06 \$ \$ 2,343.06 \$ \$ 1,1441.88 \$ 2,343.06 \$ \$ 1,1441.88 \$ 2,343.06 \$ \$ 1,1441.88 \$ 2,343.06 \$ \$ 1,1441.88 \$ 2,343.06 \$ \$ 1,1441.88 \$ 2,343.06 \$ \$ 1,1441.88 \$ 2,343.06 \$ \$ 1,1441.88 \$ 2,343.06 \$ \$ 1,1441.88 \$ 2,343.06 \$ \$ 1,1441.88 \$ 2,343.06 \$ \$ 1,1441.88 \$ 1,14			SODIUM, PER 1000						
RETINAL DETACHMENT (EG, 67113 PROLIFERATIVE PRIMARY PROCEDURE 67113 \$ 1,441.88 \$ 2,343.06 \$ 2,343.06 \$  INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL 67025 \$ 693.22 \$ 1,126.48 \$ 1,126.48 \$  INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG J2250 not available not			UNITS	J1644		not available	not available	not available	not available
DETACHMENT (EG, 67113   \$ 1,441.88 \$ 2,343.06 \$ 2,343.06 \$    INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL 67025 \$ 693.22 \$ 1,126.48 \$ 1,126.48 \$    INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG 12250	R	REPAIR OF COMPLEX							
STATE   PRIMARY PROCEDURE   G7113   STATE									
INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL 67025 \$ 693.22 \$ 1,126.48 \$ 1,126.48 \$ INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG INJECTION, PROPOFOL, 10 MG INJECTION, PROPOFOL, 10 MG INJECTION, PROPOFOL, 10 MG INJECTION, FENTANYL CITRATE, 0.1 MG RINGERS LACTATE INFUSION, UP TO 1000 CC J7120  ENDOSCOPIC RETROGRADE  INJECTION OF VITROUS SUBSTITUTE, PARS S 693.22 \$ 1,126.48 \$ 1,126.48 \$ Injection, sent available Inot available Ino									
VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL 67025 \$ 693.22 \$ 1,126.48 \$ 1,126.48 \$  INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG J2250 not available not avail	67113 P	PROLIFERATIVE		67113		\$ 1,441.88	\$ 2,343.06	\$ 2,343.06	\$ 1,441.88
SUBSTITUTE, PARS PLANA OR LIMBAL 67025 \$ 693.22 \$ 1,126.48 \$ 1,126.48 \$  INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG J2250 not available									
PLANA OR LIMBAL 67025 \$ 693.22 \$ 1,126.48 \$ 1,126.48 \$  INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG J2250 not available not ava									
INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG J2250  not available			· '	67025		¢ 602.22	¢ 1 126 40	¢ 1 126 49	\$ 693.22
MIDAZOLAM HYDROCHLORIDE, PER 1 MG 1 MG 1 J2250  INJECTION, PROPOFOL, 10 MG 1 J2704  INJECTION, FENTANYL CITRATE, 0.1 MG 1 J3010  RINGERS LACTATE INFUSION, UP TO 1000 CC 1 J7120  ENDOSCOPIC RETROGRADE  MIDAZOLAM HYDROCHLORIDE, PER 1 MG 1 J2250  not available				07023		ÿ 093.22	ξ 1,120.46	3 1,120.46	3 093.22
HYDROCHLORIDE, PER 1 MG 1 MG 1 J2250  INJECTION, PROPOFOL, 10 MG 1 J2704  INJECTION, FENTANYL CITRATE, 0.1 MG 1 RINGERS LACTATE INFUSION, UP TO 1000 CC 1 J7120  ENDOSCOPIC RETROGRADE  HYDROCHLORIDE, PER 1 MG 1 J2250  Inot available			1 '						
1 MG J2250 not available not a									
INJECTION, PROPOFOL, 10 MG  INJECTION, FENTANYL CITRATE, 0.1 MG INFUSION, UP TO 1000 CC  INJECTION, FENTANYL CITRATE (INFUSION, UP TO 1000) CC  INJECTION, FENTANYL CITRATE (INFUSION, UP TO 1000) CC  INDOSCOPIC RETROGRADE  INDOSCOPIC RETROGRADE			· .	J2250		not available	not available	not available	not available
INJECTION, FENTANYL CITRATE, 0.1 MG J3010  not available									
CITRATE, 0.1 MG J3010 not available			PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
CITRATE, 0.1 MG J3010 not available not avai									
RINGERS LACTATE INFUSION, UP TO 1000 CC J7120 not available not available not available not available			1 '						
INFUSION, UP TO 1000 CC J7120 not available				J3010		not available	not available	not available	not available
CC J7120 not available not ava									
ENDOSCOPIC RETROGRADE			1						
RETROGRADE RETROGRADE			CC	J7120		not available	not available	not available	not available
RETROGRADE		NDOSCORIC							
ense insist natural									
43275 TOGRAPHY (ERCP); PRIMARY PROCEDURE 43275 \$ 391.68 \$ 636.48 \$ 636.48 \$			PRIMARY PROCEDURE	<b>∆</b> 2275		\$ 391.69	\$ 636.49	\$ 636.48	\$ 391.68
ENDOSCOPIC S SSE.08 \$ SSC.48 \$ SSC.48 \$	132/3	Control (Litter),		73273		551.08	9 050.40	y 050.48	551.00
CATHETERIZATION OF			1						
THE BILIARY DUCTAL									
SYSTEM 74328 \$ 24.31 \$ 39.50 \$ 39.50 \$				74328		\$ 24.31	\$ 39.50	\$ 39.50	\$ 24.31

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Code	Service Category	Procedure Description	Coue	Note	Fiolessional	Froressional	Fioressional	Fioressional
		COMBINED						
		ENDOSCOPIC						
		CATHETERIZATION OF						
		THE BILIARY AND	74330		\$ 28.46	\$ 46.25	\$ 46.25	\$ 28.46
		INJECTION,						
		DEXAMETHASONE						
		SODIUM PHOSPHATE,						
		1 MG	J1100		not available	not available	not available	not available
		INJECTION,						
		LEVOFLOXACIN, 250						
		MG	J1956		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION,						
		ONDANSETRON						
		HYDROCHLORIDE, PER						
		1 MG	J2405		not available	not available	not available	not available
		INJECTION,						
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INVECTION FENTANIVI						
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS	33010		TIOL available	not available	flot available	not available
		EFFECTIVE DATE:						
		01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE						
		INFUSION, UP TO 1000						
		СС	J7120		not available	not available	not available	not available
	THORACENTESIS,							
	NEEDLE OR CATHETER,							
	ASPIRATION OF THE PL	PRIMARY PROCEDURE	32555		\$ 112.01	\$ 182.02	\$ 182.02	\$ 112.01
							•	·
	REMOVAL OF							
	SUTURES OR STAPLES							
	NOT REQUIRING					] _		
15853		PRIMARY PROCEDURE	15853		\$ 13.74	\$ 22.33	\$ 22.33	\$ 13.74
		OFFICE OR OTHER OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
	COLLECTION OF		33213		, 53.03	. 113.10	. 113.10	. 55.05
	VENOUS BLOOD BY							
36415	VENIPUNCTURE	PRIMARY PROCEDURE	36415		not available	not available	not available	not available
10055	INJECTION,	DDIAADV DDOGGOVG	1225-					
J2357	OMALIZUMAB, 5 MG	PRIMARY PROCEDURE THERAPEUTIC,	J2357		not available	not available	not available	not available
		PROPHYLACTIC, OR						
		DIAGNOSTIC						
		INJECTION (SPE	96372		\$ 16.06	\$ 26.10	\$ 26.10	\$ 16.06
		OFFICE OR OTHER						
		OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	ESOPHAGOGASTRODU ODENOSCOPY, FLEXIBLE, TRANSORAL;							
		PRIMARY PROCEDURE	43238		\$ 242.76	\$ 394.49	\$ 394.49	\$ 242.76
		ANESTHESIA FOR UPPER GASTROINTESTINAL	00721		net available			
		ENDOSCOPIC PROCED	00731		not available	not available	not available	not available
		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	74330		\$ 28.46	\$ 46.25	\$ 46.25	\$ 28.46
		LEVEL IV - SURGICAL PATHOLOGY, GROSS						
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER	88305		\$ 38.96	\$ 63.31	\$ 63.31	\$ 38.96
		THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN						
		80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available			
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		not available			
		INJECTION, GLYCOPYRROLATE, 0.1 MG EFF. DATE:						
		01/01/202 INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20	J1596		not available	not available	not available	not available
		MICROGRAMS	J2371		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER						
		1 MG INJECTION,	J2405		not available			not available
		PROPOFOL, 10 MG INJECTION, NEOSTIGMINE	J2704		not available	not available	not available	not available
		METHYLSULFATE, UP TO 0.5 MG	J2710		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	MEDICAL GENETICS							
	AND GENETIC							
	COUNSELING							
96040		PRIMARY PROCEDURE	96040		not available	not available	not available	not available
	VITRECTOMY, MECHANICAL, PARS							
1	PLANA APPROACH;							
		PRIMARY PROCEDURE	67043		\$ 1,306.06	\$ 2,122.35	\$ 2,122.35	\$ 1,306.06
		ANIFOTHESIA FOR						
		ANESTHESIA FOR PROCEDURES ON EYE;						
		VITREORETINAL						
		SURGERY	00145		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION ,						
		1000 CC	J7030		not available	not available	not available	not available
		1000 00	37000		1100 010110010	not a vanable		not available
	CARDIOVERSION,							
	ELECTIVE, ELECTRICAL							
	CONVERSION OF							
92960		PRIMARY PROCEDURE	92960		\$ 113.75	\$ 184.84	\$ 184.84	\$ 113.75
		ELECTROCARDIOGRA M, ROUTINE ECG						
		WITH AT LEAST 12						
		LEADS;	93005		\$ 7.38	\$ 11.99	\$ 11.99	\$ 7.38
		BASIC METABOLIC			·			•
		PANEL (CALCIUM,						
		TOTAL) THIS PANEL						
		MUST INJECTION,	80048		not available	not available	not available	not available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		BLOOD COUNT;	32704		not available	not available	not available	not available
		COMPLETE (CBC),						
		AUTOMATED (HGB,						
		HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
		COLLECTION OF	83010		not available	not available	not available	not available
		VENOUS BLOOD BY						
		VENIPUNCTURE	36415		not available	not available	not available	not available
	INSERTION OF							
1	INTRAUTERINE DEVICE	DDIMADY DDOCEDUE	F000		6 50.00	6 25 25	6 05 35	ć 50.00
58300		PRIMARY PROCEDURE OFFICE OR OTHER	58300		\$ 52.83	\$ 85.85	\$ 85.85	\$ 52.83
		OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
		LEVONORGESTREL-						
		RELEASING						
		INTRAUTERINE CONTRACEPTIVE SYS	J7297		not available	not available	not available	not available
		CONTRACE HVE 313	3/23/		not available	not available	not available	not available
	COLONOSCOPY,							
	FLEXIBLE; WITH							
	DIRECTED				1.	l .		l <u>.</u>
45381	SUBMUCOSAL INJECTI	PRIMARY PROCEDURE	45381		\$ 209.50	\$ 340.44	\$ 340.44	\$ 209.50

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		COLONOSCOPY,						
		FLEXIBLE; WITH BIOPSY, SINGLE OR						
		MULTIPLE	45380		\$ 209.9	0 \$ 341.09	\$ 341.09	\$ 209.90
		MODERATE SEDATION						
		MODERATE SEDATION SERVICES PROVIDED						
		BY THE SAME PHYSICI	G0500		\$ 5.7	5 \$ 9.34	\$ 9.34	\$ 5.75
		LEVEL IV - SURGICAL						
		PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 38.9	6 \$ 63.31	\$ 63.31	\$ 38.96
		INJECTION,			,	,	,	,
		MIDAZOLAM						
		HYDROCHLORIDE, PER 1 MG	12250		not availabl	not available	not available	not available
		1 IVIG	J2250		not availabl	e not available	not available	HOL available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not availabl	e not available	not available	not available
	ENDOSCOPIC							
	RETROGRADE							
	CHOLANGIOPANCREA							
43276	TOGRAPHY (ERCP);	PRIMARY PROCEDURE	43276		\$ 500.6	8 \$ 813.61	\$ 813.61	\$ 500.68
		ANESTHESIA FOR						
		UPPER						
		GASTROINTESTINAL						
		ENDOSCOPIC PROCED	00731		not availabl	e not available	not available	not available
		COMBINED						
		ENDOSCOPIC						
		CATHETERIZATION OF						
		THE BILIARY AND	74330		\$ 28.4	6 \$ 46.25	\$ 46.25	\$ 28.46
		INJECTION, DEXAMETHASONE						
		SODIUM PHOSPHATE,						
		1 MG	J1100		not availabl	e not available	not available	not available
		INJECTION,						
		ONDANSETRON HYDROCHLORIDE, PER						
		1 MG	J2405		not availabl	e not available	not available	not available
		INJECTION,						
		PROPOFOL, 10 MG	J2704		not availabl	e not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not availabl	e not available	not available	not available
		UNCLASSIFIED DRUGS						
		EFFECTIVE DATE: 01/01/1986	J3490		not availabl	e not available	not available	not available
		RINGERS LACTATE	12430		ilot availabl	not available	not available	not available
		INFUSION, UP TO 1000						
	CIDCI IN ACIC: C.:	сс	J7120		not availabl	e not available	not available	not available
	CIRCUMCISION, SURGICAL EXCISION							
	OTHER THAN CLAMP,							
54161	DEVIC	PRIMARY PROCEDURE	54161		\$ 211.7	8 \$ 344.14	\$ 344.14	\$ 211.78

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Samiles Satesami	Dunanduna Danavintian	CPT/HCPCS	Nata	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Code	Service Category	Procedure Description	Code	Note	Professional	Professional	Professional	Professional
		LEVEL III - SURGICAL						
		PATHOLOGY, GROSS						
		AND MICROSCOPIC E	88304		\$ 11.8	34 \$ 19.24	\$ 19.24	\$ 11.84
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG	J0690		not availab	le not available	not available	not available
		INJECTION,						
		MIDAZOLAM HYDROCHLORIDE, PER						
		1 MG	J2250		not availab	le not available	not available	not available
		INJECTION,	32230			1010101010		
		ONDANSETRON						
		HYDROCHLORIDE, PER						
		1 MG INJECTION,	J2405		not availab	le not available	not available	not available
		PROPOFOL, 10 MG	J2704		not availab	le not available	not available	not available
		,						
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not availab	le not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE:						
		01/01/1986	J3490		not availab	le not available	not available	not available
	CATHETER							
	PLACEMENT IN CORONARY ARTERY(S)							
	FOR CORONARY A	PRIMARY PROCEDURE	93456		\$ 311.6	58 \$ 506.48	\$ 506.48	\$ 311.68
33430		BASIC METABOLIC	33130		, J	,	φ 500.10	ψ 512.00
		PANEL (CALCIUM,						
		TOTAL) THIS PANEL	00040					. 9.11
		MUST INJECTION, HEPARIN	80048		not availab	le not available	not available	not available
		SODIUM, PER 1000						
		UNITS	J1644		not availab	le not available	not available	not available
		INJECTION,						
		MIDAZOLAM HYDROCHLORIDE, PER						
		1 MG	J2250		not availab	le not available	not available	not available
		-	32230			131313114010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not availab	le not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC),						
		AUTOMATED (HGB,						
		HCT, RBC,	85027		not availab	le not available	not available	not available
		DDOTUDON ADIAL TIMAS	05645			la	met	mgs
		PROTHROMBIN TIME; COLLECTION OF	85610		not availab	le not available	not available	not available
		VENOUS BLOOD BY						
		VENIPUNCTURE	36415		not availab	le not available	not available	not available
	CVCTOLIBETUROSCOSS							
	CYSTOURETHROSCOPY WITH IRRIGATION							
	AND EVACUATION OF							
52001		PRIMARY PROCEDURE	52001		\$ 297.8	38 \$ 484.06	\$ 484.06	\$ 297.88
		0/7004711015	T					]
		CYTOPATHOLOGY, SELECTIVE CELLULAR						
		ENHANCEMENT						
		TECHNIQUE	88112		\$ 28.8	30 \$ 46.80	\$ 46.80	\$ 28.80

						LUE SHIELD TRIWEST ommerical)		NTHEM BLUE CROSS (Commercial)	N	Maximum egotiated Rate	N	Minimum legotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Pro	ofessional <sup>2,4</sup>	Р	rofessional <sup>3,4</sup>	Р	rofessional <sup>2,3,4</sup>	P	rofessional <sup>2,3,4</sup>
	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL											
36561		PRIMARY PROCEDURE	36561		\$	344.50	\$	559.81	\$	559.81	\$	344.50
		INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAV	36010		\$	108.25	\$	175.91	\$	175.91	\$	108.25
		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS	36010		Ş	106.23	Ş	175.91	Ş	173.91	Ş	108.23
		REQUIRING ULTRA FLUOROSCOPIC GUIDANCE FOR	76937		\$	14.27	\$	23.19	\$	23.19	\$	14.27
		CENTRAL VENOUS ACCESS DEVICE TELETHERAPY	77001		\$	18.47	\$	30.01	\$	30.01	\$	18.47
		ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIED POR	77306		\$	78.95	٤	128.29	\$	128.29	\$	78.95
		INJECTION, CEFAZOLIN			٠				7		,	
		SODIUM, 500 MG INJECTION, HEPARIN SODIUM, PER 1000	J0690			not available		not available		not available		not available
		UNITS INJECTION, MIDAZOLAM	J1644			not available		not available		not available		not available
		HYDROCHLORIDE, PER 1 MG	J2250			not available		not available		not available		not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010			not available		not available		not available		not available
	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REGIONAL		54450			99.63		161.90	<u>,</u>	151.00	\$	00.63
34130		PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	54150		\$	69.65		113.18		161.90		99.63
	IRIDOTOMY/IRIDECTO MY BY LASER SURGERY (EG, FOR		99213		\$					113.18		
	PRINCIPAL CARE MANAGEMENT	PRIMARY PROCEDURE	66761		\$	260.20	\$	422.83	\$	422.83	\$	260.20
	SERVICES, FOR A SINGLE HIGH-R DEBRIDEMENT OF	PRIMARY PROCEDURE	99426		\$	52.02	\$	84.53	\$	84.53	\$	52.02
	NAIL(S) BY ANY METHOD(S); 1 TO 5	PRIMARY PROCEDURE	11720		\$	14.57	\$	23.68	\$	23.68	\$	14.57
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$	9.26	\$	15.05	\$	15.05	\$	9.26

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Couc	Scrotte eutegory	roccuire Bescription	Couc	Hote	Troicssional	Troicssionar	Troicssional	Troressionar
	NEEDLE ELECTROMYOGRAPHY,							
05886	EACH EXTREMITY, WITH RELATED P	PRIMARY PROCEDURE	95886		\$ 47.6	1 \$ 77.37	\$ 77.37	\$ 47.61
33880	WIIII KLLAILD P	PRIMARY PROCEDURE	93660		ý 47.0.	77.37	3 77.37	\$ 47.01
		NERVE CONDUCTION STUDIES; 1-2 STUDIES	95907		\$ 55.8	7 \$ 90.79	\$ 90.79	\$ 55.87
		OFFICE OR OTHER						
		OUTPATIENT VISIT						
		FOR THE EVALUATION AND	99213		\$ 69.69	5 \$ 113.18	\$ 113.18	\$ 69.65
	RESPIRATORY							
	SYNCYTIAL VIRUS VACCINE, PREF,							
90679	RECOMBINANT,	PRIMARY PROCEDURE	90679		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION						
		(INCLUDES						
		PERCUTANEOUS, INT	90471		\$ 23.63	1 \$ 38.37	\$ 38.37	\$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT						
		FOR THE EVALUATION						
	INTRAORAL-	AND	99211		\$ 9.20	5 \$ 15.05	\$ 15.05	\$ 9.26
	COMPLETE SERIES							
	(INCLUDING							
D0210	BITEWINGS)	PRIMARY PROCEDURE	D0210		not available	not available	not available	not available
		PROPHYLAXIS-ADULT	D1110		not available	not available	not available	not available
		DENTAL PROPHYLAXIS AND TOPICAL						
		FLUORIDE						
		TREATMENT	D1208		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
		INSTRUCTION	D1330		not available	not available	not available	not available
		PERIODIC ORAL						
		EVALUATION - ESTABLISHED PATIENT	D0120		not available	not available	not available	not available
	NEUROPLASTY							
	AND/OR TRANSPOSITION;							
	MEDIAN NERVE AT							
64721	CARPA	PRIMARY PROCEDURE	64721		\$ 489.30	\$ 795.11	\$ 795.11	\$ 489.30
	COMPREHENSIVE ELECTROPHYSIOLOGIC							
	EVALUATION WITH							
93653	INSERT	PRIMARY PROCEDURE	93653		\$ 837.33	1 \$ 1,360.63	\$ 1,360.63	\$ 837.31
		BASIC METABOLIC PANEL (CALCIUM,						
		TOTAL) THIS PANEL						
		MUST	80048		not available	not available	not available	not available
		INJECTION, MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG INJECTION,	J2250		not available	not available	not available	not available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Couc	Service euregory	rioccaure Bescription	couc	11010	Troressional	Troressionar	1101033101101	Trotessional
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG BLOOD COUNT;	J3010		not available	not available	not available	not available
		COMPLETE (CBC),						
		AUTOMATED (HGB,						
		HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
		COLLECTION OF						
		VENOUS BLOOD BY	25445					. 9.11
	ARTHROSCOPICALLY	VENIPUNCTURE	36415		not available	not available	not available	not available
	AIDED ANTERIOR							
	CRUCIATE LIGAMENT							
29888	REPAI	PRIMARY PROCEDURE ANESTHESIA FOR	29888		\$ 1,050.48	\$ 1,707.03	\$ 1,707.03	\$ 1,050.48
		OPEN OR SURGICAL						
		ARTHROSCOPIC						
		PROCEDURES	01400		not available	not available	not available	not available
		FLUOROSCOPY						
		(SEPARATE						
		PROCEDURE), UP TO 1						
		HOUR PHYSICIA ANCHOR/SCREW FOR	76000		\$ 15.47	\$ 25.14	\$ 25.14	\$ 15.47
		OPPOSING BONE-TO-						
		BONE OR SOFT TISSUE-						
		Т	C1713		not available	not available	not available	not available
		CONNECTIVE TISSUE,						
		HUMAN (INCLUDES						
		FASCIA LATA)	C1762		not available	not available	not available	not available
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION,						
		DEXAMETHASONE SODIUM PHOSPHATE,						
		1 MG	J1100		not available	not available	not available	not available
		INJECTION,						
		HYDROMORPHONE,	11170		not ovoilable	nat available	nat available	mat available
		UP TO 4 MG INJECTION,	J1170		not available	not available	not available	not available
		KETOROLAC						
		TROMETHAMINE, PER						
<u> </u>		15 MG INJECTION,	J1885		not available	not available	not available	not available
		LABETALOL						
		HYDROCHLORIDE, 5						
		MG EFF. DATE: 7/ INJECTION,	J1920		not available	not available	not available	not available
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON						
		HYDROCHLORIDE, PER						
		1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		IL WOLOLOF, TO MIG	JZ/U4		Hor available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE						
		INFUSION, UP TO 1000						
	TRABECULOPLASTY BY	CC	J7120		not available	not available	not available	not available
65855	LASER SURGERY	PRIMARY PROCEDURE	65855		\$ 222.84	\$ 362.12	\$ 362.12	\$ 222.84
	AVULSION OF NAIL PLATE, PARTIAL OR	DDIMA DV DDOGEDUDE	44720		6 56.77	7 6 02.25	6 02.25	
11/30	COMPLETE, SIMPLE; SI	OFFICE OR OTHER	11730		\$ 56.77	7 \$ 92.25	\$ 92.25	\$ 56.77
		OUTPATIENT VISIT FOR THE EVALUATION						
	CARDIOVASCULAR	AND	99202		\$ 49.99	\$ 81.23	\$ 81.23	\$ 49.99
	STRESS TEST USING MAXIMAL OR							
93017	SUBMAXIMAL	PRIMARY PROCEDURE	93017		\$ 44.58	3 \$ 72.44	\$ 72.44	\$ 44.58
	CARIES RISK ASSESSMENT AND DOCUMENTATION,							
D0603	WITH A FINDIN	PRIMARY PROCEDURE	D0603		not available	not available	not available	not available
		PROPHYLAXIS-CHILD	D1120		not available	not available	not available	not available
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC						
		APPLICATION FOR M	D1206		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
		ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE	D0145		not available	not available	not available	not available
	SKIN TEST;	THREE YEARS OF AGE	D0145		not available	not available	not available	not available
	TUBERCULOSIS,							
86580	INTRADERMAL	PRIMARY PROCEDURE	86580		\$ 12.15	5 \$ 19.74	\$ 19.74	\$ 12.15
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION						
		AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
	REMOVAL OR BIVALVING; FULL ARM							
29705	OR FULL LEG CAST	PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT	29705		\$ 47.00	76.38	\$ 76.38	\$ 47.00
		FOR THE EVALUATION AND	99213		\$ 69.65	5 \$ 113.18	\$ 113.18	\$ 69.65
		RADIOLOGIC EXAMINATION, WRIST; COMPLETE,	-3223		, 55.03	122.10	. 113.10	. 33.03
		MINIMUM OF 3 V	73110		\$ 8.91	14.48	\$ 14.48	\$ 8.91
	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR		2000				11.11	11.11
90696	PERTUSSIS VACCIN	PRIMARY PROCEDURE	90696		not available	not available	not available	not available

					7	UE SHIELD FRIWEST ommerical)	ANTHEM CROS (Comme	SS	Maximum Negotiated R			Minimum gotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Pro	fessional <sup>2,4</sup>	Professio	nal <sup>3,4</sup>	Professional <sup>2</sup>	2,3,4	Pro	ofessional <sup>2,3,4</sup>
		IN AN ALINUIZATION										
		IMMUNIZATION ADMINISTRATION										
		(INCLUDES										
		PERCUTANEOUS, INT	90471		\$	23.61	\$	38.37	\$	38.37	\$	23.61
		MEASLES, MUMPS, RUBELLA, AND										
		VARICELLA VACCINE										
		(MMRV),	90710			not available	not	available	not ava	ilable		not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		\$	16.56	ξ.	26.91	¢	26.91	\$	16.56
		OFFICE OR OTHER	30472		7	10.50	7	20.31	7	20.51	7	10.50
		OUTPATIENT VISIT										
		FOR THE EVALUATION AND	99211		\$	9.26	Ś	15.05	\$	15.05	Ś	9.26
	INSERTION OF PERIPHERALLY INSERTED CENTRAL		33211		7		7		*		<u> </u>	
36569	VENOUS CATHE	PRIMARY PROCEDURE	36569		\$	96.41	\$	156.67	\$ 1	.56.67	\$	96.41
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION										
		AND	99211		\$	9.26	\$	15.05	\$	15.05	\$	9.26
		RADIOLOGIC EXAMINATION, CHEST;										
		SINGLE VIEW	71045		\$	8.86	\$	14.40	\$	14.40	\$	8.86
	INJECTION, MEDROXYPROGESTER					. 9.11						
J1050	ONE ACETATE, 1 MG	THERAPEUTIC,	J1050			not available	not	available	not ava	illable		not available
		PROPHYLACTIC, OR DIAGNOSTIC										
		OFFICE OR OTHER	96372		\$	16.06	\$	26.10	\$	26.10	\$	16.06
		OUTPATIENT VISIT FOR THE EVALUATION				0.25		45.05	•	45.05		0.25
	VISUAL FIELD	AND	99211		\$	9.26	\$	15.05	Ş	15.05	\$	9.26
	EXAMINATION, UNILATERAL OR											
92082	BILATERAL, WITH	PRIMARY PROCEDURE OFFICE OR OTHER	92082		\$	22.05	\$	35.83	\$	35.83	\$	22.05
		OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$	9.26	\$	15.05	\$	15.05	\$	9.26
	FOOT EXAMINATION PERFORMED (INCLUDES											
2028F	EXAMINATION THROUG	PRIMARY PROCEDURE	2028F			not available	not	available	not ava	ilable		not available
_5201		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	_0201			2 2 2 2 3 3 6				,,,,,,		
		AND	99212		\$	37.18	\$	60.42	\$	60.42	\$	37.18

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	REMOVAL OF							
F0201	INTRAUTERINE DEVICE		F9201		\$ 68.75	\$ 111.72	\$ 111.72	ć 69.7E
58301	` '	PRIMARY PROCEDURE OFFICE OR OTHER	58301		\$ 68.75	\$ 111.72	\$ 111.72	\$ 68.75
		OUTPATIENT VISIT						
		FOR THE EVALUATION						
	IRRIGATION OF	AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
	IMPLANTED VENOUS							
	ACCESS DEVICE FOR							
96523		PRIMARY PROCEDURE OFFICE OR OTHER	96523		\$ 29.44	\$ 47.84	\$ 47.84	\$ 29.44
		OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
		INJECTION, HEPARIN						
		SODIUM, (HEPARIN						
		LOCK FLUSH), PER 10	J1642		not available	not available	not available	not available
	COMPREHENSIVE ELECTROPHYSIOLOGIC							
	EVALUATION							
93656	INCLUDING T	PRIMARY PROCEDURE	93656		\$ 949.61	\$ 1,543.12	\$ 1,543.12	\$ 949.61
		MOST RECENT SYSTOLIC BLOOD						
		PRESSURE LESS THAN						
		130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD						
		PRESSURE 130-139						
		MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT						
		SYSTOLIC BLOOD PRESSURE GREATER						
		THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT						
		DIASTOLIC BLOOD PRESSURE LESS THAN						
		80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT						
		DIASTOLIC BLOOD PRESSURE 80-89 MM						
		HG (HTN,	3079F		not available	not available	not available	not available
		INJECTION, HEPARIN						
		SODIUM, PER 1000	14.544		mak	mak surificiti	mak a : 11-1. I	mak avertle hi
		UNITS INJECTION, LIDOCAINE	J1644		not available	not available	not available	not available
		HCL FOR						
		INTRAVENOUS	,,,,,,					
		INFUSION, 10 M INJECTION,	J2001		not available	not available	not available	not available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	12010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS	J3010		not available	not available	not available	HOL AVAIIABLE
		EFFECTIVE DATE:						
		01/01/1986	J3490		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION, 250						
		cc	J7050		not available	not available	not available	not available

						JE SHIELD	ANTHEM BLUE	Maximum	Minimum
						RIWEST mmerical)	CROSS (Commercial)	Negotiated Rate	Negotiated Rate
Primary	Comito Cotonomi	Durandana Danasiatian	CPT/HCPCS	Note		fessional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Code	Service Category	Procedure Description	Code	Note	Proi	ressional	Professional	Professional	Professional
		COLLECTION OF VENOUS BLOOD BY							
		VENIPUNCTURE	36415			not available	not available	not available	not available
	INTERROGATION								
	DEVICE EVALUATION (IN PERSON) WITH								
93289	ANALYS	PRIMARY PROCEDURE	93289		\$	37.83	\$ 61.47	\$ 61.47	\$ 37.83
33233	CHEMODENERVATION		30203		Ť	37.03	φ 02.17	φ 02.17	φ σπισσ
	OF MUSCLE(S);								
	MUSCLE(S)								
64615	INNERVATED BY	PRIMARY PROCEDURE	64615		\$	127.13	\$ 206.59	\$ 206.59	\$ 127.13
		OFFICE OR OTHER OUTPATIENT VISIT							
		FOR THE EVALUATION							
		AND	99212		\$	37.18	\$ 60.42	\$ 60.42	\$ 37.18
		INJECTION,			-				
		ONABOTULINUMTOXI							
		NA, 1 UNIT	J0585			not available	not available	not available	not available
D0274	BITEWINGS-FOUR FILMS	PRIMARY PROCEDURE	D0274			not available	not available	not available	not available
D0274	FILIVIS	PRIMARY PROCEDURE	D0274			HOL available	not available	not available	not available
		PROPHYLAXIS-ADULT	D1110			not available	not available	not available	not available
		DENTAL PROPHYLAXIS							
		AND TOPICAL							
		FLUORIDE							
		TREATMENT	D1208			not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330			not available	not available	not available	not available
		THE THOUSAND	51330			not available	not available	not available	not available
		PERIODIC ORAL							
		EVALUATION -							
		ESTABLISHED PATIENT	D0120			not available	not available	not available	not available
	DECINI DACED								
	RESIN-BASED COMPOSITE - ONE								
D2391	SURFACE, POSTERIOR	PRIMARY PROCEDURE	D2391			not available	not available	not available	not available
	,	ORAL HYGIENE							
		INSTRUCTION	D1330			not available	not available	not available	not available
		LIMITED ORAL							
		EVALUATION -	D0140			ماطمانور بمع معمد	mat available	n at available	net eveileble
		PROBLEM FOCUSED	D0140			not available	not available	not available	not available
	TANGENTIAL BIOPSY								
	OF SKIN (EG, SHAVE,								
11102	SCOOP, SAUCERIZE,	PRIMARY PROCEDURE	11102		\$	40.00	\$ 65.00	\$ 65.00	\$ 40.00
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATION	99213		\$	69.65	\$ 113.18	\$ 113.18	\$ 69.65
			33213		٠	03.03	7 113.10	γ 113.16	50.63
		LEVEL IV - SURGICAL							
		PATHOLOGY, GROSS							
		AND MICROSCOPIC EX	88305		\$	38.96	\$ 63.31	\$ 63.31	\$ 38.96
	DDG1 04:577								
	PROLONGED EVALUATION AND								
	MANAGEMENT								
99358	1	PRIMARY PROCEDURE	99358			not available	not available	not available	not available
33330	1	I	33330				Jt available	st available	

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	ELECTROCARDIOGRA	Troccaire Bescription	couc	Hote	Troicssional	Troressionar	Troicssional	Trolessional
	M, ROUTINE ECG							
93005	WITH AT LEAST 12 LEADS;	PRIMARY PROCEDURE	93005		\$ 7.38	\$ 11.99	\$ 11.99	\$ 7.38
					,			
	PNEUMOCOCCAL CONJUGATE VACCINE,							
	13 VALENT (PCV13),							
90670		PRIMARY PROCEDURE	90670		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION						
		THROUGH 18 YEARS						
		OF AGE VIA	90460		\$ 25.87	\$ 42.04	\$ 42.04	\$ 25.87
		IMMUNIZATION						
		ADMINISTRATION						
		(INCLUDES PERCUTANEOUS, INT	90471		\$ 23.61	\$ 38.37	\$ 38.37	\$ 23.61
		OFFICE OR OTHER	30171		7	7 55.5.	7 33.01	
		OUTPATIENT VISIT						
		FOR THE EVALUATION AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
					,			
		PNEUMOCOCCAL CONJUGATE VACCINE,						
		20 VALENT (PCV20),						
		FOR	90677		not available	not available	not available	not available
	ECHOCARDIOGRAPHY,							
	TRANSESOPHAGEAL,							
02212	REAL-TIME WITH IMAGE	PRIMARY PROCEDURE	93312		\$ 110.63	\$ 179.77	\$ 179.77	\$ 110.63
93312		INJECTION,	93312		ÿ 110.03	3 175.77	Ş 175.77	ÿ 110.03
		MIDAZOLAM						
		HYDROCHLORIDE, PER	J2250		not available	not available	not available	not available
			32230				ocavanabie	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	12010		net eveileble	not available	not oveileble	net evelleble
		INFUSION, NORMAL	J3010		not available	not available	not available	not available
		SALINE SOLUTION, 250						
	ONLINE DIGITAL	CC	J7050		not available	not available	not available	not available
	EVALUATION AND							
	MANAGEMENT					<u></u>		
99423	SERVICE, FOR A INFLUENZA VIRUS	PRIMARY PROCEDURE	99423		\$ 42.64	\$ 69.29	\$ 69.29	\$ 42.64
	VACCINE,							
00674	QUADRIVALENT (CCIIV4), DERIVED	PRIMARY PROCEDURE	90674		not available	not available	not available	not available
900/4	(CCIIV4), DERIVED	F MINIMAN I FROCEDURE	90074		not available	not available	not available	not available
		IMMUNIZATION						
		ADMINISTRATION (INCLUDES						
		PERCUTANEOUS, INT	90471		\$ 23.61	\$ 38.37	\$ 38.37	\$ 23.61
		OFFICE OR OTHER						
		OUTPATIENT VISIT FOR THE EVALUATION						
		AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		PATIENT SCREENED						
		FOR DEPRESSION	42205		not quallable	net eveileble	net eveileble	net eveileble
		(SUD) INFLUENZA VIRUS	1220F		not available	not available	not available	not available
		VACCINE,						
		QUADRIVALENT (IIV4),						
		SPLIT VIR	90686		not available	not available	not available	not available
	ECHOCARDIOGRAPHY, TRANSTHORACIC,							
1	REAL-TIME WITH	DDUAADY DD 0.55DUD5	02200		4 25.00	42.25	42.25	25.00
-	IMAGE D INJECTION	PRIMARY PROCEDURE	93308		\$ 26.00	\$ 42.25	\$ 42.25	\$ 26.00
1	PROCEDURE FOR							
54200	· · ·	PRIMARY PROCEDURE	54200		\$ 96.96	\$ 157.56	\$ 157.56	\$ 96.96
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION						
		AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
		INJECTION, COLLAGENASE,						
		CLOSTRIDIUM HISTOLYTICUM, 0.01	J0775		not available	not available	not available	not available
	INFLUENZA VIRUS VACCINE, TRIVALENT	marazi neom, o.o.	30773		not available	not available	not available	not available
	·	PRIMARY PROCEDURE	90656		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 23.61	\$ 38.37	\$ 38.37	\$ 23.61
		OFFICE OR OTHER	30471		25.01	30.37	ý 30.57	25.01
		OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
		INFLUENZA VIRUS	33211		ÿ 5.20	7 15.05	Ţ 15.05	3.20
		VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		not available	not available	not available	not available
	CATHETER PLACEMENT IN CORONARY ARTERY(S)	S. E., VIII	33330					
93460	FOR CORONARY A	PRIMARY PROCEDURE	93460		\$ 374.02	\$ 607.78	\$ 607.78	\$ 374.02
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL						
		MUST	80048		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB,						
		HCT, RBC,	85027		not available	not available	not available	not available
		DDOTUDONADIAL TIMAS	05640		wk:	met	metil-11	met
		PROTHROMBIN TIME; COLLECTION OF	85610		not available	not available	not available	not available
		VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available

					BLUE SHIELD TRIWEST	ANTHEM BLUE CROSS	Maximum	Minimum
					(Commerical)	(Commercial)	Negotiated Rate	Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER T	PRIMARY PROCEDURE	D1354		not available	not available	not available	not available
45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTIO	PRIMARY PROCEDURE	45390		\$ 346.47	\$ 563.01	\$ 563.01	\$ 346.47
1333		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 38.96			
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
90714	TETANUS AND DIPHTHERIA TOXOIDS ADSORBED (TD), PRESERVAT	PRIMARY PROCEDURE	90714		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES						
		BRIEF EMOTIONAL/BEHAVIO RAL ASSESSMENT (EG,	90471		\$ 23.61		\$ 38.37	
		DEPRESSION I OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	96127		\$ 5.40			
		TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS	99214		\$ 102.80	\$ 167.05	\$ 167.05	\$ 102.80
		VAC MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN	90715		not available		not available	not available
		130 MM HG MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3074F 3078F		not available		not available	not available
	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, W,							
90619	[Υ,	PRIMARY PROCEDURE	90619		not available	not available	not available	not available

					BLUE SHIELD TRIWEST	ANTHEM BLUE CROSS	Maximum	Minimum
					(Commerical)	(Commercial)	Negotiated Rate	Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		IMMUNIZATION						
		ADMINISTRATION (INCLUDES						
		PERCUTANEOUS, INT	90471		\$ 23.61	\$ 38.37	\$ 38.37	\$ 23.61
		OFFICE OR OTHER			·			·
		OUTPATIENT VISIT						
		FOR THE EVALUATION AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
		SCREENING	99215		3 03.03	3 115.16	3 113.16	\$ 05.03
		PERFORMED AND						
		NEGATIVE	G9920		not available	not available	not available	not available
		MENINGOCOCCAL						
		CONJUGATE VACCINE,						
		SEROGROUPS A, C, W,						
		Υ,	90734		not available	not available	not available	not available
		ADMINISTRATION OF PATIENT-FOCUSED						
		HEALTH RISK						
		ASSESSMEN	96160		\$ 3.58	\$ 5.82	\$ 5.82	\$ 3.58
	SCREENING OF A							
D0190	PATIENT RE-EVALUATION-	PRIMARY PROCEDURE	D0190		not available	not available	not available	not available
	LIMITED, PROBLEM							
	FOCUSED							
D0170		PRIMARY PROCEDURE	D0170		not available	not available	not available	not available
	INJECTION, TESTOSTERONE							
J1071		PRIMARY PROCEDURE	J1071		not available	not available	not available	not available
31071	01110111112, 21110	THERAPEUTIC,	32072					
		PROPHYLACTIC, OR						
		DIAGNOSTIC	00272		ć 16.06	20.10	ć 2C 10	ć 10.00
		INJECTION (SPE OFFICE OR OTHER	96372		\$ 16.06	\$ 26.10	\$ 26.10	\$ 16.06
		OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
	ELECTROCARDIOGRA M, ROUTINE ECG							
	WITH AT LEAST 12							
93010	·	PRIMARY PROCEDURE	93010		\$ 8.51	\$ 13.83	\$ 13.83	\$ 8.51
		OFFICE OR OTHER						
		OUTPATIENT VISIT FOR THE EVALUATION						
		AND	99214		\$ 102.80	\$ 167.05	\$ 167.05	\$ 102.80
		ELECTROCARDIOGRA						
		M, ROUTINE ECG						
		WITH AT LEAST 12 LEADS;	93005		\$ 7.38	\$ 11.99	\$ 11.99	\$ 7.38
			53003		7.30	11.55	7 11.55	7.36
	INJECTION, ANTERIOR							
	CHAMBER OF EYE							
66030	(SEPARATE PROCEDURE)	PRIMARY PROCEDURE	66030		\$ 123.70	\$ 201.01	\$ 201.01	\$ 123.70
30030		THE STATE OF THE S	00030		, 125.70	201.01	, 201.01	÷ 123.70
		OPHTHALMOLOGICAL						
		SERVICES: MEDICAL						
		EXAMINATION AND EVAL	92012		\$ 53.66	\$ 87.20	\$ 87.20	\$ 53.66
		LVAL	92012		33.00 ب	07.20	07.20	ا 33.00

2.3.4 Professional	ot available 64.65
ailable no	ot available 64.65
60.42 \$	27.40
	37.18
218.55 \$	134.49
ailahle noo	ot available
348.81 \$	214.65
ailable no	ot available
ailable no	t available
ailable no	ot available
ailable no	ot available
446.01 \$	274.47
ailable no	ot available
118 50	72.92
-10.00	12.32
63.31 \$	38.96
	36.43
	348.81 \$  /ailable no /ailable no /ailable no /ailable no  118.50 \$

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
5500	our rice dutego. y	ELECTROCARDIOGRA	5545		1101000101101	1101000101101	1101000101101	1101000101101
		M, ROUTINE ECG						
		WITH AT LEAST 12						
		LEADS; INJECTION,	93005		\$ 7.38	\$ 11.99	\$ 11.99	\$ 7.38
		SUCCINYLCHOLINE						
		CHLORIDE, UP TO 20						
		MG	J0330		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION,						
		ONDANSETRON						
		HYDROCHLORIDE, PER	J2405		not available	not available	not available	not available
		INJECTION,	J2405		not available	not available	not available	not available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL	12040					
		CITRATE, 0.1 MG RINGERS LACTATE	J3010		not available	not available	not available	not available
		INFUSION, UP TO 1000						
		сс	J7120		not available	not available	not available	not available
	INJECTION(S),							
	DIAGNOSTIC OR THERAPEUTIC AGENT,							
	PARAVERT	PRIMARY PROCEDURE	64493		\$ 97.10	\$ 157.79	\$ 157.79	\$ 97.10
		LOW OSMOLAR						
ı		CONTRAST MATERIAL, 100-199 MG/ML						
		IODINE CON	Q9965		not available	not available	not available	not available
			-					
		DESTRUCTION BY						
		NEUROLYTIC AGENT, PARAVERTEBRAL						
		FACET JO	64635		\$ 206.37	\$ 335.35	\$ 335.35	\$ 206.37
		INJECTION,			,	,	,	,
		BUPIVICAINE, NOT						
		OTHERWISE	1000					
		SPECIFIED, 0.5 MG	J0665		not available	not available	not available	not available
		INJECTION,						
		METHYLPREDNISOLON						
<del>                                     </del>	HEDATITIC D MACCINIC	E ACETATE, 80 MG	J1040		not available	not available	not available	not available
	HEPATITIS B VACCINE (HEPB),							
	PEDIATRIC/ADOLESCE							
90744	NT DOSAGE	PRIMARY PROCEDURE	90744		not available	not available	not available	not available
		IN AN ALINIIZATION						
		IMMUNIZATION ADMINISTRATION						
		(INCLUDES						
		PERCUTANEOUS, INT	90471		\$ 23.61	\$ 38.37	\$ 38.37	\$ 23.61
		OFFICE OR OTHER						
		OUTPATIENT VISIT FOR THE EVALUATION						
		AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	SEPTOPLASTY OR							
	SUBMUCOUS							
	RESECTION, WITH OR	DDIA 44 DV DDOCEDI IDE	20520		¢ 750.00	4 222 54	¢ 4.222.54	¢ 750.00
30520	WITHOUT CAR	PRIMARY PROCEDURE ABLATION, SOFT	30520		\$ 759.08	\$ 1,233.51	\$ 1,233.51	\$ 759.08
		TISSUE OF INFERIOR						
		TURBINATES,						
		UNILATERA	30802		\$ 227.68	\$ 369.98	\$ 369.98	\$ 227.68
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION,	30030		not available	not available	not available	not available
		DEXAMETHASONE						
		SODIUM PHOSPHATE,						
		1 MG	J1100		not available	not available	not available	not available
		INJECTION,						
		HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION,	J1170		not available	flot available	not available	not available
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION,						
		ONDANSETRON						
		HYDROCHLORIDE, PER	12405		not available	not available	not available	not available
		1 MG INJECTION,	J2405		not available	not available	not available	not available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		,						
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE:						
		01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE	33430		not available	not available	not available	not available
		INFUSION, UP TO 1000						
		сс	J7120		not available	not available	not available	not available
	A DTEDLOVES COM							
	ARTERIOVENOUS ANASTOMOSIS, OPEN;							
		PRIMARY PROCEDURE	36821		\$ 661.29	\$ 1,074.60	\$ 1,074.60	\$ 661.29
30021	DIRECT, AIVI SITE (EG,	TRIVIARTTROCEDORE	30021		\$ 001.23	7 1,074.00	7 1,074.00	J 001.23
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, HEPARIN						
		SODIUM, PER 1000	14.544		m - 4		me#11-1-1	met
<u> </u>		UNITS INJECTION,	J1644		not available	not available	not available	not available
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION,						
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, ROPIVACAINE						
		HYDROCHLORIDE, 1						
		MG	J2795		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)		ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,</sup>	,4	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		not avail			not available	not available
	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA								
45990	(GENERAL INITIAL COMPREHENSIVE PREVENTIVE MEDICINE	PRIMARY PROCEDURE	45990		\$ 11	.1.12	\$ 180.57	\$ 180.57	\$ 111.12
99387	EVALUATION AN	PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT	99387		not avail	lable	not available	not available	not available
		FOR THE EVALUATION AND PATIENT SCREENED	99202		\$ 4	9.99	\$ 81.23	\$ 81.23	\$ 49.99
		FOR DEPRESSION (SUD)	1220F		not avail	lable	not available	not available	not available
02550	TYMPANOMETRY AND REFLEX THRESHOLD	DDIAMARY DDOCEDURE	92550			23.90	\$ 38.84	Ć 20.04	\$ 23.90
92550		PRIMARY PROCEDURE  COMPREHENSIVE  AUDIOMETRY  THRESHOLD  EVALUATION AND	92330		\$ 2	.5.90	\$ 50.04	\$ 38.84	\$ 25.30
	INSERTION OR REPLACEMENT OF PERMANENT	SPEEC	92557		\$ 3	3.99	\$ 55.23	\$ 55.23	\$ 33.99
33249	IMPLANTABLE DEFIB	PRIMARY PROCEDURE  INSERTION OF PACING	33249		\$ 93	34.63	\$ 1,518.77	\$ 1,518.77	\$ 934.63
		ELECTRODE, CARDIAC VENOUS SYSTEM, F ELECTROCARDIOGRA M, ROUTINE ECG	33225		\$ 46	3.10	\$ 752.54	\$ 752.54	\$ 463.10
		WITH AT LEAST 12 LEADS;	93005		\$	7.38	\$ 11.99	\$ 11.99	\$ 7.38
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$	8.86	\$ 14.40	\$ 14.40	\$ 8.86
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL							
		INJECTION, CEFAZOLIN	80048		not avail			not available	not available
		SODIUM, 500 MG INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	J0690		not avail	lable	not available	not available	not available
		1 MG INJECTION, FENTANYL	J2250		not avail	lable	not available	not available	not available
		CITRATE, 0.1 MG	J3010		not avail	lable	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		BLOOD COUNT;						
		COMPLETE (CBC),						
		AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		rici, RBC,	83027		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
		COLLECTION OF						
		VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
	VISUAL FIELD	VEINIFONCTORE	30413		not available	not available	not available	not available
	EXAMINATION,							
	UNILATERAL OR							
92081	· · · · · · · · · · · · · · · · · · ·	PRIMARY PROCEDURE OFFICE OR OTHER	92081		\$ 16.99	\$ 27.61	\$ 27.61	\$ 16.99
		OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
	DECIN DACED							
	RESIN-BASED COMPOSITE - TWO							
D2392	SURFACES, POSTERIOR	PRIMARY PROCEDURE	D2392		not available	not available	not available	not available
		ORAL HYGIENE						
		INSTRUCTION	D1330		not available	not available	not available	not available
		LIMITED ORAL EVALUATION -						
		PROBLEM FOCUSED	D0140		not available	not available	not available	not available
	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR							
20611	JOIN	PRIMARY PROCEDURE	20611		\$ 61.87	\$ 100.54	\$ 100.54	\$ 61.87
	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR	DDIAM DV DD OCEDUDE	00400					n a a sua llaba
90480		PRIMARY PROCEDURE SEVERE ACUTE	90480		not available	not available	not available	not available
		RESPIRATORY SYNDROME CORONAVIRUS 2						
		(SARS-C OFFICE OR OTHER	91320		not available	not available	not available	not available
		OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
	ESOPHAGOGASTRODU ODENOSCOPY, FLEXIBLE, TRANSORAL;							
		PRIMARY PROCEDURE	43247		\$ 185.02	\$ 300.66	\$ 300.66	\$ 185.02
	SPINAL PUNCTURE,							
62270	LUMBAR, DIAGNOSTIC;	PRIMARY PROCEDURE	62270		\$ 64.81	\$ 105.32	\$ 105.32	\$ 64.81
322,0			022,0		, 54.61	, 103.02	, 103.02	, 5.01
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT						
		(EG, BIOPSY, A	76942		\$ 31.48	\$ 51.16	\$ 51.16	\$ 31.48

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Code	5 .	PROTEIN, TOTAL,	Code	Note	Fioressional	Froressional	Fioressional	Fioressional
		EXCEPT BY						
		REFRACTOMETRY;						
		SERUM, PLASMA	84155		not available	not available	not available	not available
		SYPHILIS TEST, NON-						
		TREPONEMAL						
		ANTIBODY;						
		QUANTITATIVE	86593		not available	not available	not available	not available
		CELL COUNT,						
		MISCELLANEOUS						
		BODY FLUIDS (EG,						
		CEREBROSPINA	89050		not available	not available	not available	not available
		GLUCOSE, BODY						
		FLUID, OTHER THAN BLOOD	82945		not available	not available	not available	not available
		BLOOD	02343		not available	not available	not available	not available
	ESOPHAGOGASTRODU							
	ODENOSCOPY,							
	FLEXIBLE, TRANSORAL;							
		PRIMARY PROCEDURE	43251		\$ 205.12	\$ 333.32	\$ 333.32	\$ 205.12
		ANESTHESIA FOR						
		UPPER						
		GASTROINTESTINAL						
		ENDOSCOPIC PROCED	00731		not available	not available	not available	not available
		LEVEL IV. CLIDGICAL						
		LEVEL IV - SURGICAL						
		PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 38.96	\$ 63.31	\$ 63.31	\$ 38.96
		MOST RECENT	00303		30.50	3 03.51	y 05.51	30.50
		SYSTOLIC BLOOD						
		PRESSURE LESS THAN						
		130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT						
		SYSTOLIC BLOOD						
		PRESSURE 130-139						
		MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT						
		SYSTOLIC BLOOD PRESSURE GREATER						
		THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT	30771		not available	not available	not available	not available
		DIASTOLIC BLOOD						
		PRESSURE LESS THAN						
		80 MM HG	3078F		not available	not available	not available	not available
		IMMUNOHISTOCHEMI						
		STRY OR						
		IMMUNOCYTOCHEMIS						
		TRY, PER SPECIM	88342		\$ 36.43	\$ 59.20	\$ 59.20	\$ 36.43
		ESOPHAGOGASTRODU						
		ODENOSCOPY,						
		FLEXIBLE, TRANSORAL;						
		WITH B	43239		\$ 145.83	\$ 236.97	\$ 236.97	\$ 145.83
			.5205		, 2.5.03	. 255.57	. 255.57	. 2.5.65
		DISCHARGE						
		MEDICATIONS						
		RECONCILED WITH						
		THE CURRENT MEDIC	1111F		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		INJECTION,	10704					
		PROPOFOL, 10 MG RINGERS LACTATE	J2704		not available	not available	not available	not available
		INFUSION, UP TO 1000						
		СС	J7120		not available	not available	not available	not available
	REPAIR OF ANTERIOR ABDOMINAL							
49591	HERNIA(S) (IE, EPIGASTRIC,	PRIMARY PROCEDURE	49591		\$ 352.24	\$ 572.39	\$ 572.39	\$ 352.24
	,	ANESTHESIA FOR				·	•	·
		HERNIA REPAIRS IN						
		UPPER ABDOMEN; NOT OTH	00750		not available	not available	not available	not available
		LEVEL II - SURGICAL						
		PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		\$ 7.12	\$ 11.57	\$ 11.57	\$ 7.12
					, , , , ,	7 22.0	7 22.0	,
		INJECTION, CEFAZOLIN	10500					a st susilable
		SODIUM, 500 MG INJECTION,	J0690		not available	not available	not available	not available
		DEXAMETHASONE						
		SODIUM PHOSPHATE,	11100					a st susilable
		1 MG INJECTION,	J1100		not available	not available	not available	not available
		KETOROLAC						
		TROMETHAMINE, PER	14005					a st susilable
		15 MG INJECTION,	J1885		not available	not available	not available	not available
		MIDAZOLAM						
		HYDROCHLORIDE, PER	12250					a st susilable
		1 MG INJECTION,	J2250		not available	not available	not available	not available
		ONDANSETRON						
		HYDROCHLORIDE, PER	12.405		not queilable	not oveileble	not oveileble	net eveileble
		1 MG INJECTION,	J2405		not available	not available	not available	not available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INVECTION FENTANIVI						
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS						
		EFFECTIVE DATE:	12.400					a st susilable
		01/01/1986 RINGERS LACTATE	J3490		not available	not available	not available	not available
		INFUSION, UP TO 1000						
		CC ANTIBODY SCREEN,	J7120		not available	not available	not available	not available
		RBC, EACH SERUM						
		TECHNIQUE	86850		not available	not available	not available	not available
		BLOOD TYPING,	00004		not contable	not available	not available	not available
		SEROLOGIC; RH (D) BLOOD TYPING,	86901		not available	not available	not available	not available
		SEROLOGIC; ABO	86900		not available	not available	not available	not available
	FINE NEEDLE							
	ASPIRATION BIOPSY,							
	WITHOUT IMAGING					<b>.</b>		
10021	GUIDANCE	PRIMARY PROCEDURE	10021		\$ 57.22	\$ 92.98	\$ 92.98	\$ 57.22

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	,	OFFICE OR OTHER						
		OUTPATIENT VISIT						
		FOR THE EVALUATION AND	99203		\$ 86.20	) \$ 140.08	\$ 140.08	\$ 86.20
		CYTOPATHOLOGY,						·
		EVALUATION OF FINE NEEDLE ASPIRATE;						
		INTE	88173		\$ 72.92	\$ 118.50	\$ 118.50	\$ 72.92
		LEVEL IV - SURGICAL						
		PATHOLOGY, GROSS						
		AND MICROSCOPIC EX	88305		\$ 38.96	\$ 63.31	\$ 63.31	\$ 38.96
	BRIEF							
I	EMOTIONAL/BEHAVIO							
	RAL ASSESSMENT (EG, DEPRESSION I	PRIMARY PROCEDURE	96127		\$ 5.40	) \$ 8.78	\$ 8.78	\$ 5.40
	ARTERIOVENOUS							
	ANASTOMOSIS, OPEN; BY UPPER ARM							
I	BASILIC V	PRIMARY PROCEDURE	36819		\$ 729.76	\$ 1,185.86	\$ 1,185.86	\$ 729.76
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION,						
		ROPIVACAINE HYDROCHLORIDE, 1						
		MG	J2795		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION ,						
		1000 CC	J7030		not available	not available	not available	not available
	PHLEBOTOMY,							
	THERAPEUTIC (SEPARATE							
99195	PROCEDURE)	PRIMARY PROCEDURE	99195		\$ 113.06	\$ 183.72	\$ 183.72	\$ 113.06
		OFFICE OR OTHER OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
	PARING OR CUTTING							
	OF BENIGN HYPERKERATOTIC							
11056	LESION (EG,	PRIMARY PROCEDURE	11056		\$ 22.63	36.77	\$ 36.77	\$ 22.63
		OFFICE OR OTHER						
		OUTPATIENT VISIT FOR THE EVALUATION						
		AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
	INFLUENZA VIRUS VACCINE,							
	QUADRIVALENT							
90756	(CCIIV4), DERIVED	PRIMARY PROCEDURE	90756		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		IMMUNIZATION ADMINISTRATION						
		(INCLUDES						
		PERCUTANEOUS, INT	90471		\$ 23.61	\$ 38.37	\$ 38.37	\$ 23.61
		OFFICE OR OTHER						
		OUTPATIENT VISIT FOR THE EVALUATION						
		AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
		PATIENT SCREENED						
		FOR DEPRESSION	12205		not available	not available	not available	not available
		(SUD) INFLUENZA VIRUS	1220F		not available	not available	not available	not available
		VACCINE,						
		QUADRIVALENT						
	REVISION, OPEN,	(CCIIV4), DERIVED	90674		not available	not available	not available	not available
	ARTERIOVENOUS							
	FISTULA; WITHOUT							
36832	THROMBEC	PRIMARY PROCEDURE	36832		\$ 759.20	\$ 1,233.70	\$ 1,233.70	\$ 759.20
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM						
		HYDROCHLORIDE, PER	J2250		not available	not available	not available	not available
		INJECTION,	32230		not available	not available	not available	not available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, ROPIVACAINE						
		HYDROCHLORIDE, 1						
		MG	J2795		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INFUSION, NORMAL	33010		not available	not available	not available	not available
		SALINE SOLUTION ,						
		1000 CC RINGERS LACTATE	J7030		not available	not available	not available	not available
		INFUSION, UP TO 1000						
		cc	J7120		not available	not available	not available	not available
	INTRODUCTION OF NEEDLE(S) AND/OR							
	CATHETER(S), DIALYSIS	PRIMARY PROCEDURE	36902		\$ 241.30	\$ 392.11	\$ 392.11	\$ 241.30
		GUIDE WIRE	C1769		not available		not available	not available
		INJECTION, HEPARIN						
		SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION,	31044		oc avanable			not available
		MIDAZOLAM						
		HYDROCHLORIDE, PER	12250		not available	not available	not available	not available
$\vdash$		1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION ,						
		1000 CC	J7030		not available	not available	not available	not available

Primary Code Service Category Procedure Description  COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE 364: SLING OPERATION FOR STRESS INCONTINENCE (EG, 57288 FASCIA OR PRIMARY PROCEDURE CYSTOURETHROSCOPY , WITH INJECTION(S)	15	Note	Professional <sup>2,4</sup> not available  \$ 798.68	Professional <sup>3,4</sup> not available	Professional <sup>2,3,4</sup> not available	Professional <sup>2,3,4</sup>
COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE 364:  SLING OPERATION FOR STRESS INCONTINENCE (EG, 57288 FASCIA OR PRIMARY PROCEDURE 5728 CYSTOURETHROSCOPY			not available			
VENOUS BLOOD BY VENIPUNCTURE 364:  SLING OPERATION FOR STRESS INCONTINENCE (EG, 57288 FASCIA OR PRIMARY PROCEDURE 5728 CYSTOURETHROSCOPY				not available	not available	not available
SLING OPERATION FOR STRESS INCONTINENCE (EG, 57288 FASCIA OR PRIMARY PROCEDURE 5728 CYSTOURETHROSCOPY				not available	not available	not available
FOR STRESS INCONTINENCE (EG, 57288 FASCIA OR PRIMARY PROCEDURE 5728 CYSTOURETHROSCOPY	88		\$ 798.68			
INCONTINENCE (EG, 57288 FASCIA OR PRIMARY PROCEDURE 5728 CYSTOURETHROSCOPY	88		\$ 798 68			
57288 FASCIA OR PRIMARY PROCEDURE 5728 CYSTOURETHROSCOPY	88		\$ 798.68			
CYSTOURETHROSCOPY	00			ć 1 207 96	\$ 1,297.86	¢ 700.60
I I I			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	\$ 1,297.86	\$ 1,297.80	\$ 798.68
I I, WITH INJECTION(3)						
FOR						
CHEMODENERVATI 5228	87		\$ 175.26	\$ 284.80	\$ 284.80	\$ 175.26
REPAIR DEVICE,						
URINARY,						
INCONTINENCE, WITH SLING GRAFT C17:	71		not available	not available	not available	not available
SLING GRAFT C17	<del>/ 1</del>		not available	not available	flot available	not available
INJECTION, CEFAZOLIN						
SODIUM, 500 MG J069	90		not available	not available	not available	not available
INJECTION,						
DEXAMETHASONE						
SODIUM PHOSPHATE,	00		not available	mat available	nat available	nat available
1 MG J110	00		not available	not available	not available	not available
KETOROLAC						
TROMETHAMINE, PER						
15 MG J188	85		not available	not available	not available	not available
INJECTION,						
MIDAZOLAM						
HYDROCHLORIDE, PER 1 MG J22!	E0		not available	not available	not available	not available
INJECTION,	30		not available	not available	HOL available	HOL AVAIIABLE
ONDANSETRON						
HYDROCHLORIDE, PER						
1 MG J240	05		not available	not available	not available	not available
INJECTION,						
PROPOFOL, 10 MG J270	04		not available	not available	not available	not available
INJECTION, FENTANYL						
CITRATE, 0.1 MG J30:	10		not available	not available	not available	not available
UNCLASSIFIED DRUGS						
EFFECTIVE DATE:						
01/01/1986 J349	90		not available	not available	not available	not available
EXTRACORPOREAL SHOCK WAVE, HIGH						
ENERGY, PERFORMED						
28890 BY A PRIMARY PROCEDURE 2889	90		\$ 246.19	\$ 400.06	\$ 400.06	\$ 246.19
OFFICE OR OTHER						
OUTPATIENT VISIT						
FOR THE EVALUATION				<u> </u>	,	A 27:5
AND 992:	12		\$ 37.18	\$ 60.42	\$ 60.42	\$ 37.18
BIOMETRY BY						
ULTRASOUND						
ECHOGRAPHY, A-						
76519 SCAN; W PRIMARY PROCEDURE 765:	19		\$ 32.47	\$ 52.76	\$ 52.76	\$ 32.47
COMPUTERIZED						
CORNEAL						
TOPOGRAPHY, UNILATERAL OR						
BILATERA 9202	25		\$ 20.72	\$ 33.67	\$ 33.67	\$ 20.72

					BLUE SHIELD		ANTHEM BLUE	Maximum	Minimum
					TRIWEST (Commerical)		CROSS (Commercial)	Negotiated Rate	Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>		Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Couc	Scrolec category	OFFICE OR OTHER	Couc	Hote	Troicissional	-	Troressionar	Troicssional	Troressionar
		OUTPATIENT VISIT							
		FOR THE EVALUATION AND	99213		\$ 69.6	65	\$ 113.18	\$ 113.18	\$ 69.65
	EXCISION OR	AND	33213		φ 05.0	03	ý 113.16	γ 113.18	\$ 09.05
	TRANSPOSITION OF								
	PTERYGIUM; WITH GRAFT	PRIMARY PROCEDURE	65426		\$ 527.4	۱۵	\$ 857.16	\$ 857.16	\$ 527.48
03420	GRAFI	PRIIVIART PROCEDORE	03420		3 327.2	40	\$ 857.10	3 837.10	3 327.48
		OPHTHALMOLOGICAL							
		SERVICES: MEDICAL							
		EXAMINATION AND EVAL	92012		\$ 53.6	66	\$ 87.20	\$ 87.20	\$ 53.66
						T	·	·	·
		LEVEL III - SURGICAL							
		PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 11.8	84	\$ 19.24	\$ 19.24	\$ 11.84
	SURGICAL				,		·	·	·
	TREATMENT OF ANAL								
	FISTULA (FISTULECTOMY/FISTU								
46270	,	PRIMARY PROCEDURE	46270		\$ 441.5	57	\$ 717.55	\$ 717.55	\$ 441.57
		INJECTION,							
		MIDAZOLAM HYDROCHLORIDE, PER							
		1 MG	J2250		not availab	ole	not available	not available	not available
		INJECTION,				.			
		PROPOFOL, 10 MG	J2704		not availab	ole	not available	not available	not available
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		not availab	ole	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000							
		cc	J7120		not availab	ole	not available	not available	not available
	THERAPEUTIC								
	APHERESIS; FOR RED BLOOD CELLS	PRIMARY PROCEDURE	36512		\$ 111.8	87	\$ 181.79	\$ 181.79	\$ 111.87
30312	DEGOD CELES	OFFICE OR OTHER	30312		, III.	"	Ţ 101.73	ψ 101.73	7 111.07
		OUTPATIENT VISIT							
		FOR THE EVALUATION AND	99211		\$ 9.2	26	\$ 15.05	\$ 15.05	\$ 9.26
		DIPHENHYDRAMINE	33211		3.2	-	<del>-</del>	<del>-</del>	ý 5.20
		HYDROCHLORIDE, 50							
		MG, ORAL, FDA APPROVE	Q0163		not availab	ale	not available	not available	not available
		BLOOD, SPLIT UNIT	P9011		not availab	-	not available	not available	not available
		RED BLOOD CELLS, LEUKOCYTES							
		REDUCED, EACH UNIT	P9016		not availab	ole	not available	not available	not available
						$\top$			
		HEMOGLOBIN FRACTIONATION AND							
		QUANTITATION;							
		CHROMATOGRAP	83021		not availab	ole	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC),							
		AUTOMATED (HGB,							
		HCT, RBC,	85025		not availab	ole	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS			3.4	2.3.4	2.3.4
Code	Service Category	Procedure Description	Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		INJECTION, CALCIUM						
		GLUCONATE (WG						
		CRITICAL CARE), PER						
		10	J0613		not available	not available	not available	not available
		INJECTION, LIDOCAINE						
		HCL FOR						
		INTRAVENOUS INFUSION, 10 M	12001		not available	not available	not available	not available
		BLOOD COUNT; RED	J2001		HOL available	not available	not available	not available
		BLOOD CELL (RBC),						
		AUTOMATED "	85041		not available	not available	not available	not available
		BLOOD COUNT;						
		HEMOGLOBIN (HGB)	85018		not available	not available	not available	not available
		BLOOD COUNT;	05014		not available	not available	not available	not available
		HEMATOCRIT (HCT) COLLECTION OF	85014		not available	not available	not available	not available
		VENOUS BLOOD BY						
		VENIPUNCTURE	36415		not available	not available	not available	not available
	VITRECTOMY,							
	MECHANICAL, PARS							
67036	PLANA APPROACH;	PRIMARY PROCEDURE	67036		\$ 979.35	\$ 1,591.44	\$ 1,591.44	\$ 979.35
		ANIESTUESIA FOR						
		ANESTHESIA FOR PROCEDURES ON EYE;						
		VITREORETINAL						
		SURGERY	00145		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		r NOF OF OL, 10 WIG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE						
		INFUSION, UP TO 1000						
		СС	J7120		not available	not available	not available	not available
	ECHOCARDIOGRAPHY,							
	TRANSTHORACIC,							
	REAL-TIME WITH							
93307	IMAGE D	PRIMARY PROCEDURE	93307		\$ 45.32	\$ 73.65	\$ 73.65	\$ 45.32
		ECHOCARDIOGRAPHY,						
		TRANSTHORACIC,						
		REAL-TIME WITH	93306		\$ 72.06	\$ 117.10	\$ 117.10	\$ 72.06
		INTOL D	33300		7 /2.00	7 117.10	7 117.10	7 /2.00
D1351	SEALANT-PER TOOTH	PRIMARY PROCEDURE	D1351		not available	not available	not available	not available
		RESIN-BASED						
		COMPOSITE - TWO						
		SURFACES, POSTERIOR	D2392		not available		not available	not available
		LOCAL ANESTHESIA ANALGESIA,	D9215		not available	not available	not available	not available
		ANXIOLYSIS,						
		INHALATION OF						
		NITROUS OXIDE	D9230		not available	not available	not available	not available
	·							

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	,	, and the part of						
	OPEN TREATMENT OF							
	BIMALLEOLAR ANKLE FRACTURE (EG, LATER	PRIMARY PROCEDURE	27814		\$ 833.7	3 \$ 1,354.81	\$ 1,354.81	\$ 833.73
27014	TRACTORE (EG, EATER	PRIVIARY PROCEDURE	27014		\$ 655.7	7 1,334.81	7 1,354.81	Ç 655.75
		FLUOROSCOPY						
		(SEPARATE						
		PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 15.4	7 \$ 25.14	\$ 25.14	\$ 15.47
		RADIOLOGIC						
		EXAMINATION,						
		ANKLE; COMPLETE, MINIMUM OF 3 V	73610		\$ 8.9	1 \$ 14.48	\$ 14.48	\$ 8.91
		ANCHOR/SCREW FOR	,,,,,		φ σ.σ.	, , , , , , , , , , , , , , , , , , ,	Ψ 2ο	φ 0.01
		OPPOSING BONE-TO-						
		BONE OR SOFT TISSUE-	C1713		not available	not available	not available	not available
			C1/15		not available	liot available	not available	not available
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION,						
		ROPIVACAINE						
		HYDROCHLORIDE, 1	J2795		not available	not available	not available	not available
			00					
		INJECTION, FENTANYL	12040					
		CITRATE, 0.1 MG RINGERS LACTATE	J3010		not available	not available	not available	not available
		INFUSION, UP TO 1000						
		СС	J7120		not available	not available	not available	not available
	OPEN TREATMENT OF TRIMALLEOLAR ANKLE							
27822	FRACTURE, INCLUDES	PRIMARY PROCEDURE	27822		\$ 959.8	3 \$ 1,559.72	\$ 1,559.72	\$ 959.83
		FLUOROSCOPY						
		(SEPARATE						
		PROCEDURE), UP TO 1						
		HOUR PHYSICIA RADIOLOGIC	76000		\$ 15.4	7 \$ 25.14	\$ 25.14	\$ 15.47
		EXAMINATION,						
		ANKLE; COMPLETE,						
		MINIMUM OF 3 V ANCHOR/SCREW FOR	73610		\$ 8.9	1 \$ 14.48	\$ 14.48	\$ 8.91
		OPPOSING BONE-TO-						
		BONE OR SOFT TISSUE-						
		Т	C1713		not available	not available	not available	not available
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Code	Service Category	INJECTION,	Code	Note	Fiolessional	Fiolessional	Fiolessional	Fiolessional
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION,						
		ROPIVACAINE						
		HYDROCHLORIDE, 1	12705		net eveileble	not available	nat available	n at available
		IVIG	J2795		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE						
		INFUSION, UP TO 1000	J7120		not available	not available	not available	not available
	EXCIMER LASER		37120		not available	not available	not available	not available
	TREATMENT FOR							
	PSORIASIS; TOTAL							
96920	AREA LESS	PRIMARY PROCEDURE OFFICE OR OTHER	96920		\$ 68.06	\$ 110.60	\$ 110.60	\$ 68.06
		OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
	LIENAODIALVEIC							
	HEMODIALYSIS PROCEDURE WITH							
	SINGLE EVALUATION							
90935	BY A PHYS	PRIMARY PROCEDURE	90935		\$ 74.47	\$ 121.01	\$ 121.01	\$ 74.47
	ARTHROCENTESIS, ASPIRATION AND/OR							
	INJECTION,							
20605	INTERMEDIA	PRIMARY PROCEDURE	20605		\$ 38.77	\$ 63.00	\$ 63.00	\$ 38.77
		OFFICE OR OTHER						
		OUTPATIENT VISIT						
		FOR THE EVALUATION AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
		7.11.0	33213		ψ 03.03	ψ 113.10	ψ 113.10	φ 03.03
	MENINGOCOCCAL							
	CONJUGATE VACCINE,							
90734	SEROGROUPS A, C, W,	PRIMARY PROCEDURE	90734		not available	not available	not available	not available
30734	Τ,	PRIMART PROCEDURE	30734		ilot avaliable	not available	not available	Hot available
		IMMUNIZATION						
		ADMINISTRATION						
		(INCLUDES	00474		ć 22.61	ć 20.27	ć 20.27	22.61
		PERCUTANEOUS, INT OFFICE OR OTHER	90471		\$ 23.61	\$ 38.37	\$ 38.37	\$ 23.61
		OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
	INFLUENZA VIRUS							
	VACCINE, TRIVALENT							
90658	(IIV3), SPLIT VIRUS,	PRIMARY PROCEDURE	90658		not available	not available	not available	not available
				-				
		IMMUNIZATION ADMINISTRATION						
		(INCLUDES						
		PERCUTANEOUS, INT	90471		\$ 23.61	\$ 38.37	\$ 38.37	\$ 23.61
		OFFICE OR OTHER						
		OUTPATIENT VISIT						
		FOR THE EVALUATION AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
		7.1140	33211		J.20	15.05	7 13.03	3.20

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	00000		nat availabl		not overileble	not available
	INFLUENZA VIRUS	SPLII VIK	90686		not available	e not available	not available	not available
	VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	PRIMARY PROCEDURE	90654		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 23.6	1 \$ 38.37	\$ 38.37	\$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	90471		\$ 23.6	1 \$ 38.37	\$ 38.37	\$ 23.61
		AND INFLUENZA VIRUS VACCINE,	99213		\$ 69.6	5 \$ 113.18	\$ 113.18	\$ 69.65
		QUADRIVALENT (IIV4), SPLIT VIR	90686		not available	not available	not available	not available
	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	PRIMARY PROCEDURE	50200		\$ 131.7	3 \$ 214.14	\$ 214.14	\$ 131.78
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT						
		(EG, INFECTIOUS AGENT DETECTION BY	77012		\$ 72.3	3 \$ 117.62	\$ 117.62	\$ 72.38
		NUCLEIC ACID (DNA OR RNA)	87635		not available	not available	not available	not available
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 38.9	5 \$ 63.31	\$ 63.31	\$ 38.96
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88312		\$ 27.70	D \$ 45.01	\$ 45.01	\$ 27.70
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88313		\$ 12.5.		\$ 20.36	\$ 12.53
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER						
		1 MG	J2250		not available	e not available	not available	not available
	DDONICHOSCOS.	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	e not available	not available	not available
	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING	DRIMARY DROCEDURE	24652		6 226.7	A 6 300 45	ć 200 A5	6 226.74
31652	FLUOROSCOPIC	PRIMARY PROCEDURE	31652		\$ 226.74	4 \$ 368.45	\$ 368.45	\$ 226.74
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99152		\$ 12.5	4 \$ 20.38	\$ 20.38	\$ 12.54

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS		Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Code	Service Category	Procedure Description	Code	Note	Professional	Professional	Professional	Professional
		MODERATE SEDATION						
		SERVICES PROVIDED BY THE SAME PHYSICI	99153		\$ 13.5	58 \$ 22.	07 \$ 22.07	\$ 13.58
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMIS						
		TRY, PER SPECIM	88341		\$ 29.1	19 \$ 47.	43 \$ 47.43	\$ 29.19
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE;						
		INTE	88173		\$ 72.9	92 \$ 118.	50 \$ 118.50	\$ 72.92
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 38.9	96 \$ 63.	31 \$ 63.31	. \$ 38.96
		IMMUNOHISTOCHEMI STRY OR	86303		ÿ 30.5	70 7 03.	51 \$ 05.51	38.30
		IMMUNOCYTOCHEMIS	00242		6 26	13 \$ 59.	20 \$ 59.20	26.42
		TRY, PER SPECIM	88342		\$ 36.4	13 \$ 59.	20 \$ 59.20	\$ 36.43
		RADIOLOGIC EXAMINATION, CHEST;	71045		\$ 8.8	36 \$ 14.	40 \$ 14.40	6 0.00
		SINGLE VIEW INJECTION,	71045		\$ 8.8	50 5 14.	40 \$ 14.40	\$ 8.86
		MIDAZOLAM HYDROCHLORIDE, PER	12250		n ak availah			n sh susilabla
		1 MG	J2250		not availab	le not availat	le not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not availab	le not availat	le not available	not available
		CITRAIL, 0.1 WIG	15010		HOL availab	ie not availat	ne not available	Hot available
	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF							
29827		PRIMARY PROCEDURE ANESTHESIA FOR	29827		\$ 1,151.8	30 \$ 1,871.	58 \$ 1,871.68	\$ 1,151.80
		OPEN OR SURGICAL ARTHROSCOPIC						
		PROCEDURES	01630		not availab	le not availat	le not available	not available
		COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT						
		CONTRAST MA	70450		\$ 42.3	33 \$ 68.	79 \$ 68.79	\$ 42.33
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12						
		LEADS;	93005		\$ 7.3	38 \$ 11.	99 \$ 11.99	\$ 7.38
		COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST						
		INCLUDE T	80053		not availab	le not availat	le not available	not available
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TISSUE-						
		T	C1713		not availab	le not availat	le not available	not available

					TR	E SHIELD IWEST nmerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Samilaa Catagony	Procedure Description	CPT/HCPCS Code	Note	Drofo	essional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Code	Service Category	Procedure Description	Code	Note	Profe	ssionai	Professional	Professional	Professional
		CONNECTIVE TISSUE,							
		NON-HUMAN							
		(INCLUDES SYNTHETIC)	C1763			not available	not available	not available	not available
		INJECTION, CEFAZOLIN							
		SODIUM, 500 MG	J0690		- 1	not available	not available	not available	not available
		INJECTION,							
		PROCHLORPERAZINE, UP TO 10 MG	J0780			not available	not available	not available	not available
		INJECTION,	30700		<u>'</u>	not available	not available	not available	not available
		DEXAMETHASONE							
		SODIUM PHOSPHATE,	14.400						
		1 MG INJECTION,	J1100			not available	not available	not available	not available
		KETOROLAC							
		TROMETHAMINE, PER							
		15 MG INJECTION,	J1885		1	not available	not available	not available	not available
		MIDAZOLAM							
		HYDROCHLORIDE, PER							
		1 MG	J2250		1	not available	not available	not available	not available
		INJECTION, ONDANSETRON							
		HYDROCHLORIDE, PER							
		1 MG	J2405		1	not available	not available	not available	not available
		INJECTION,	12704						
		PROPOFOL, 10 MG	J2704			not available	not available	not available	not available
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		-	not available	not available	not available	not available
	UNLISTED MOLECULAR								
	PATHOLOGY								
81479	PROCEDURE	PRIMARY PROCEDURE	81479		-	not available	not available	not available	not available
		COLLECTION OF							
		VENOUS BLOOD BY VENIPUNCTURE	36415			not available	not available	not available	not available
	BODY MASS INDEX	TEMM ONCOME	30413					cc available	not available
	(BMI), DOCUMENTED								
3008F	(PV)	PRIMARY PROCEDURE	3008F		-	not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT							
		FOR THE EVALUATION							
	DECEMBER 1	AND	99213		\$	69.65	\$ 113.18	\$ 113.18	\$ 69.65
	DESTRUCTION (EG, LASER SURGERY,								
	ELECTROSURGERY,								
	CRYOSUR	PRIMARY PROCEDURE	17110		\$	77.56	\$ 126.04	\$ 126.04	\$ 77.56
		OFFICE OR OTHER							
		OUTPATIENT VISIT FOR THE EVALUATION							
		AND	99212		\$	37.18	\$ 60.42	\$ 60.42	\$ 37.18
	INSERTION, DRUG-								
	DELIVERY IMPLANT								
11981	(IE, BIORESORBABLE, BI	PRIMARY PROCEDURE	11981		\$	65.03	\$ 105.67	\$ 105.67	\$ 65.03
11331		OFFICE OR OTHER	11331		т	55.55	. 253.07	, 200.07	, 23.03
		OUTPATIENT VISIT							
		FOR THE EVALUATION	00212		ė	37.18	\$ 60.43	\$ 60.43	¢ 27.10
		AND	99212		\$	37.18	\$ 60.42	\$ 60.42	\$ 37.18

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		MOST RECENT						
		SYSTOLIC BLOOD PRESSURE LESS THAN	20745					
		130 MM HG MOST RECENT	3074F		not available	not available	not available	not available
		DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
		ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM,	32001		not available	not available	not available	not available
		INCLUDING	J7307		not available	not available	not available	not available
	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE							
90710	(MMRV),	PRIMARY PROCEDURE	90710		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES						
		PERCUTANEOUS, INT	90471		\$ 23.61	\$ 38.37	\$ 38.37	\$ 23.61
		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	90696		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES						
		PERCUTANEOUS, INT OFFICE OR OTHER OUTPATIENT VISIT	90472		\$ 16.56	\$ 26.91	\$ 26.91	\$ 16.56
		FOR THE EVALUATION AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN						
		130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN						
		80 MM HG	3078F		not available	not available	not available	not available
	INTRODUCTION OF NEEDLE(S) AND/OR							
36901	CATHETER(S), DIALYSIS	PRIMARY PROCEDURE TRANSLUMINAL	36901		\$ 169.20	\$ 274.95	\$ 274.95	\$ 169.20
		BALLOON ANGIOPLASTY, CENTRAL DIALYSIS						
		SEGM	36907		\$ 146.19	\$ 237.56	\$ 237.56	\$ 146.19
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML						
		IODINE CON	Q9967		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Samuica Catagory	Drocoduro Docerintian	CPT/HCPCS Code	Noto	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Code	Service Category	Procedure Description	Code	Note	Professional	Professional	Professional	Professional
		INTRODUCTION OF NEEDLE(S) AND/OR						
		CATHETER(S), DIALYSIS	36903		\$ 315.65	\$ 512.93	\$ 512.93	\$ 315.65
		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10	J1642		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	12250					
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 U	J7040		not available	not available	not available	not available
	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL	37EMEE (300 ME = 1 0	37040		not available	not available	not available	not available
27447	AND LAT	PRIMARY PROCEDURE	27447		\$ 1,366.53	\$ 2,220.61	\$ 2,220.61	\$ 1,366.53
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES	01402		not available	not available	not available	not available
		LEVEL IV - SURGICAL PATHOLOGY, GROSS	01402					
		AND MICROSCOPIC EX RADIOLOGIC EXAMINATION, KNEE;	88305		\$ 38.96	\$ 63.31	\$ 63.31	\$ 38.96
		1 OR 2 VIEWS	73560		\$ 8.56	\$ 13.91	\$ 13.91	\$ 8.56
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN						
		ADDITION  ANCHOR/SCREW FOR  OPPOSING BONE-TO-	88311		\$ 12.53	\$ 20.36	\$ 20.36	\$ 12.53
		BONE OR SOFT TISSUE-	C1713		not available	not available	not available	not available
		JOINT DEVICE (IMPLANTABLE)	C1776		not available	not available	not available	not available
		INJECTION, ADRENALIN,	C1//0		not available	not available	not available	not available
		EPINEPHRINE, 0.1 MG INJECTION,	J0171		not available	not available	not available	not available
		BUPIVICAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	J0665		not available	not available	not available	not available
		INJECTION, CEFAZOLIN						
	L	SODIUM, 500 MG	J0690		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		INJECTION,						
		KETOROLAC						
		TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION,	11002		TIOL available	not available	not available	HOL available
		PHENYLEPHRINE						
		HYDROCHLORIDE, 20						
		MICROGRAMS	J2371		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION,	J2704		not available	not available	not available	not available
		ROPIVACAINE						
		HYDROCHLORIDE, 1						
		MG	J2795		not available	not available	not available	not available
		INJECTION FENTANIVI						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
	LAPAROSCOPY,	0	30010					
	SURGICAL,							
44970	APPENDECTOMY	PRIMARY PROCEDURE	44970		\$ 635.50	\$ 1,032.69	\$ 1,032.69	\$ 635.50
		ANESTHESIA FOR						
		INTRAPERITONEAL PROCEDURES IN						
		LOWER ABDO	00840		not available	not available	not available	not available
		COMPUTED						
		TOMOGRAPHIC						
		ANGIOGRAPHY,						
		ABDOMEN AND PELVIS, W	74174		\$ 108.87	\$ 176.91	\$ 176.91	\$ 108.87
		ULTRASOUND,	74174		ý 100.87	7 170.51	7 170.91	3 108.87
		ABDOMINAL, REAL						
		TIME WITH IMAGE						
		DOCUMENTATI	76705		\$ 29.10	\$ 47.29	\$ 47.29	\$ 29.10
		LEVEL III - SURGICAL						
		PATHOLOGY, GROSS						
		AND MICROSCOPIC E	88304		\$ 11.84	\$ 19.24	\$ 19.24	\$ 11.84
		ELECTROCARDIOGRA						
		M, ROUTINE ECG						
		WITH AT LEAST 12 LEADS;	93005		\$ 7.38	\$ 11.99	\$ 11.99	\$ 7.38
		COMPREHENSIVE	33003		\$ 7.38	11.99	11.99	7.38
		METABOLIC PANEL						
		THIS PANEL MUST						
		INCLUDE T	80053		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM,						
		TOTAL) THIS PANEL						
l		MUST	80048		not available	not available	not available	not available
		BLOOD COUNT;						
		COMPLETE (CBC),						
		AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		iner, ribe,	63023		ilot available	not available	not available	not available
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION,						
		CEFTRIAXONE SODIUM, PER 250 MG						
		EFFECTIVE DA	J0696		not available	not available	not available	not available

						UE SHIELD TRIWEST ommerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Pro	ofessional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	5 ,	INJECTION,							
		DEXAMETHASONE							
		SODIUM PHOSPHATE,							
		1 MG INJECTION,	J1100			not available	not available	not available	not available
		HYDROMORPHONE,							
		UP TO 4 MG	J1170			not available	not available	not available	not available
		INJECTION,							
		GLYCOPYRROLATE, 0.1							
		01/01/202	J1596			not available	not available	not available	not available
		INJECTION,							
		METRONIDAZOLE, 10							
		MG EFF. DATE:	14.02.6						
	CARDIOVASCULAR	7/1/2023	J1836			not available	not available	not available	not available
	STRESS TEST USING								
	MAXIMAL OR								
93015	SUBMAXIMAL	PRIMARY PROCEDURE	93015		\$	81.38	\$ 132.24	\$ 132.24	\$ 81.38
		CARDIOVASCULAR STRESS TEST USING							
		MAXIMAL OR							
		SUBMAXIMAL	93017		\$	44.58	\$ 72.44	\$ 72.44	\$ 44.58
	INJECTION, VITAMIN B-								
	12								
13420	CYANOCOBALAMIN, UP TO 1000 MCG	PRIMARY PROCEDURE	J3420			not available	not available	not available	not available
33420	01 10 1000 WICG	THERAPEUTIC,	33420			not available	not available	not available	not available
		PROPHYLACTIC, OR							
		DIAGNOSTIC	0.50=0			40.00			
		INJECTION (SPE OFFICE OR OTHER	96372		\$	16.06	\$ 26.10	\$ 26.10	\$ 16.06
		OUTPATIENT VISIT							
		FOR THE EVALUATION							
	A OLUE OLUE CLULATE TO	AND	99211		\$	9.26	\$ 15.05	\$ 15.05	\$ 9.26
	AQUEOUS SHUNT TO EXTRAOCULAR								
	EQUATORIAL PLATE								
66180	RESERVOIR	PRIMARY PROCEDURE	66180		\$	1,249.12	\$ 2,029.82	\$ 2,029.82	\$ 1,249.12
		INJECTION,							
		MIDAZOLAM HYDROCHLORIDE, PER							
		1 MG	J2250			not available	not available	not available	not available
		INJECTION,							
		ONDANSETRON							
		HYDROCHLORIDE, PER 1 MG	J2405			not available	not available	not available	not available
		TWO	12403			not available	not available	not available	not available
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010			not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION ,							
		1000 CC	J7030			not available	not available	not available	not available
	VITRECTOMY,								
	MECHANICAL, PARS								
67041	PLANA APPROACH; WITH REMOV	PRIMARY PROCEDURE	67041		\$	1,239.69	\$ 2,014.50	\$ 2,014.50	\$ 1,239.69
0/041	VVIIII NLIVIOV	INJECTION OF	07041		7	1,239.09	ب 2,014.50	2,014.50	1,253.09
		VITREOUS							
		SUBSTITUTE, PARS							
		PLANA OR LIMBAL	67025		\$	693.22	\$ 1,126.48	\$ 1,126.48	\$ 693.22

Code   Service Category   Procedure Description   Code   Note   Professional						BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
NINECTION,   MIDAZOLAM   HORDOCHORDE, PER   1 MG	-	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
HYDROCHODIE, FER   1MG			INJECTION,						
I.M.G									
RINGERS LACTATE   INVISION, UP TO 3000   CC			· .	12250					
INTUSION, UP TO 1000				J2250		not available	not available	not available	not available
GASTROINTESTINAL   TRACT IMAGING,   INTEALUMINAL (EG,   PRIMARY PROCEDURE   91110   \$ 118.65 \$ 192.81 \$ 192.81 \$   192.									
TRACT IMAGING, INTRALUMINAL (EG, 19110   S 118.65 \$ 192.81 \$ 192.81 \$			сс	J7120		not available	not available	not available	not available
INTRALUMINAL (EG,   PRIMARY PROCEDURE   91110   S   118.65   S   192.81   S   192.81   S									
91110   CAPSU   PRIMARY PROCEDURE   91110   \$ 18.65 \$ 192.81 \$ 192.81 \$   91.81 \$		· ·							
PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, 11104 WHEN PE			PRIMARY PROCEDURE	91110		\$ 118.65	j \$ 192.81	\$ 192.81	\$ 118.65
SIMPLE CLOSURE				31110		7	· · · · · · · · · · · · · · · · · · ·	7	7 ======
11104   WHEN PE		,							
OFFICE OR OTHER   OUTPATIENT VISIT   FOR THE EVALUATION   AND   99213   \$ 69.65 \$ 113.18 \$ 113.18 \$	I	· ·							
OUTPATIENT VISIT FOR THE EVALUATION AND 99213 \$ 69.65 \$ 113.18 \$ 113.18 \$  LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX 88305 \$ 38.96 \$ 63.31 \$ 63.31 \$  CONIZATION OF CERVIX, WITH OR WITHOUT 57522 FULIGURATION, WITH PRIMARY PROCEDURE 57522 \$ 278.83 \$ 453.10 \$ 453.10 \$  LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA 88307 \$ 85.65 \$ 139.18 \$ 139.18 \$  LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX 88307 \$ 85.65 \$ 139.18 \$ 139.18 \$  LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX 88305 \$ 38.96 \$ 63.31 \$ 63.31 \$  BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB) HCT, RBC, BIDOD COUNT; COMPLETE (CBC), AUTOMATED (HGB) HYDROCHLORIDE, PER 1 MG 1 MIGROSCOPIC 1 MIGROSCOPI	11104	WHEN PE		11104		\$ 49.37	\$ 80.23	\$ 80.23	\$ 49.37
FOR THE EVALUATION   99213   \$ 69.65 \$ 113.18 \$ 113.18 \$									
LEVEL IV - SURGICAL   PATHOLOGY, GROSS   AND MICROSCOPIC EX   88305   \$ 38.96   \$ 63.31   \$ 63.31   \$									
PATHOLOGY, GROSS AND MICROSCOPIC EX 88305  CONIZATION OF CERVIX, WITH OR WITHOUT 57522 FULGURATION, WITH PRIMARY PROCEDURE 57522  \$ 278.83 \$ 453.10 \$ 453.10 \$  LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA 88307  \$ 85.65 \$ 139.18 \$ 139.18 \$  LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX 88305  \$ 38.96 \$ 63.31 \$ 63.31 \$  BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HgB, HCT, RBC, AUTOMATED (HgB, HCT, RBC, NIMECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG 1 MG 1 J2250  not available			AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
PATHOLOGY, GROSS   AND MICROSCOPIC EX   88305   \$ 38.96   \$ 63.31   \$ 63.31   \$									
AND MICROSCOPIC EX									
CONIZATION OF CERVIX, WITH OR WITHOUT ST522 FULGURATION, WITH PRIMARY PROCEDURE 57522 \$ 278.83 \$ 453.10 \$ 453.10 \$   LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA 88307 \$ 85.65 \$ 139.18 \$ 139.18 \$   LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX 88305 \$ 38.96 \$ 63.31 \$ 63.31 \$   BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, 85025 not available not av			1 ' 1	88305		\$ 38.96	63.31	\$ 63.31	\$ 38.96
CERVIX, WITH OR WITHOUT   S7522   \$ 278.83 \$ 453.10 \$ 453.10 \$						7 25.00	7 33.5	7 00.02	7 25.00
WITHOUT		CONIZATION OF							
S7522 FULGURATION, WITH		· ·							
LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA 88307 \$ 85.65 \$ 139.18 \$ 139.18 \$  LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX 88305 \$ 38.96 \$ 63.31 \$ 63.31 \$  BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, NIDECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG 1 MG 1 J2250 not available not	I		DDIAAADY DDOCEDUDE	F7F22		¢ 270.02	453.40	d 453.40	ć 270.02
PATHOLOGY, GROSS AND MICROSCOPIC EXA  88307  \$ 85.65 \$ 139.18 \$ 139.18 \$  LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX  88305  \$ 38.96 \$ 63.31 \$ 63.31 \$  BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, BS025  not available not available not available not injection, MIDAZOLAM HYDROCHLORIDE, PER 1 MG 1 J250  not available	5/522	FULGURATION, WITH		5/522		\$ 2/8.83	\$ 453.10	\$ 453.10	\$ 278.83
AND MICROSCOPIC EXA 88307 \$ 85.65 \$ 139.18 \$ 139.18 \$  LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX 88305 \$ 38.96 \$ 63.31 \$ 63.31 \$  BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, 85025 not available not available not available not available not injection, MIDAZOLAM HYDROCHLORIDE, PER 1 MG 12250 not available not available not available not available not injection, PROPOFOL, 10 MG 12704 not available									
LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX 88305 \$ 38.96 \$ 63.31 \$ 63.31 \$  BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, H-CT, RBC, 85025 not available not a			·						
PATHOLOGY, GROSS AND MICROSCOPIC EX 88305 \$ 38.96 \$ 63.31 \$ 63.31 \$  BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,			EXA	88307		\$ 85.65	\$ 139.18	\$ 139.18	\$ 85.65
PATHOLOGY, GROSS AND MICROSCOPIC EX 88305 \$ 38.96 \$ 63.31 \$ 63.31 \$  BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,			LEVEL IV. CLIDGICAL						
AND MICROSCOPIC EX 88305 \$ 38.96 \$ 63.31 \$ 63.31 \$  BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, 85025 not available n									
BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, 85025 not available not availab			·	88305		\$ 38.96	63.31	\$ 63.31	\$ 38.96
AUTOMATED (HGB, HCT, RBC, 85025  not available			<del> </del>						
HCT, RBC, 85025 not available									
INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG INJECTION, PROPOFOL, 10 MG J2704 INJECTION, PROPOFOL, 10 MG J2704 INJECTION, FENTANYL CITRATE, 0.1 MG J3010 RINGERS LACTATE			·						
MIDAZOLAM HYDROCHLORIDE, PER 1 MG J2250 not available				85025		not available	not available	not available	not available
HYDROCHLORIDE, PER 1 MG J2250 not available			· · ·						
INJECTION, PROPOFOL, 10 MG  J2704  not available			HYDROCHLORIDE, PER						
PROPOFOL, 10 MG J2704 not available not avai				J2250		not available	not available	not available	not available
INJECTION, FENTANYL CITRATE, 0.1 MG J3010 not available not available not available not available			· · ·	1276					
CITRATE, 0.1 MG J3010 not available not avai			PROPOFOL, 10 MG	J2/04		not available	not available	not available	not available
CITRATE, 0.1 MG J3010 not available not avai			INJECTION, FENTANYL						
			· · ·	J3010		not available	not available	not available	not available
1			· · ·	17420		m = 4 = 1 = 11 = 11	m.a.a	met	met
CC J7120 not available not ava				J/120		not available	not available	not available	not available
RBC, EACH SERUM			· .						
			l ·	86850		not available	not available	not available	not available
BLOOD TYPING,			· .						
				86901		not available	not available	not available	not available
BLOOD TYPING,    SEROLOGIC; ABO   86900   not available   not			· .	86900		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		COLLECTION OF						
		VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
1	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL							
	OR COMPLETE (	PRIMARY PROCEDURE	11750		\$ 111.45	\$ 181.11	\$ 181.11	\$ 111.45
		OFFICE OR OTHER OUTPATIENT VISIT						
		FOR THE EVALUATION						
	IMMUNIZATION	AND	99212		\$ 37.18	\$ 60.42	\$ 60.42	\$ 37.18
1	ADMINISTRATION							
	THROUGH 18 YEARS							
90461	OF AGE VIA	PRIMARY PROCEDURE INFLUENZA VIRUS	90461		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
		VACCINE,						
		QUADRIVALENT (IIV4), SPLIT VIR	90686		not available	not available	not available	not available
		OFFICE OR OTHER	30000		not available	not available	not available	not available
		OUTPATIENT VISIT FOR THE EVALUATION						
		AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
		IN AN ALUNUZATION						
		IMMUNIZATION ADMINISTRATION						
		(INCLUDES						
	LAPAROSCOPY,	PERCUTANEOUS, INT	90471		\$ 23.61	\$ 38.37	\$ 38.37	\$ 23.61
	SURGICAL; WITH							
	FULGURATION OR EXCISION OF	PRIMARY PROCEDURE	58662		\$ 758.38	\$ 1,232.37	\$ 1,232.37	\$ 758.38
30002		ANESTHESIA FOR	30002		730.30	Ţ 1,232.37	Ψ 1,232.37	730.30
		INTRAPERITONEAL PROCEDURES IN						
		LOWER ABDO	00840		not available	not available	not available	not available
		LEVEL III. CURCICAL						
		LEVEL III - SURGICAL PATHOLOGY, GROSS						
		AND MICROSCOPIC E	88304		\$ 11.84	\$ 19.24	\$ 19.24	\$ 11.84
		BLOOD COUNT; COMPLETE (CBC),						
		AUTOMATED (HGB,						
		HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE						
		SODIUM PHOSPHATE,	1440-			9.11		
		1 MG INJECTION,	J1100		not available	not available	not available	not available
		HYDROMORPHONE,						
		UP TO 4 MG INJECTION,	J1170		not available	not available	not available	not available
		KETOROLAC						
		TROMETHAMINE, PER	11225		not available	not available	not available	not available
		15 MG	J1885		not available	not available	not available	not available

					BLUE SHIELD	ANTHEM BLUE	Maximum	Minimum
					TRIWEST (Commerical)	CROSS (Commercial)	Negotiated Rate	Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	<u> </u>	INJECTION,						
		MEPERIDINE						
		HYDROCHLORIDE, PER 100 MG	J2175		not available	not available	not available	not available
		INJECTION,	32173		not available	not available	not available	not available
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG INJECTION,	J2250		not available	not available	not available	not available
		ONDANSETRON						
		HYDROCHLORIDE, PER						
		1 MG	J2405		not available	not available	not available	not available
		INJECTION,	12704		net eveileble	not available	net eveileble	net eveileble
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS						
		EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE	J5490		flot available	not available	not available	not available
		INFUSION, UP TO 1000						
		СС	J7120		not available	not available	not available	not available
	TYMPANOPLASTY							
	WITHOUT MASTOIDECTOMY							
	(INCLUDING							
69631	CANALPLA	PRIMARY PROCEDURE	69631		\$ 992.90	\$ 1,613.46	\$ 1,613.46	\$ 992.90
		INJECTION,						
		SUCCINYLCHOLINE CHLORIDE, UP TO 20						
		MG	J0330		not available	not available	not available	not available
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG INJECTION,	J0690		not available	not available	not available	not available
		DEXAMETHASONE						
		SODIUM PHOSPHATE,						
		1 MG	J1100		not available	not available	not available	not available
		INJECTION,						
		HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION,	311,0		oc avanable	st available	se available	st available
		MIDAZOLAM						
		HYDROCHLORIDE, PER	100=-			9.11	9.11	9.11
		1 MG INJECTION,	J2250		not available	not available	not available	not available
		ONDANSETRON						
		HYDROCHLORIDE, PER						
		1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		r NOFOPOL, 10 MG	J2/U4		not available	not avaliable	not available	not avaliable
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE						
		INFUSION, UP TO 1000	J7120		not available	not available	not available	not available
	I	100	1/120		not available	I not available	not available	I HOL AVAIIADIE

					BLUE SHIELD	ANTHEM BLUE	Maximum	Minimum
					TRIWEST (Commerical)	CROSS (Commercial)	Negotiated Rate	Negotiated Rate
Primary			CPT/HCPCS			,		
Code	0 ,	Procedure Description	Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	TONSILLECTOMY,							
	PRIMARY OR SECONDARY; AGE 12							
42826	·	PRIMARY PROCEDURE	42826		\$ 283.37	\$ 460.48	\$ 460.48	\$ 283.37
		LEVEL III - SURGICAL						
		PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 11.84	\$ 19.24	\$ 19.24	\$ 11.84
		INJECTION,	00304		ý 11.04	7 15.24	J 13.24	7 11.04
		DEXAMETHASONE						
		SODIUM PHOSPHATE,						
		1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE,						
		UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM						
		HYDROCHLORIDE, PER 1 MG	12250		not available	not available	not available	not available
		INJECTION,	J2250		not available	not available	not available	not available
		ONDANSETRON						
		HYDROCHLORIDE, PER						
		1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		PROPOPOL, 10 MIG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS						
		EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE	33430		not available	not available	not available	not available
		INFUSION, UP TO 1000						
		сс	J7120		not available	not available	not available	not available
	INCEPTION OF							
	INSERTION OF TUNNELED CENTRALLY							
	INSERTED CENTRAL							
		PRIMARY PROCEDURE	36558		\$ 269.30	\$ 437.61	\$ 437.61	\$ 269.30
		INJECTION, HEPARIN						
		SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION,	J1044		not available	not available	not available	not available
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
	SIMPLE	,						
	UROFLOWMETRY							
	(UFR) (EG, STOP-							
51736	WATCH FLOW RATE, MF	PRIMARY PROCEDURE	51736		\$ 8.51	\$ 13.83	\$ 13.83	\$ 8.51
31/30		MEASUREMENT OF	31/30		3.51	7 13.63	7 13.03	7 8.51
		POST-VOIDING						
		RESIDUAL URINE				<b>l</b> .	l .	l .
		AND/OR BLADD	51798		\$ 13.35	\$ 21.69	\$ 21.69	\$ 13.35

						BLUE SHIELD TRIWEST Commerical)		NTHEM BLUE CROSS Commercial)	Ne	Maximum egotiated Rate	N	Minimum egotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	D	rofessional <sup>2,4</sup>	Di	rofessional <sup>3,4</sup>	Di	rofessional <sup>2,3,4</sup>	D	rofessional <sup>2,3,4</sup>
Code	0 ,	OFFICE OR OTHER	Code	Note	F	olessional	FI	oressional		Totessional		olessional
		OUTPATIENT VISIT										
		FOR THE EVALUATION										
		AND	99213		\$	69.65	\$	113.18	\$	113.18	\$	69.65
1	ELECTROENCEPHALOG											
	RAM (EEG);											
	INCLUDING RECORDING AWAKE A	DRIMARY DROCEDURE	95819		\$	60.07	\$	97.61	\$	97.61	¢	60.07
93019	RECORDING AWARE A	OFFICE OR OTHER	33013		7	00.07	7	37.01	۲	37.01	٧	00.07
		OUTPATIENT VISIT										
		FOR THE EVALUATION										
		AND	99214		\$	102.80	\$	167.05	\$	167.05	\$	102.80
	MEASLES, MUMPS											
	AND RUBELLA VIRUS											
90707	VACCINE (MMR), LIVE,	PRIMARY PROCEDURE	00707			not available		not available		not available		not available
90707	<u> </u>	PRIMART PROCEDURE	90707		+	not available		not available		not available		not available
		IMMUNIZATION										
		ADMINISTRATION										
		(INCLUDES										
		PERCUTANEOUS, INT	90471		\$	23.61	\$	38.37	\$	38.37	\$	23.61
		OFFICE OR OTHER										
		OUTPATIENT VISIT FOR THE EVALUATION										
		AND	99211		\$	9.26	  \$	15.05	\$	15.05	\$	9.26
	INJECTION,				†		Ė				Ċ	
	ONABOTULINUMTOXI											
J0585	NA, 1 UNIT	PRIMARY PROCEDURE	J0585			not available		not available		not available		not available
		THERAPEUTIC,										
		PROPHYLACTIC, OR DIAGNOSTIC										
		INJECTION (SPE	96372		\$	16.06	\$	26.10	\$	26.10	\$	16.06
		OFFICE OR OTHER										
		OUTPATIENT VISIT										
		FOR THE EVALUATION										
		AND	99212		\$	37.18	\$	60.42	\$	60.42	\$	37.18
	PERITONEAL LAVAGE,											
	INCLUDING IMAGING											
49084	GUIDANCE, WHEN PER		49084		\$	108.32	\$	176.02	\$	176.02	\$	108.32
		OFFICE OR OTHER										
		OUTPATIENT VISIT			1							
		AND	99213		\$	69.65	s	113.18	Ś	113.18	Ś	69.65
	BRONCHOSCOPY,		33213		Ť	05.05	<u> </u>	113.10	~	113.10	7	05.05
	RIGID OR FLEXIBLE,				1							
	INCLUDING											
31629		PRIMARY PROCEDURE	31629		\$	192.39	\$	312.63	\$	312.63	\$	192.39
		BRONCHOSCOPY,			1							
		RIGID OR FLEXIBLE, INCLUDING										
		FLUOROSCOPIC	31624		\$	138.47	\$	225.01	\$	225.01	Ś	138.47
		BRONCHOSCOPY,	02024		+	200.47	<del>                                     </del>		7	223.01	7	255.47
		RIGID OR FLEXIBLE,										
		INCLUDING			1		١.					
		FLUOROSCOPIC	31625		\$	161.26	\$	262.05	\$	262.05	\$	161.26

						UE SHIELD TRIWEST ommerical)	(	HEM BLUE CROSS mmercial)	Maxim Negotiate		N	Minimum egotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Pro	ofessional <sup>2,4</sup>	Profe	essional <sup>3,4</sup>	Professio	nal <sup>2,3,4</sup>	P	rofessional <sup>2,3,4</sup>
	oci ilico cutogo. y	BRONCHOSCOPY,	3343					333131141				
		RIGID OR FLEXIBLE,										
		INCLUDING FLUOROSCOPIC	31627		\$	98.44	ا د	159.97	ċ	159.97	\$	98.44
		ANESTHESIA FOR	31027		٦	30.44	٦	133.37	<del>,</del>	133.37	٦	38.44
		CLOSED CHEST										
		PROCEDURES; (INCLUDING BRON	00520			not available		not available	not	available		not available
		CYTOPATHOLOGY,	00320			not available		not available	1100	available		not available
		EVALUATION OF FINE										
		NEEDLE ASPIRATE;	88173		\$	72.92	ا	118.50	Ċ	118.50	١	72.92
		INTL	00173		٦	72.32	٦	116.50	<b>,</b>	110.30	٦	72.32
		LEVEL IV - SURGICAL										
		PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$	38.96	\$	63.31	\$	63.31	١	38.96
		CYTOPATHOLOGY,	00303		٠	30.30	ļ ,	05.51	7	03.31	<del>                                     </del>	30.30
		EVALUATION OF FINE										
		NEEDLE ASPIRATE;	88172		\$	36.88	١	59.93	¢	59.93	١	36.88
		INFECTIOUS AGENT	00172		7	30.88	7	33.33	<u>,                                     </u>	33.33	7	30.00
		ANTIGEN DETECTION										
		BY IMMUNOFLUORESCEN										
		T	87281			not available		not available	not	available		not available
		INITIATION IS A CENT										
		INFECTIOUS AGENT ANTIGEN DETECTION										
		BY IMMUNOASSAY										
		TECHN	87305			not available		not available	not	available		not available
		RADIOLOGIC										
		EXAMINATION, CHEST;										
		SINGLE VIEW	71045		\$	8.86	\$	14.40	\$	14.40	\$	8.86
		CULTURE, TUBERCLE										
		OR OTHER ACID-FAST										
		BACILLI (EG, TB, A SPECIAL STAIN	87116			not available		not available	not	available		not available
		INCLUDING										
		INTERPRETATION AND				.=	,	<u> </u>	ć	45.01		
		REPORT; GROU SPECIAL STAIN	88312		\$	27.70	<b>Ş</b>	45.01	\$	45.01	\$ 	27.70
		INCLUDING										
		INTERPRETATION AND	00040			40.50		20.05	ć	20.22	,	40.50
		REPORT; GROU CULTURE, FUNGI	88313		\$	12.53	) <b>&gt;</b>	20.36	>	20.36	\$ 	12.53
		(MOLD OR YEAST)										
		ISOLATION, WITH PRESUMPT	07400			not available		not available	m.a.t	2V2ilabl-		not available
	DEBRIDEMENT OF	L VESOLIALI	87102			not available		not available	TOIT	available		not available
	NAIL(S) BY ANY											
11721	METHOD(S); 6 OR	PRIMARY PROCEDURE	11721		\$	24.42	ا	39.68	ċ	39.68	, ا	24.42
11/21	IVIONE	OFFICE OR OTHER	11/21		۲	24.42	٧ -	39.08	٠,	33.08	,	24.42
		OUTPATIENT VISIT										
		FOR THE EVALUATION	99211		\$	9.26	s	15.05	\$	15.05	۱ ,	9.26
		חווט	33711		٦	9.20	l <sup>7</sup>	13.05	ب	13.05	ر ا	9.20

					BLUE SHIELD	ANTHEM BLUE	Maximum	Minimum
					TRIWEST (Commerical)	CROSS (Commercial)	Negotiated Rate	Negotiated Rate
Primary	Samilaa Catanami	Due and true December on	CPT/HCPCS	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Code	Service Category	Procedure Description	Code	Note	Professional	Professional	Professional	Professional
	REPAIR OF RETINAL DETACHMENT; WITH							
67400	VITRECTOMY, ANY	DDIAAADY DDOCEDLIDE	67100		ć 4.300.00	¢ 2004.77	ć 2.004.77	ć 1,200.00
67108	METH	PRIMARY PROCEDURE INJECTION OF	67108		\$ 1,289.09	\$ 2,094.77	\$ 2,094.77	\$ 1,289.09
		VITREOUS						
		SUBSTITUTE, PARS PLANA OR LIMBAL	67025		\$ 693.22	\$ 1,126.48	\$ 1,126.48	\$ 693.22
		INJECTION,	07023		3 053.22	3 1,120.48	3 1,120.48	ÿ 093.22
		DEXAMETHASONE						
		SODIUM PHOSPHATE,						
		1 MG INJECTION,	J1100		not available	not available	not available	not available
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG INJECTION,	J2250		not available	not available	not available	not available
		ONDANSETRON						
		HYDROCHLORIDE, PER						
		1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
			02.0.					
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG UNCLASSIFIED DRUGS	J3010		not available	not available	not available	not available
		EFFECTIVE DATE:						
		01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000						
		CC	J7120		not available	not available	not available	not available
	HYSTEROSCOPY,							
	DIAGNOSTIC							
58555	(SEPARATE PROCEDURE)	PRIMARY PROCEDURE	58555		\$ 159.26	\$ 258.80	\$ 258.80	\$ 159.26
	,	MOST RECENT			·			
		SYSTOLIC BLOOD						
		PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT	30771					
		DIASTOLIC BLOOD						
		PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
	LAPAROSCOPY,	33 11111 110	30705		not available	not available	not available	not available
	SURGICAL, WITH							
	TOTAL HYSTERECTOMY, FOR							
58573	,	PRIMARY PROCEDURE	58573		\$ 1,295.03	\$ 2,104.42	\$ 2,104.42	\$ 1,295.03
		REMOVAL OF SKIN			, , , , , , , , , , , , , , , , , , , ,	,	,	, == 00
		TAGS, MULTIPLE						
		FIBROCUTANEOUS TAGS, ANY	11200		\$ 86.15	\$ 139.99	\$ 139.99	\$ 86.15
		CYSTOURETHROSCOPY	11130		, 33.13	, 103.33	, 100.00	, 33.13
		(SEPARATE					،	
		PROCEDURE) ANESTHESIA FOR	52000		\$ 83.66	\$ 135.95	\$ 135.95	\$ 83.66
		INTRAPERITONEAL						
		PROCEDURES IN						
		LOWER ABDO	00840		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	,	LEVEL V - SURGICAL PATHOLOGY, GROSS				0 000 0 0		
		AND MICROSCOPIC EXA	88307		\$ 85.65	\$ 139.18	\$ 139.18	\$ 85.65
		LEVEL III - SURGICAL PATHOLOGY, GROSS						
		AND MICROSCOPIC E	88304		\$ 11.84	\$ 19.24	\$ 19.24	\$ 11.84
		LEVEL II - SURGICAL PATHOLOGY, GROSS						
		AND MICROSCOPIC EX	88302		\$ 7.12	\$ 11.57	\$ 11.57	\$ 7.12
		INJECTION, ATROPINE SULFATE, 0.01 MG	J0461		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE						
		SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, METRONIDAZOLE, 10 MG EFF. DATE:						
		7/1/2023 INJECTION,	J1836		not available	not available	not available	not available
		MIDAZOLAM HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE						
		FOR EPID INJECTION,	J2274		not available	not available	not available	not available
		PHENYLEPHRINE HYDROCHLORIDE, 20						
		MICROGRAMS INJECTION,	J2371		not available	not available	not available	not available
		ONDANSETRON HYDROCHLORIDE, PER						
		1 MG	J2405		not available	not available	not available	not available
	FETAL BIOPHYSICAL PROFILE; WITH NON-							
	STRESS TESTING	PRIMARY PROCEDURE OFFICE OR OTHER	76818		\$ 53.17	\$ 86.40	\$ 86.40	\$ 53.17
		OUTPATIENT VISIT FOR THE EVALUATION						
	SEVERE ACUTE RESPIRATORY	AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
91312	SYNDROME CORONAVIRUS 2 (SARS-C	PRIMARY PROCEDURE	91312		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION BY						
		INTRAMUSCULAR INJECTION	0124A		not available	not available	not available	not available

BIORSY OF LIVER,   NEEDER;   PRIMARY PROCEDURE   47000   S 91.34   S 148.43   S 148.43   S 91.34   S 91.							LUE SHIELD TRIWEST ommerical)	(	HEM BLUE CROSS nmercial)	Ne	Maximum egotiated Rate		Minimum gotiated Rate
OUTPATIENT VISIT   FOR THE EVALUATION   99211   \$ 9.26 \$ 15.05 \$ 15.05 \$ 9.26	-	Service Category	Procedure Description		Note	Pro	ofessional <sup>2,4</sup>	Profe	essional <sup>3,4</sup>	Pr	rofessional <sup>2,3,4</sup>	Pro	ofessional <sup>2,3,4</sup>
IOR THE EVALUATION   989211   \$ 9.76 \$ 15.05 \$ 15.05 \$ 9.26													
BIOPEY OF LIVER, NEEDLE;   PRIMARY PROCEDURE   47000   S   9.26   S   15.05   S   15.05   S   9.26													
NEEDLE:   PRIMARY PROCEDURE   47000   \$ 91.34 \$ 148.43 \$ 148.43 \$ 91.34				99211		\$	9.26	\$	15.05	\$	15.05	\$	9.26
### A7000   PRILATANEOUS   PRILATANE		· · · · · · · · · · · · · · · · · · ·											
### ASPRATION BIOPSY, INCLUDING ULTMASQUING GIU 10005 \$ 75.78 \$ 123.14 \$ 123.14 \$ 75.78 BIOPSY, BADRIOLOGICAL SUPERVISION AND INTE 75970 \$ 38.91 \$ 63.22 \$ 63.23 \$ 38.91 FIGURE 10005 FIGUR 10005 FIGUR 10005 FIGUR 10005 FIGUR 10005 FIGUR 10005 FIGUR 1000			DDIMARY DDOCEDLIDE	47000		۲,	01.24	ے ا	140 42	ċ	149 43	ċ	01.24
ASPIRATION BIOPSY, INCLUDING   10005   \$ 75,78 \$ 123,14 \$ 123,14 \$ 75,78	47000	PERCUTANEOUS		47000		Ş	91.34	, ,	148.43	٠ ٦	148.43	<u>ې</u>	91.34
ULTRASOUND GUI   10005   \$ 75.78   \$ 123.14   \$ 123.14   \$ 75.78													
TRANSCATHETER   BIOPSY,   RADIOLOGICAL   SUPERVISION AND   INTE													
BIOPSY, RADIOLOGICAL   SUPERVISION AND   INTE				10005		\$	/5./8	\$	123.14	\$	123.14	\$	/5./8
SUPERVISION AND   NTE													
NTE													
LEVEL IV - SURGICAL   PATHOLOGY, GROSS   AND MICROSCOPIC EX   88305   \$ 38.96 \$ 63.31 \$ 63.31 \$ 38.96				75070		۲,	20.01	, ا	62.22	ć	62.22	ċ	20.01
PATHOLOGY, GROSS   SAND MICROSCOPIC EX   SAND   S			INTE	75970		Ş	38.91	Þ	03.23	Ş	63.23	Ş	38.91
AND MICROSCOPIC EX   88305   \$ 38.96   \$ 63.31   \$ 63.31   \$ 38.96   \$ 90.31   \$ 90.			LEVEL IV - SURGICAL										
SPECIAL STAIN INCLUDING INTERPETATION AND REPORT, GROU SPECIAL STAIN INCLUDING INDUSTRICE INCLUDING INTERPETATION INDUSTRICE INDUSTR			· '										
INCLUDING   INTERPRETATION AND   REPORT; GROU   88312   \$ 27.70 \$ 45.01 \$ 45.01 \$ 27.70				88305		\$	38.96	\$	63.31	\$	63.31	Ş	38.96
REPORT, GROU   88312   \$ 27.70 \$ 45.01 \$ 45.01 \$ 27.70													
SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU 88313 \$ 12.53 \$ 20.36 \$ 20.36 \$ 12.53 INISECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG J2250 not available not available not available not available INISECTION, FENTANYL CITRATE, 0.1 MG J3010 not available not available not available not available INFUSION, NORMAL SALINE SOLUTION, STERILE (500 MM = 1 U J7040 not available not available not available not available BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, 85027 not available not available not available not available ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE 86650 not available not a			INTERPRETATION AND										
INCLIDING INTERPRETATION AND REPORT; GROU 88313 \$ 12.53 \$ 20.36 \$ 20.36 \$ 12.53  INIMECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG J2250 not available not available not available not available  INIECTION, FENTANYL CITRATE, 0.1 MG J3010 not available not available not available not available  INFUSION, NORMAL SALINE SOLUTION, STERILE (SOO ML = 1 U J7040 not available not available not available  BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, 85027 not available not available not available not available  ANTIBIODY SCREEN, RBC, EACH SERUM TECHNIQUE 86850 not available			<u> </u>	88312		\$	27.70	\$	45.01	\$	45.01	\$	27.70
INTERPRETATION AND REPORT; GROU 88313 \$ 12.53 \$ 20.36 \$ 20.36 \$ 12.53   INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG 1/2020   not available													
INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG J2250 not available not ava													
MIDAZOLAM HYDROCHLORIDE, PER 1 MG 1 MG 1 J2250  not available				88313		\$	12.53	\$	20.36	\$	20.36	\$	12.53
HYDROCHLORIDE, PER 1 MG 12250 not available													
INJECTION, FENTANYL CITRATE, 0.1 MG J3010  INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 U J7040  INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 U J7040  INTO INTUSTION INTUSTION STERILE (500 ML = 1 U J7040  INTUSTION INTUSTION STERILE (500 ML = 1 U J7040  INTUSTION INTUSTION INTUSTION STERILE (500 ML = 1 U J7040  INTUSTION INTUS													
CITRATE, 0.1 MG  J3010  not available  INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 U J7040  not available  BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, 85027  not available  ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE  BLOOD TYPING, SEROLOGIC; RH (D) BLOOD TYPING, SEROLOGIC; ABO  SEROLOGIC; ABO  ABOOD TYPING, SEROLOGIC; ABO  BLOOD TYPING, SEROLOGIC; ABO  ANOGENITAL EXAMINATION, MAGNIFIED, IN				J2250			not available		not available		not available		not available
CITRATE, 0.1 MG  J3010  not available  INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 U J7040  not available  BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, 85027  not available  ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE  BLOOD TYPING, SEROLOGIC; RH (D) BLOOD TYPING, SEROLOGIC; ABO  SEROLOGIC; ABO  ABOOD TYPING, SEROLOGIC; ABO  BLOOD TYPING, SEROLOGIC; ABO  ANOGENITAL EXAMINATION, MAGNIFIED, IN			INVECTION FENTANIVI										
INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 U J7040 not available not availa				13010			not available		not available		not available		not available
SALINE SOLUTION, STERILE (500 ML = 1 U J7040 not available			0.111112) 0.12 1110	33010									
STERILE (500 ML = 1 U J7040 not available no			1 '										
BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE BLOOD TYPING, SEROLOGIC; RH (D) BLOOD TYPING, SEROLOGIC; ABO  COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE  ANOGENITAL EXAMINATION, MAGNIFIED, IN				17040			not available		not available		not available		not available
COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, 85027 not available not available not available not available ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE 86850 not available not available not available not available BLOOD TYPING, SEROLOGIC; RH (D) 86901 not available not available not available not available BLOOD TYPING, SEROLOGIC; ABO 86900 not available not available not available not available COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE 36415 not available not available not available not available ANOGENITAL EXAMINATION, MAGNIFIED, IN			· ·	J/040			not available		not available		not available		not available
HCT, RBC, 85027 not available													
ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE 86850 not available not available not available not available not available BLOOD TYPING, SEROLOGIC; RH (D) 86901 not available not available not available not available BLOOD TYPING, SEROLOGIC; ABO 86900 not available not available not available not available COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE 36415 not available not available not available not available ANOGENITAL EXAMINATION, MAGNIFIED, IN													
RBC, EACH SERUM TECHNIQUE 86850 not available				85027			not available		not available		not available		not available
BLOOD TYPING, SEROLOGIC; RH (D) 86901 not available not av													
SEROLOGIC; RH (D) 86901 not available not av				86850			not available		not available		not available		not available
BLOOD TYPING, SEROLOGIC; ABO 86900 not available COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE 36415 not available				90001			nat available		ماط مانمنام فم		nat available		nat available
SEROLOGIC; ABO 86900 not available not avail			. , ,	86901			not available		not available		not available		not available
VENOUS BLOOD BY VENIPUNCTURE 36415 not available not avail			SEROLOGIC; ABO	86900			not available		not available		not available		not available
ANOGENITAL EXAMINATION, MAGNIFIED, IN													
ANOGENITAL EXAMINATION, MAGNIFIED, IN				26/15			not available		not available		not available		not available
EXAMINATION, MAGNIFIED, IN			VEINIT OINCIONE	30413		†	not available		not available		not available		not available
MAGNIFIED, IN													
99170 CHILDHOOD FOR SUS   PRIMARY PROCEDURE   99170   \$ 88.89 \$ 144.45   \$ 144.45   \$ 88.89			PRIMARY PROCEDURE	99170		\$	22 29	Ś	144 45	Ś	144 45	Ś	88.89

					BLUE SHIELD TRIWEST	ANTHEM BLUE CROSS	Maximum	Minimum
					(Commerical)	(Commercial)	Negotiated Rate	Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		OFFICE OR OTHER						
		OUTPATIENT						
		CONSULTATION FOR A	00244		ć 142.20	, and an	ć 221.22	ć 142.20
		NEW OR ES INFECTIOUS AGENT	99244		\$ 142.29	\$ 231.22	\$ 231.22	\$ 142.29
		DETECTION BY						
		NUCLEIC ACID (DNA						
		OR RNA)	87491		not available	not available	not available	not available
		INFECTIOUS AGENT						
		DETECTION BY NUCLEIC ACID (DNA						
		OR RNA)	87591		not available	not available	not available	not available
		,						
	DIPHTHERIA, TETANUS							
	TOXOIDS, ACELLULAR							
90698	PERTUSSIS VACCIN	PRIMARY PROCEDURE	90698		not available	not available	not available	not available
		IMMUNIZATION						
		ADMINISTRATION						
		(INCLUDES						
		PERCUTANEOUS, INT	90471		\$ 23.61	\$ 38.37	\$ 38.37	\$ 23.61
		HAEMOPHILUS						
		INFLUENZAE TYPE B VACCINE (HIB), PRP-T						
		CONJ	90648		not available	not available	not available	not available
		IMMUNIZATION						
		ADMINISTRATION						
		(INCLUDES PERCUTANEOUS, INT	90472		\$ 16.56	\$ 26.91	\$ 26.91	\$ 16.56
		PERCOTANEOUS, IIVI	30472		ý 10.50	20.51	3 20.51	ý 10.50
		PNEUMOCOCCAL						
		CONJUGATE VACCINE,						
		20 VALENT (PCV20),	00677					
		FOR OFFICE OR OTHER	90677		not available	not available	not available	not available
		OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
		DIDITUEDIA TETANUS						
		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR						
		PERTUSSIS VACCIN	90723		not available	not available	not available	not available
								,,,,
	ENDOSCOPIC							
	RETROGRADE							
A2274	CHOLANGIOPANCREA TOGRAPHY (ERCP);	PRIMARY PROCEDURE	43274		\$ 480.91	\$ 781.48	\$ 781.48	\$ 480.91
432/4	(Enci ),		43274		7 400.91	7 701.40	701.40	÷ +00.51
		ESOPHAGOGASTRODU						
		ODENOSCOPY,						
		FLEXIBLE, TRANSORAL;	4000-			<u> </u>	A 222 ==	
		WITH E	43237		\$ 205.06	\$ 333.22	\$ 333.22	\$ 205.06
		COMBINED						
		ENDOSCOPIC						
		CATHETERIZATION OF						
		THE BILIARY AND	74330		\$ 28.46	\$ 46.25	\$ 46.25	\$ 28.46

					BLUE SHIELD TRIWEST	ANTHEM BLUE CROSS	Maximum	Minimum
					(Commerical)	(Commercial)	Negotiated Rate	Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		LEVEL IV - SURGICAL						
		PATHOLOGY, GROSS						
		AND MICROSCOPIC EX	88305		\$ 38.96	\$ 63.31	\$ 63.31	\$ 38.96
		CYTOPATHOLOGY, CONCENTRATION						
		TECHNIQUE, SMEARS						
		AND INTE	88108		\$ 23.44	\$ 38.09	\$ 38.09	\$ 23.44
		INJECTION,						
		GLUCAGON						
		HYDROCHLORIDE						
		(FRESENIUS KABI),	14.644					
		NOT INJECTION,	J1611		not available	not available	not available	not available
		PHENYLEPHRINE						
		HYDROCHLORIDE, 20						
		MICROGRAMS	J2371		not available	not available	not available	not available
		INJECTION,						
		ONDANSETRON						
		HYDROCHLORIDE, PER	12.405					
		1 MG INJECTION,	J2405		not available	not available	not available	not available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		1 1101 01 01 01 110	32701				not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS						
		EFFECTIVE DATE:	12.400		net eveileble	nat available	nat available	n at available
		01/01/1986 RINGERS LACTATE	J3490		not available	not available	not available	not available
		INFUSION, UP TO 1000						
		cc	J7120		not available	not available	not available	not available
	INFECTIOUS AGENT							
	DETECTION BY							
	NUCLEIC ACID (DNA							
87635	OR RNA)	PRIMARY PROCEDURE	87635		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
	REGIONAL BLOCK							
D9211	ANESTHESIA	PRIMARY PROCEDURE	D9211		not available	not available	not available	not available
		DECIM BACES						
		RESIN-BASED						
		COMPOSITE - TWO SURFACES, POSTERIOR	D2392		not available	not available	not available	not available
		ORAL HYGIENE	D2332		not available		not available	1.5t available
		INSTRUCTION	D1330		not available	not available	not available	not available
		LIMITED ORAL						
		EVALUATION -						
	CDINIAL DUNCTURE	PROBLEM FOCUSED	D0140		not available	not available	not available	not available
	SPINAL PUNCTURE,							
	LUMBAR, DIAGNOSTIC; WITH							
62328	FLUOROSCOPIC	PRIMARY PROCEDURE	62328		\$ 88.55	\$ 143.89	\$ 143.89	\$ 88.55
		DISCOGRAPHY,						
		LUMBAR,						
		RADIOLOGICAL						
		SUPERVISION AND	7000-		=			ا ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ
		INTER	72295		\$ 41.63	\$ 67.65	\$ 67.65	\$ 41.63

					TRIV	SHIELD VEST nerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Profess	ional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	0 ,	INJECTION,							
		MIDAZOLAM							
		HYDROCHLORIDE, PER 1 MG	J2250		no	ot available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		l no	ot available	not available	not available	not available
	APPLICATION OF	CITRATE, 0.1 MG	12010		TIC.	ot available	not available	not available	not available
	SHORT LEG CAST								
29405	(BELOW KNEE TO TOES);	PRIMARY PROCEDURE	29405		\$	64.12	\$ 104.20	\$ 104.20	\$ 64.12
23.03		OFFICE OR OTHER	23.03		1		·	* == ::==	7
		OUTPATIENT VISIT							
		FOR THE EVALUATION AND	99203		\$	86.20	\$ 140.08	\$ 140.08	\$ 86.20
	COLONOSCOPY				<u> </u>		,		
	THROUGH STOMA;								
	DIAGNOSTIC, INCLUDING COLLEC	PRIMARY PROCEDURE	44388		\$	162.98	\$ 264.84	\$ 264.84	\$ 162.98
		COLONOSCOPY,							
		FLEXIBLE; DIAGNOSTIC,							
		INCLUDING							
		COLLECTION	45378		\$	193.07	\$ 313.74	\$ 313.74	\$ 193.07
		MODERATE SEDATION							
		SERVICES PROVIDED	COEOO		ے	E 75	¢ 0.24	\$ 9.34	\$ 5.75
		BY THE SAME PHYSICI INJECTION,	G0500		\$	5.75	\$ 9.34	\$ 9.34	\$ 5.75
		MIDAZOLAM							
		HYDROCHLORIDE, PER 1 MG	J2250		nc	ot available	not available	not available	not available
		TWG	32230		110	ot available	not available	not available	not available
		INJECTION, FENTANYL	12040						
	BIOPSY, MUSCLE,	CITRATE, 0.1 MG	J3010		nc	ot available	not available	not available	not available
	PERCUTANEOUS								
20206	NEEDLE	PRIMARY PROCEDURE	20206		\$	60.48	\$ 98.28	\$ 98.28	\$ 60.48
		ULTRASONIC							
		GUIDANCE FOR							
		NEEDLE PLACEMENT (EG, BIOPSY, A	76942		\$	31.48	\$ 51.16	\$ 51.16	\$ 31.48
		(20, 510131,71	70342		7	31.40	ý 31.10	φ 31.10	ŷ 31.10
		IMMUNOHISTOCHEMI							
		STRY OR IMMUNOCYTOCHEMIS							
		TRY, PER SPECIM	88341		\$	29.19	\$ 47.43	\$ 47.43	\$ 29.19
		CYTOPATHOLOGY,	T			Ţ			
		EVALUATION OF FINE NEEDLE ASPIRATE;							
		INTE	88173		\$	72.92	\$ 118.50	\$ 118.50	\$ 72.92
		LEVEL IV - SURGICAL							
		PATHOLOGY, GROSS							
		AND MICROSCOPIC EX	88305		\$	38.96	\$ 63.31	\$ 63.31	\$ 38.96
		ULTRASOUND, SOFT							
		TISSUES OF HEAD AND							
		NECK (EG, THYROID,	76536		\$	28.06	\$ 45.60	\$ 45.60	\$ 28.06

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		IMMUNOHISTOCHEMI						
		STRY OR						
		IMMUNOCYTOCHEMIS						
		TRY, PER SPECIM	88342		\$ 36.43	\$ 59.20	\$ 59.20	\$ 36.43
		INJECTION, MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
	INJECTION, LEUPROLIDE ACETATE							
	(FOR DEPOT							
J1950	SUSPENSION), P	PRIMARY PROCEDURE	J1950		not available	not available	not available	not available
		THERAPEUTIC,						
		PROPHYLACTIC, OR DIAGNOSTIC						
		INJECTION (SPE	96372		\$ 16.06	\$ 26.10	\$ 26.10	\$ 16.06
		OFFICE OR OTHER						
		OUTPATIENT VISIT FOR THE EVALUATION						
		AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
	INTRAORAL-							-
D0220	PERIAPICAL-EACH	DDIA AA DV DD OCEDUDE	20220					
D0230	ADDITIONAL FILM	PRIMARY PROCEDURE BITEWINGS-TWO	D0230		not available	not available	not available	not available
		FILMS	D0272		not available	not available	not available	not available
		CARIES RISK						
		ASSESSMENT AND DOCUMENTATION,						
		WITH A FINDIN	D0603		not available	not available	not available	not available
		PROPHYLAXIS-CHILD	D1120		not available	not available	not available	not available
		TOPICAL FLUORIDE						
		VARNISH;						
		THERAPEUTIC						
		APPLICATION FOR M ORAL HYGIENE	D1206		not available	not available	not available	not available
<u></u>		INSTRUCTION	D1330		not available	not available	not available	not available
		PERIODIC ORAL EVALUATION -						
		ESTABLISHED PATIENT	D0120		not available	not available	not available	not available
	APPLICATION, CAST;							
29075	ELBOW TO FINGER (SHORT ARM)	PRIMARY PROCEDURE	29075		\$ 68.71	\$ 111.65	\$ 111.65	\$ 68.71
25075	(2	OFFICE OR OTHER	230,3		7 33.71	111.03	, III.03	÷ 03.71
		OUTPATIENT VISIT						
		FOR THE EVALUATION	00242		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
		RADIOLOGIC	99213		50.65	113.18 ب	115.18 ب	לס.צס י
		EXAMINATION,						
		WRIST; COMPLETE,	=0.1.5					
		MINIMUM OF 3 V	73110		\$ 8.91	\$ 14.48	\$ 14.48	\$ 8.91

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	,							
	REPAIR OF ANTERIOR ABDOMINAL							
	HERNIA(S) (IE,							
	EPIGASTRIC,	PRIMARY PROCEDURE	49593		\$ 586.77	\$ 953.50	\$ 953.50	\$ 586.77
		ANESTHESIA FOR						
		HERNIA REPAIRS IN UPPER ABDOMEN;						
		NOT OTH	00750		not available	not available	not available	not available
		LEVEL II - SURGICAL						
		PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		\$ 7.12	\$ 11.57	\$ 11.57	\$ 7.12
					*	7	7	*
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG INJECTION,	J0690		not available	not available	not available	not available
		DEXAMETHASONE						
		SODIUM PHOSPHATE,						
		1 MG	J1100		not available	not available	not available	not available
		INJECTION, MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION,						
		ONDANSETRON HYDROCHLORIDE, PER						
		1 MG	J2405		not available	not available	not available	not available
		INJECTION,						
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE						
		INFUSION, UP TO 1000	J7120		not available	not available	not available	not available
	LEVEL IV - SURGICAL							
	PATHOLOGY, GROSS AND MICROSCOPIC EX	PRIMARY PROCEDURE	88305		\$ 38.96	\$ 63.31	\$ 63.31	\$ 38.96
00303	7 IVID IVII CHOSCOT IC EX	T KIIVI KKI T KOCEBOKE	00303		30.30	ψ 03.31	φ 03.31	30.30
	DIAGNOSTIC BONE							
38221	MARROW; BIOPSY(IES)	OFFICE OR OTHER	38221		\$ 74.52	\$ 121.10	\$ 121.10	\$ 74.52
		OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
		CHROMOSOME ANALYSIS; COUNT 15-						
		20 CELLS, 2						
		KARYOTYPES, W	88262		not available	not available	not available	not available
		FLOW CYTOMETRY,						
		INTERPRETATION; 16						
		OR MORE MARKERS	88189		\$ 87.43	\$ 142.07	\$ 142.07	\$ 87.43
		LEVEL IV CURCICAL						
		LEVEL IV - SURGICAL PATHOLOGY, GROSS						
		AND MICROSCOPIC EX	88305		\$ 38.96	\$ 63.31	\$ 63.31	\$ 38.96

					BLU	JE SHIELD	ANTHEM BLUE	Maximum	Minimum
						RIWEST	CROSS	Negotiated Rate	Negotiated Rate
Primary			CPT/HCPCS		(Co	mmerical)	(Commercial)		
Code	Service Category	Procedure Description	Code	Note	Prof	essional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		FLOW CYTOMETRY,							
		CELL SURFACE,							
		CYTOPLASMIC, OR							
		NUCLEAR M	88184		\$	92.67	\$ 150.59	\$ 150.59	\$ 92.67
		BONE MARROW,							
		SMEAR	05007		_	50.45		4 04 00	50.45
		INTERPRETATION	85097		\$	50.45	\$ 81.98	\$ 81.98	\$ 50.45
		IMMUNOHISTOCHEMI							
		STRY OR							
		IMMUNOCYTOCHEMIS							
		TRY, PER SPECIM	88342		\$	36.43	\$ 59.20	\$ 59.20	\$ 36.43
		FLOW CYTOMETRY,			<u> </u>			,	,
		CELL SURFACE,							
		CYTOPLASMIC, OR							
		NUCLEAR M	88185		\$	28.22	\$ 45.86	\$ 45.86	\$ 28.22
		DECALCIFICATION							
		PROCEDURE (LIST							
		SEPARATELY IN							
		ADDITION STAIN	88311		\$	12.53	\$ 20.36	\$ 20.36	\$ 12.53
		SPECIAL STAIN INCLUDING							
		INTERPRETATION AND							
		REPORT; GROU	88313		\$	12.53	\$ 20.36	\$ 20.36	\$ 12.53
		KEI OKI, GKOO	00313		7	12.55	20.30	Ç 20.30	7 12.55
		INJECTION, HEPARIN							
		SODIUM, (HEPARIN							
		LOCK FLUSH), PER 10	J1642			not available	not available	not available	not available
		INJECTION, LIDOCAINE							
		HCL FOR							
		INTRAVENOUS							
	SUBCONU NICTIVAL	INFUSION, 10 M	J2001			not available	not available	not available	not available
69200	SUBCONJUNCTIVAL INJECTION	PRIMARY PROCEDURE	68200		\$	36.99	\$ 60.11	\$ 60.11	\$ 36.99
08200	INJECTION	PRIIVIARI PROCEDORE	08200		٦	30.33	3 00.11	\$ 00.11	3 30.33
		INJECTION,							
		BEVACIZUMAB, 10 MG	J9035			not available	not available	not available	not available
		PERIODIC							
		COMPREHENSIVE							
		PREVENTIVE							
		MEDICINE							
		REEVALUATION	99396			not available	not available	not available	not available
		OPHTHALMOLOGICAL							
		SERVICES: MEDICAL							
		EXAMINATION AND							
		EVAL	92014		\$	80.78	\$ 131.27	\$ 131.27	\$ 80.78
		INJECTION,	32014		Ť	30.70	, 131.27	, 131.27	, 33.75
		BEVACIZUMAB, 0.25							
		MG	C9257			not available	not available	not available	not available
	INFECTIOUS AGENT								
	DETECTION BY								
	NUCLEIC ACID (DNA								
87624	OR RNA)	PRIMARY PROCEDURE	87624			not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD							
		PRESSURE LESS THAN							
		130 MM HG	3074F			not available	not available	not available	not available
	I	1-50 1771 110	30745			available	I not available	not available	L HOL AVAIIABLE

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Samuica Catagony	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Code	Service Category	MOST RECENT	Code	Note	Professional	Professional	Professional	Professional
		DIASTOLIC BLOOD						
		PRESSURE LESS THAN						
		80 MM HG	3078F		not available	not available	not available	not available
	INFECTIOUS AGENT DETECTION BY							
	NUCLEIC ACID (DNA							
	OR RNA)	PRIMARY PROCEDURE	87661		not available	not available	not available	not available
		MOST RECENT						
		SYSTOLIC BLOOD						
		PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT	30741		not available	not available	not available	not available
		DIASTOLIC BLOOD						
		PRESSURE LESS THAN						
		80 MM HG	3078F		not available	not available	not available	not available
	BIOPSY OR EXCISION							
	OF LYMPH NODE(S);							
38505	BY NEEDLE, SUPERFI	PRIMARY PROCEDURE	38505		\$ 89.83	\$ 145.97	\$ 145.97	\$ 89.83
		ULTRASONIC GUIDANCE FOR						
		NEEDLE PLACEMENT						
		(EG, BIOPSY, A	76942		\$ 31.48	\$ 51.16	\$ 51.16	\$ 31.48
		IMMUNOHISTOCHEMI						
		STRY OR IMMUNOCYTOCHEMIS						
		TRY, PER SPECIM	88341		\$ 29.19	\$ 47.43	\$ 47.43	\$ 29.19
		CYTOPATHOLOGY,						
		EVALUATION OF FINE						
		NEEDLE ASPIRATE;	88173		\$ 72.92	\$ 118.50	\$ 118.50	\$ 72.92
		IIVIE	66173		7 72.52	7 118.50	ÿ 118.50	7 72.32
		LEVEL IV - SURGICAL						
		PATHOLOGY, GROSS						
		AND MICROSCOPIC EX	88305		\$ 38.96	\$ 63.31	\$ 63.31	\$ 38.96
		IMMUNOHISTOCHEMI						
		STRY OR						
		IMMUNOCYTOCHEMIS						
		TRY, PER SPECIM	88342		\$ 36.43	\$ 59.20	\$ 59.20	\$ 36.43
		INJECTION						
		PROCEDURE;						
		RADIOACTIVE TRACER						
		FOR IDENTIFICAT	38792		\$ 33.13	\$ 53.84	\$ 53.84	\$ 33.13
	EXCISION OF BREAST							
	LESION IDENTIFIED BY							
19125	PREOPERATIVE PL	PRIMARY PROCEDURE	19125		\$ 494.23	\$ 803.12	\$ 803.12	\$ 494.23
		LEVEL V - SURGICAL						
		PATHOLOGY, GROSS						
		AND MICROSCOPIC EXA	88307		\$ 85.65	\$ 139.18	\$ 139.18	\$ 85.65
			00307		÷ 55.05	155.18	7 133.18	÷ 03.03
		IMMUNOHISTOCHEMI						
		STRY OR						
		TRY, PER SPECIM	88342		\$ 36.43	\$ 59.20	\$ 59.20	\$ 36.43
		INI, FLK SPECIIVI	08342		30.43 د	59.20 د ا	59.20 د	50.43 ب

					BLUE SHIELD TRIWEST	ANTHEM BLUE CROSS	Maximum	Minimum
					(Commerical)	(Commercial)	Negotiated Rate	Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		RADIOLOGICAL						
		EXAMINATION,	76000		45.00	25.07	ć 25.07	ć 45.00
		SURGICAL SPECIMEN	76098		\$ 15.98	\$ 25.97	\$ 25.97	\$ 15.98
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION,						
		HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION,	31170				no cavanasie	
		MIDAZOLAM						
		HYDROCHLORIDE, PER	12250					. 9.11
		1 MG INJECTION,	J2250		not available	not available	not available	not available
		ONDANSETRON						
		HYDROCHLORIDE, PER						
		1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		e. 6. 61, 10e	32704				iio cavaiiasie	
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000						
		CC	J7120		not available	not available	not available	not available
	CONIZATION OF CERVIX, WITH OR							
	WITHOUT							
57520	FULGURATION, WITH	PRIMARY PROCEDURE	57520		\$ 325.17	\$ 528.40	\$ 528.40	\$ 325.17
		LEVEL V - SURGICAL						
		PATHOLOGY, GROSS AND MICROSCOPIC						
		EXA	88307		\$ 85.65	\$ 139.18	\$ 139.18	\$ 85.65
		LEVEL IV - SURGICAL						
		PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 38.96	\$ 63.31	\$ 63.31	\$ 38.96
			00000		7 33.53	7	7	7 55:55
		IMMUNOHISTOCHEMI						
		STRY OR IMMUNOCYTOCHEMIS						
		TRY, PER SPECIM	88342		\$ 36.43	\$ 59.20	\$ 59.20	\$ 36.43
		BLOOD COUNT;					,	•
		COMPLETE (CBC),						
		AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION,	83023		not available	not available	not available	not available
		KETOROLAC						
		TROMETHAMINE, PER						
		15 MG INJECTION,	J1885		not available	not available	not available	not available
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON						
		HYDROCHLORIDE, PER						
		1 MG	J2405		not available	not available	not available	not available

					BLUE SHIEL TRIWEST (Commerica		ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional	l <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		INJECTION, PROPOFOL, 10 MG	J2704		not ava	ilable	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG RINGERS LACTATE	J3010		not ava	ilable	not available	not available	not available
		INFUSION, UP TO 1000 CC ANTIBODY SCREEN,	J7120		not ava	ilable	not available	not available	not available
		RBC, EACH SERUM TECHNIQUE	86850		not ava	ilable	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; RH (D) BLOOD TYPING,	86901		not ava	ilable	not available	not available	not available
		SEROLOGIC; ABO COLLECTION OF VENOUS BLOOD BY	86900		not ava	ilable	not available	not available	not available
	PRENATAL CARE, AT- RISK ENHANCED	VENIPUNCTURE	36415		not ava	ilable	not available	not available	not available
H1001	SERVICE; ANTEPARTUM MAN	PRIMARY PROCEDURE  MOST RECENT	H1001		not ava	ilable	not available	not available	not available
		SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG MOST RECENT	3074F		not ava	ilable	not available	not available	not available
		DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not ava	ilable	not available	not available	not available
		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	81000		not ava	ailable	not available	not available	not available
	CORE NEEDLE BIOPSY, LUNG OR MEDIASTINUM,								
32408	PERCUTANEOUS,	PRIMARY PROCEDURE COMPUTED TOMOGRAPHY GUIDANCE FOR	32408		\$ 1	155.81	\$ 253.19	\$ 253.19	\$ 155.81
		NEEDLE PLACEMENT (EG,	77012		\$	72.38	\$ 117.62	\$ 117.62	\$ 72.38
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMIS TRY, PER SPECIM	88341		\$	29.19	\$ 47.43	\$ 47.43	\$ 29.19
		LEVEL IV - SURGICAL PATHOLOGY, GROSS							
		AND MICROSCOPIC EX IMMUNOHISTOCHEMI STRY OR	88305		\$	38.96	\$ 63.31	\$ 63.31	\$ 38.96
		IMMUNOCYTOCHEMIS TRY, PER SPECIM	88342		\$	36.43	\$ 59.20	\$ 59.20	\$ 36.43
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$	8.86	\$ 14.40	\$ 14.40	\$ 8.86

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		INJECTION, MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL	12010		on at a continuit			n ak awallahila
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT							
57455	VAGIN	PRIMARY PROCEDURE	57455		\$ 113.57	\$ 184.55	\$ 184.55	\$ 113.57
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION						
		AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
		LEVEL IV - SURGICAL PATHOLOGY, GROSS						
		AND MICROSCOPIC EX	88305		\$ 38.96	\$ 63.31	\$ 63.31	\$ 38.96
	REMOVAL OF PERMANENT PACEMAKER PULSE							
	GENERATOR WITH REP	PRIMARY PROCEDURE	33228		\$ 367.06	\$ 596.47	\$ 596.47	\$ 367.06
		INSERTION OR REPLACEMENT OF PERMANENT						
		SUBCUTANEOUS IMPL	33270		\$ 575.19	\$ 934.68	\$ 934.68	\$ 575.19
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS						
		INFUSION, 10 M	J2001		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
	CURRENT TOBACCO		-					
	SMOKER (CAD, CAP, COPD, PV) (DM)	PRIMARY PROCEDURE	1034F		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION						
		AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
	RETRIEVAL (REMOVAL) OF INTRAVASCULAR							
37193	VENA CAVA FILTER,	PRIMARY PROCEDURE	37193		\$ 347.32	\$ 564.40	\$ 564.40	\$ 347.32
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML						
		IODINE CON	Q9967		not available	not available	not available	not available

					Т	UE SHIELD 'RIWEST mmerical)	ANTHEM BLUE CROSS (Commercial)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Prof	fessional <sup>2,4</sup>	Professional <sup>3,4</sup>		Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		INSERTION OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCUL INJECTION,	37191		\$	222.03		0.80		
		MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250			not available	not availa	able	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010			not available	not availa	able	not available	not available
92551	SCREENING TEST, PURE TONE, AIR ONLY	PRIMARY PROCEDURE SCREENING TEST OF	92551			not available	not availa	able	not available	not available
		VISUAL ACUITY, QUANTITATIVE, BILATERA OFFICE OR OTHER	99173			not available	not availa	able	not available	not available
		OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$	69.65	\$ 113	3.18	\$ 113.18	\$ 69.65
	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	PRIMARY PROCEDURE	38500		\$	271.76	\$ 44:	1.61	\$ 441.61	\$ 271.76
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		\$	31.48	<b>\$</b> 57	1.16	\$ 51.16	\$ 31.48
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMIS	70342							
		TRY, PER SPECIM  LEVEL IV - SURGICAL  PATHOLOGY, GROSS  AND MICROSCOPIC EX	88341 88305		\$	29.19		3.31	\$ 47.43 \$ 63.31	
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMIS TRY, PER SPECIM	88342		\$	36.43		9.20		
		INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICAT	38792		\$	33.13		3.84		
97804	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(	PRIMARY PROCEDURE	97804		\$	16.85		7.38		
	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN	PRIMARY PROCEDURE	90836		\$	85.17		3.40		

					BLUE SHIELD	ANTHEM BLUE	Maximum	Minimum
					TRIWEST (Commerical)	CROSS (Commercial)	Negotiated Rate	Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
3333	our side and going		3333	33000				
I	INJ, CABOTE RILPIVIR 2MG 3MG INJECTION,							
	· ·	PRIMARY PROCEDURE	J0741		not availab	e not available	not available	not available
		THERAPEUTIC, PROPHYLACTIC, OR						
		DIAGNOSTIC						
		INJECTION (SPE OFFICE OR OTHER	96372		\$ 16.0	6 \$ 26.10	\$ 26.10	\$ 16.06
		OUTPATIENT VISIT						
		FOR THE EVALUATION	00211		6 03	C 6 15.05	15.05	0.20
	REVASCULARIZATION,	AND	99211		\$ 9.2	6 \$ 15.05	\$ 15.05	\$ 9.26
l .	ENDOVASCULAR,							
	OPEN OR PERCUTANEOUS,	PRIMARY PROCEDURE	37224		\$ 436.6	5 \$ 709.56	\$ 709.56	\$ 436.65
	·	INTRODUCTION OF						·
		NEEDLE OR INTRACATHETER,						
		UPPER OR LOWER	36140		\$ 88.3	9 \$ 143.63	\$ 143.63	\$ 88.39
		INJECTION, HEPARIN SODIUM, PER 1000						
		UNITS	J1644		not availab	e not available	not available	not available
		INJECTION, MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not availab	e not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG COLLECTION OF	J3010		not availab	e not available	not available	not available
		VENOUS BLOOD BY						
	DETAILED AND	VENIPUNCTURE	36415		not availab	e not available	not available	not available
	EXTENSIVE ORAL							
	EVALUATION - PROBLEM FOCUSE	PRIMARY PROCEDURE	D0160		not availab	e not available	not available	not available
50100			50100			100000000		
	DIGITAL ANALYSIS OF							
	ELECTROENCEPHALOG							
95957	RAM (EEG) (EG, FOR	PRIMARY PROCEDURE	95957		\$ 107.4	8 \$ 174.66	\$ 174.66	\$ 107.48
	COLPOSCOPY OF THE							
	CERVIX INCLUDING UPPER/ADJACENT							
57452		PRIMARY PROCEDURE	57452		\$ 96.8	9 \$ 157.45	\$ \$ 157.45	\$ 96.89
		OFFICE OR OTHER						
		OUTPATIENT VISIT FOR THE EVALUATION						
		AND	99212		\$ 37.1	8 \$ 60.42	\$ 60.42	\$ 37.18
		LEVEL IV - SURGICAL						
		PATHOLOGY, GROSS	2225				<u> </u>	
	REMOVAL, NON-	AND MICROSCOPIC EX	88305		\$ 38.9	6 \$ 63.31	\$ 63.31	\$ 38.96
	BIODEGRADABLE							
	DRUG DELIVERY IMPLANT	PRIMARY PROCEDURE	11982		\$ 75.8	4 \$ 123.24	\$ 123.24	\$ 75.84

					1	UE SHIELD FRIWEST ommerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate		Minimum gotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Pro	fessional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Pro	ofessional <sup>2,3,4</sup>
		OFFICE OR OTHER								
		OUTPATIENT VISIT								
		FOR THE EVALUATION								
	IMAGE-GUIDED FLUID	AND	99212		\$	37.18	\$ 60.42	\$ 60.42	\$	37.18
	COLLECTION									
	DRAINAGE BY									
49406	CATHETER (EG,	PRIMARY PROCEDURE	49406		\$	198.41	\$ 322.42	\$ 322.42	\$	198.41
	HEPATITIS A VACCINE									
	(HEPA), ADULT DOSAGE, FOR									
90632	INTRAMUSC	PRIMARY PROCEDURE	90632			not available	not available	not available		not available
30032	I I I I I I I I I I I I I I I I I I I	THE THOUSE ONE	30032			not available	not available	not available		not available
		IMMUNIZATION								
		ADMINISTRATION								
		(INCLUDES	20.174			22.64			_	22.64
		PERCUTANEOUS, INT OFFICE OR OTHER	90471		\$	23.61	\$ 38.37	\$ 38.37	\$	23.61
		OUTPATIENT VISIT								
		FOR THE EVALUATION								
		AND	99211		\$	9.26	\$ 15.05	\$ 15.05	\$	9.26
	INDUCED ADOPTION									
	INDUCED ABORTION, BY DILATION AND									
59840	CURETTAGE	PRIMARY PROCEDURE	59840		\$	237.85	\$ 386.51	\$ 386.51	Ś	237.85
33010	00112111102		33040		Ť	207.00	ψ 555.51	ψ 555.51	Υ	207.00
		ANESTHESIA FOR								
		INDUCED ABORTION								
		PROCEDURES	01966			not available	not available	not available		not available
		INFECTIOUS AGENT DETECTION BY								
		NUCLEIC ACID (DNA								
		OR RNA)	87635			not available	not available	not available		not available
		INFECTIOUS AGENT								
		DETECTION BY								
		NUCLEIC ACID (DNA	87661			not available	not available	not available		not available
		OR RNA) ULTRASOUND,	87001			HOL available	not available	not available		not available
		TRANSVAGINAL	76830		\$	34.56	\$ 56.16	\$ 56.16	\$	34.56
		LEVEL IV - SURGICAL								
		PATHOLOGY, GROSS AND MICROSCOPIC EX	00205		,	38.96	\$ 63.31	\$ 63.31	خ	38.96
		ULTRASOUND,	88305		\$	36.90	\$ 05.51	\$ 05.51	Ş	56.90
		PREGNANT UTERUS,								
		REAL TIME WITH								
		IMAGE DOCUM	76815		\$	32.38	\$ 52.62	\$ 52.62	\$	32.38
		INFECTIOUS AGENT DETECTION BY								
		NUCLEIC ACID (DNA								
		OR RNA)	87491			not available	not available	not available		not available
		INFECTIOUS AGENT								
		DETECTION BY								
		NUCLEIC ACID (DNA								
		OR RNA) GONADOTROPIN,	87591			not available	not available	not available		not available
		CHORIONIC (HCG);								
		QUANTITATIVE	84702			not available	not available	not available		not available
		ANTIBODY;								
		TREPONEMA								
		PALLIDUM	86780			not available	not available	not available		not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Couc	0 ,	BASIC METABOLIC	Couc	11010	Troressional	Troressionar	Troressional	1 To resolution
		PANEL (CALCIUM,						
		TOTAL) THIS PANEL						
		MUST BLOOD COUNT;	80048		not available	not available	not available	not available
		COMPLETE (CBC),						
		AUTOMATED (HGB,						
		HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION,						
		CEFTRIAXONE SODIUM, PER 250 MG						
		EFFECTIVE DA	J0696		not available	not available	not available	not available
		INJECTION,						
		HYDROMORPHONE,						
		UP TO 4 MG	J1170		not available	not available	not available	not available
	OPEN TREATMENT OF							
	DISTAL TIBIOFIBULAR							
27829	,	PRIMARY PROCEDURE	27829		\$ 781.69	\$ 1,270.25	\$ 1,270.25	\$ 781.69
		RADIOLOGIC EXAMINATION,						
		ANKLE; COMPLETE,						
		MINIMUM OF 3 V	73610		\$ 8.91	\$ 14.48	\$ 14.48	\$ 8.91
		ANCHOR/SCREW FOR						
		OPPOSING BONE-TO- BONE OR SOFT TISSUE-						
		T	C1713		not available	not available	not available	not available
		INJECTION, CEFAZOLIN	10.500					
		SODIUM, 500 MG INJECTION,	J0690		not available	not available	not available	not available
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		T NOT OT OL, 10 WIG	32704		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE:						
		01/01/1986	J3490		not available	not available	not available	not available
	RHINOPLASTY,							
	PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	DRIMARY DROCEDURE	20420		\$ 1,613.39	\$ 2,621.76	\$ 2,621.76	\$ 1,613.39
30420		CARTILAGE GRAFT;	30420		\$ 1,613.39	2,021.76	2,021./6	1,013.39
		NASAL SEPTUM	20912		\$ 530.71	\$ 862.40	\$ 862.40	\$ 530.71
		ALLOGRAFT, INCLUDES TEMPLATING,						
		CUTTING, PLACEMENT						
		AND	20932		\$ 780.53	\$ 1,268.36	\$ 1,268.36	\$ 780.53
		FRACTURE NASAL						
		INFERIOR						
		TURBINATE(S), THERAPEUTIC	30930		\$ 132.87	\$ 215.91	\$ 215.91	\$ 132.87
			50550		7 132.07	7 213.91	, 213.91	<sub>+</sub> 132.07
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG	J0690		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Couc	Service eategory	INJECTION,	Couc	11010	Troicssional	Troicssional	Troicssional	Troicssionar
		DEXAMETHASONE						
		SODIUM PHOSPHATE,						
		1 MG	J1100		not availab	le not available	not available	not available
		INJECTION,						
		HYDROMORPHONE,	=					
		UP TO 4 MG INJECTION,	J1170		not availab	le not available	not available	not available
		PHENYLEPHRINE						
		HYDROCHLORIDE, 20						
		MICROGRAMS	J2371		not availab	le not available	not available	not available
		INJECTION,						
		ONDANSETRON						
		HYDROCHLORIDE, PER 1 MG	12.405		not availab	la natavailable	not available	not available
		INJECTION,	J2405		not availab	le not available	not available	HOL available
		PROPOFOL, 10 MG	J2704		not availab	le not available	not available	not available
		INJECTION, FENTANYL	12242					
		CITRATE, 0.1 MG UNCLASSIFIED DRUGS	J3010		not availab	le not available	not available	not available
		EFFECTIVE DATE:						
		01/01/1986	J3490		not availab	le not available	not available	not available
	BRONCHOSCOPY,							
	RIGID OR FLEXIBLE,							
21652	INCLUDING	DDIMARY DDOCEDUDE	21652		ć 251.	20 6 407.03	6 407.03	ć 251.02
31653	FLUOROSCOPIC	PRIMARY PROCEDURE BRONCHOSCOPY,	31653		\$ 251.0	)3 \$ 407.92	\$ 407.92	\$ 251.03
		RIGID OR FLEXIBLE,						
		INCLUDING						
		FLUOROSCOPIC	31624		\$ 138.4	17 \$ 225.01	\$ 225.01	\$ 138.47
		BRONCHOSCOPY,						
		RIGID OR FLEXIBLE,						
		FLUOROSCOPIC	31625		\$ 161.	262.05	\$ \$ 262.05	\$ 161.26
		CYTOPATHOLOGY,					,	
		EVALUATION OF FINE						
		NEEDLE ASPIRATE;				1.		
		INTE	88173		\$ 72.5	92 \$ 118.50	\$ 118.50	\$ 72.92
		LEVEL IV - SURGICAL						
		PATHOLOGY, GROSS						
		AND MICROSCOPIC EX	88305		\$ 38.9	96 \$ 63.31	. \$ 63.31	\$ 38.96
		CYTOPATHOLOGY,						
		CONCENTRATION						
		TECHNIQUE, SMEARS AND INTE	88108		\$ 23.4	14 \$ 38.09	\$ 38.09	\$ 23.44
		MOST RECENT	00100		25.4	33.03	7 36.03	23.44
		SYSTOLIC BLOOD						
		PRESSURE LESS THAN						
		130 MM HG	3074F		not availab	le not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD						
		PRESSURE 130-139						
		MM HG (DM)	3075F		not availab	le not available	not available	not available
		MOST RECENT						
		DIASTOLIC BLOOD						
		PRESSURE LESS THAN	2072					
		80 MM HG	3078F		not availab	le not available	not available	not available

					BLUE SHIELI TRIWEST (Commerica		ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary	Samias Catanama	December 2	CPT/HCPCS	Nete	Professional	.,4	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Code	0 ,	Procedure Description	Code	Note	Professional		Professional	Professional	Professional
		MOST RECENT DIASTOLIC BLOOD							
		PRESSURE 80-89 MM							
		HG (HTN,	3079F		not ava	lable	not available	not available	not available
		MOST RECENT							
		DIASTOLIC BLOOD							
		PRESSURE GREATER							
		THAN OR EQ	3080F		not ava	lable	not available	not available	not available
		CYTOPATHOLOGY,							
		FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT							
		CE	88104		\$	28.80	\$ 46.80	\$ 46.80	\$ 28.80
		CL	00104		,	20.00	7 40.00	7 40.00	20.00
		IMMUNOHISTOCHEMI							
		STRY OR							
		IMMUNOCYTOCHEMIS							
		TRY, PER SPECIM	88342		\$	36.43	\$ 59.20	\$ 59.20	\$ 36.43
		DADIOLOGIC							
		RADIOLOGIC EXAMINATION, CHEST;							
		SINGLE VIEW	71045		\$	8.86	\$ 14.40	\$ 14.40	\$ 8.86
		0.11022 11211	, 20 15		<u> </u>	0.00	2.1.10	Ţ 2.1.10	φ 0.00
		CULTURE, TUBERCLE							
		OR OTHER ACID-FAST							
		BACILLI (EG, TB, A	87116		not ava	lable	not available	not available	not available
	ULTRASOUND,								
	PREGNANT UTERUS,								
	REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76817		\$	37.83	\$ 61.47	\$ 61.47	\$ 37.83
	CILIARY BODY		, 002,		<u> </u>	,,,,,,	Q	y 02	ÿ 57.65
	DESTRUCTION;								
	CYCLOPHOTOCOAGUL								
	,	PRIMARY PROCEDURE	66710		\$ 4:	29.92	\$ 698.62	\$ 698.62	\$ 429.92
	FITTING AND								
	INSERTION OF PESSARY OR OTHER								
		PRIMARY PROCEDURE	57160		\$	17.60	\$ 77.35	\$ 77.35	\$ 47.60
		OFFICE OR OTHER			1		7	7	7
		OUTPATIENT VISIT							
		FOR THE EVALUATION							
		AND	99213		\$	9.65	\$ 113.18	\$ 113.18	\$ 69.65
	TUBERCULOSIS TEST,								
	CELL MEDIATED								
	IMMUNITY ANTIGEN								
86480		PRIMARY PROCEDURE	86480		not ava	lable	not available	not available	not available
		COLLECTION OF							
		VENOUS BLOOD BY							
		VENIPUNCTURE	36415		not ava	ıable	not available	not available	not available
	CHEMOTHERAPY ADMINISTRATION,								
	INTO CNS (EG,								
		PRIMARY PROCEDURE	96450		\$	79.73	\$ 129.56	\$ 129.56	\$ 79.73
		OFFICE OR OTHER	-						
		OUTPATIENT VISIT							
		FOR THE EVALUATION						_	
		AND	99211		\$	9.26	\$ 15.05	\$ 15.05	\$ 9.26
		CYTOPATHOLOGY, CONCENTRATION							
		TECHNIQUE, SMEARS							
		AND INTE	88108		\$	23.44	\$ 38.09	\$ 38.09	\$ 23.44
		ANDINIE	88108		\$	23.44	\$ 38.09	38.09	\$ 23.44

					BLUE SHIELD	ANTHEM BLUE	Maximum	Minimum
					TRIWEST (Commerical)	CROSS (Commercial)	Negotiated Rate	Negotiated Rate
Primary			CPT/HCPCS		(Commerical)	(Commercial)		
Code	Service Category	Procedure Description	Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		STERILE WATER,						
		SALINE AND/OR						
		DEXTROSE,	44246			nat available		
		DILUENT/FLUSH, 1	A4216		not available	not available	not available	not available
		INJECTION,						
		HYDROCORTISONE						
		SODIUM SUCCINATE,						
		UP TO 100 M	J1720		not available	not available	not available	not available
		INJECTION,						
		METHOTREXATE						
		SODIUM, 50 MG						
		EFFECTIVE DATE:	J9260		not available	not available	not available	not available
		PROTEIN, TOTAL,						
		EXCEPT BY						
		REFRACTOMETRY;						
		SERUM, PLASMA	84155		not available	not available	not available	not available
		CELL COUNT,						
		MISCELLANEOUS						
		BODY FLUIDS (EG, CEREBROSPINA	89050		not available	not available	not available	not available
		GLUCOSE, BODY	89030		TIOL available	HOL available	not available	flot available
		FLUID, OTHER THAN						
		BLOOD	82945		not available	not available	not available	not available
	HEMORRHOIDECTOM							
	Y, INTERNAL AND							
	EXTERNAL, 2 OR							
46260	MORE COLU	PRIMARY PROCEDURE	46260		\$ 522.33	\$ 848.79	\$ 848.79	\$ 522.33
		LEVEL III - SURGICAL						
		PATHOLOGY, GROSS	00204			40.24	40.24	44.04
		AND MICROSCOPIC E INJECTION,	88304		\$ 11.84	\$ 19.24	\$ 19.24	\$ 11.84
		HYDROMORPHONE,						
		UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION,	31170		not available		not available	not available
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION,						
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		RINGERS LACTATE						
		INFUSION, UP TO 1000	17420			and available		
	REMOVAL OF LENS	CC	J7120		not available	not available	not available	not available
	MATERIAL; PARS							
	PLANA APPROACH,							
66852	WITH OR	PRIMARY PROCEDURE	66852		\$ 916.43	\$ 1,489.20	\$ 1,489.20	\$ 916.43
30032		ANESTHESIA FOR	3332		7 520.43	2, 103.20	, 1,:3:20	, 323.43
		PROCEDURES ON EYE;						
		LENS SURGERY	00142		not available	not available	not available	not available
		INJECTION,						
		DEXAMETHASONE						
		SODIUM PHOSPHATE,						
		1 MG	J1100		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM						
		HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
	I	T 1010	JZZ3U		not available	I not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	0 ,	INJECTION,						
		PHENYLEPHRINE						
		HYDROCHLORIDE, 20 MICROGRAMS	J2371		not available	not available	not available	not available
		INJECTION,	727.2					
		ONDANSETRON						
		HYDROCHLORIDE, PER	J2405		not available	not available	not available	not available
		INJECTION,						
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS   EFFECTIVE DATE:						
		01/01/1986	J3490		not available	not available	not available	not available
		INFUSION, NORMAL						
		SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available
		RINGERS LACTATE	17030		not available	not available	not available	not available
		INFUSION, UP TO 1000						
		CC	J7120		not available	not available	not available	not available
	INTRAVENOUS INFUSION, HYDRATION; INITIAL,		05250		4 27.52			4 27.52
96360		PRIMARY PROCEDURE OFFICE OR OTHER	96360		\$ 37.52	\$ 60.97	\$ 60.97	\$ 37.52
		OUTPATIENT VISIT						
		FOR THE EVALUATION AND	00344		6 0.30	15.05	\$ 15.05	\$ 9.26
	PHYSICIAN OR OTHER	AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
	QUALIFIED HEALTH							
99078	CARE PROFESSIONAL	PRIMARY PROCEDURE	99078		not available	not available	not available	not available
99078	<u>u</u>	OFFICE OR OTHER	99078		not available	not available	not available	not available
		OUTPATIENT VISIT						
		FOR THE EVALUATION AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
		AND	99213		\$ 09.03	J 115.16	J 115.16	\$ 05.05
	ARTHROCENTESIS,							
	ASPIRATION AND/OR INJECTION, SMALL							
20600		PRIMARY PROCEDURE	20600		\$ 37.68	\$ 61.23	\$ 61.23	\$ 37.68
		OFFICE OR OTHER OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA							
I I		PRIMARY PROCEDURE	43277		\$ 393.86	\$ 640.02	\$ 640.02	\$ 393.86
		ANESTHESIA FOR UPPER						
		GASTROINTESTINAL	00721		not available	not available	not available	not available
		ENDOSCOPIC PROCED	00731		not available	not available	not available	not available

Primary   Code   Service Category   Vincedure Description   Code   Note   Professional**						BLUE SHIELD		ANTHEM BLUE		
Primary   Service Category   Procedure Description   Cor/MCPCS   Note   Professional**									Maximum Negotiated Rate	Minimum Negotiated Rate
ENDOSCOPIC   ENDOSCOPIC   RETORACE   CHOLANGIOPANGERA   CHOLANGIOPAN	Primary I			CPT/HCPCS		(Commerical)		(Commercial)		
RETROGRADE   CHOLANGIOPANCEA   TOGRAPHY (ERCP): 42264   S 379.04   S 615.94   S 615.94   S 2		Service Category	Procedure Description		Note	Professional <sup>2,</sup>	1	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
RETROGRADIC CHOLANGIOPANCECA TOGRAPHY (ERCR): 4264   \$ 379.04 \$ 615.94 \$ 615.94 \$ 2 3										
CHOLANGIOPANCREA   S 379,04 \$ 615,94 \$ 655,94 \$ 2										
TOGRAPHY (RECP): 43264   \$ 379.04 \$ 615.94 \$ 615.94 \$ 3 3										
MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 30 MM MG MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 30 MM MG MOST RECENT SYSTOLIC BLOOD PRESSURE GRAFTER THAN OR EQU. MOST RECENT SYSTOLIC BLOOD PRESSURE GRAFTER THAN OR EQU. MOST RECENT DIASTOLIC BLOOD PRESSURE GRAFTER THAN OR TOL MOST RECENT MOST RECENT DIASTOLIC BLOOD PRESSURE GRAFTER THAN OR TOL MOST RECENT M				12261		¢ 270	o 04	¢ 615.04	¢ 615.04	\$ 379.04
SYSTOLCE BLOOD PRESSURE LEST THAN 330 MM HG 3074F  MOST RECENT SYSTOLUS BLOOD PRESSURE 139 MM MG (0M) 3075F  MOST RECENT SYSTOLUS BLOOD PRESSURE 139 MM MG (0M) 3077F  MOST RECENT SYSTOLUS BLOOD PRESSURE REAFER THAN OR EQU 3077F  MOST RECENT OLATIOLE BLOOD PRESSURE SORAFER THAN OR EQU 3077F  MOST RECENT DASTOLUS BLOOD PRESSURE REAFER THAN OR EQU 3077F  MOST RECENT DASTOLUS BLOOD PRESSURE REAFER THAN OR EQU 3077F  MOST RECENT DASTOLUS BLOOD PRESSURE REAFER THAN OR EQU 3080F  ROT EVAILABLE REAFER THAN OR EQU 3080F  ROT EVAILABLE REAFER				43204		Ş 37.	5.04	3 013.34	3 013.54	3 373.04
PRESSURE LESS THAN										
130 MM HG   3074F   not available   not avai										
SYSTOLIC BLOOD   PRESSURE 130-139   MM HC (DM)   3075F   not available   not				3074F		not avail	able	not available	not available	not available
PRESSURE I30-139 MM MG [MN] MGST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU  MGST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQU  MGST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQU  MGST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQU  MGST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ  MGST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ  MGST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ  MGST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ  MGST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ  MGST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ  MGST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ  MGST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ  MGST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ  MGST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ  MGST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ  MGST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ  MGST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ  MGST RECENT  MG BLOOD RESSURE GREATER THAN OR EQU  MGT RECENT  MG BLOOD RESSURE GREATER  THAN OR EQU  MGT RECENT  MG BLOOD RESSURE GREATER  MG BLOOD ROT available  MGT Availabl			MOST RECENT							
MM HG (DM)   3075F			SYSTOLIC BLOOD							
MOST RECENT SYSTOLUC BLOOD PRESSURE GREATER THAN OR EQU  MOST RECENT DIASTOLIC BLOOD PRESSURE GREATEN THAN OR EQU  MOST RECENT DIASTOLIC BLOOD PRESSURE 99 MM HG (HTN)  JOASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN)  MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN)  JOASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN)  JOASTOLIC BLOOD PRESSURE GREATER THAN OR EQ  RIVER GREATER THAN OR EQ  FLUCROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA PROCEDURE), UP TO 1 HOUR PHYSICIA PROCEDURE), UP TO 1 HOUR PHYSICIA NICETION, PROPOFOL, 10 MG  INIECTION, PROPOFOL, 10 MG  INIECTION, FENTANYL CITRATE, 0.1 MG  RINGERS LACTATE INFUSION, UP TO 1000 CC  J7120  ROTE AVAILABLE  RADIATION RICHER SANANY TEST, BY VISUAL COLOR COMPARISON METHOD  RICHER SANANY TEST, BY VISUAL COLOR COMPARISON METHOD  RECEDURE  RADIATION RECEDURE  RADIATION TREATMENTS  PRIMARY PROCEDURE 77427  S 205.13 \$ 333.34 \$ 333.34 \$ 2  FINE NEEDLE ASPIRATION BIOPSY, INCLUDING			PRESSURE 130-139							
SYSTOLIC BLOOD PRESSURE GRATER THAN OR EQU 3077F  NOT RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN, 3079F  NOT available not			MM HG (DM)	3075F		not avail	able	not available	not available	not available
PRESSURE GREATER THAN OR EQU MOST RECENT DIASTOLIC BLOOD PRESSURE SO 99 MM HG (HTN) MOST RECENT DIASTOLIC BLOOD PRESSURE SO 99 MM HG (HTN) MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQU PRESSURE GREATER THAN O			MOST RECENT							
THAN DR EQU MOST RECENT DIASTOLIC BIODD PRESSURE 80-89 MM HIG (HTN. MOST RECENT DIASTOLIC BIODD PRESSURE 80-89 MM HIG (HTN.) MOST RECENT DIASTOLIC BIODD PRESSURE GREATER THAN OR EQ THAN O										
MOST RECENT DIASTOLIC BLOOD PRESSURE 30-89 MM HG (HTN).  MOST RECENT DIASTOLIC BLOOD PRESSURE ACTOR PRESSURE ACTOR THAN OR EQ  S 15.47 \$ 25.14 \$ 25.14 \$ 1.00 and available  Not available										
DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN).  MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ.  3080F  RIUDROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA PROPOPOL, 10 MG  INJECTION, PROP				3077F		not avail	able	not available	not available	not available
PRESSURE 80-89 MM HG (HTM).  MOST RECENT DIASTOLIC BLOOD PRESSURE REATER THAN OR EQ.  3080F  RELOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA PROPOPOL, 10 MG INJECTION, UP TO 1000 CC J7120  not available  not available Not available Not avai										
HG (HTN, 3079F not available n										
MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ 3080F not available not availa				20705		not avail	abla	not available	not available	not available
DIASTOUC BLOOD PRESSURE GREATER THAN OR EQ 3080F  FLUGROSCOPY (SEPARATE PROCEDURE, UP TO 1 HOUR PHYSICIA 76000  \$ 15.47 \$ 25.14 \$ 25.14 \$  INECTION, PROPOFOL, 10 MG J2704  INECTION, FENTANYL CITRATE, 0.1 MG INECTION, FENTANYL CITRATE, 0.1 MG RINGERS LACTATE INFUSION, UP TO 1000 CC J7120  RADIATION TREATMENT  URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHOD METHOD  81025  RADIATION TREATMENTS PRIMARY PROCEDURE 77427  PREATMENTS PRIMARY PROCEDURE 77427  \$ 25.14 \$ 25.14 \$  ANAIGEMENT, 5  77427  FREATMENTS PRIMARY PROCEDURE 77427  \$ 205.13 \$ 333.34 \$ 333.34 \$  PREADLATION TREATMENTS PRIMARY PROCEDURE 77427  \$ 205.13 \$ 333.34 \$ 333.34 \$  PREADLATION AND 99212  \$ 37.18 \$ 60.42 \$ 60.42 \$  PREADLATION AND AND 99212  \$ 37.18 \$ 60.42 \$ 60.42 \$  PREADLATION AND AND 99212  \$ 37.18 \$ 60.42 \$ 60.42 \$  PREADLATION AND AND PREADLATION AND AND PREADLATION AND				3079F		HOL avail	abie	not available	not available	HOL AVAIIABLE
PRESSURE GREATER THAN OR EQ. 3080F not available not avail										
THAN OR EQ 3080F not available										
FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA  INJECTION, PROPOFOL, 10 MG  INJECTION, PROPOFOL, 10 MG  INJECTION, FENTANYL CITEATE, 0.1 MG INJECTION, FENTANYL CITEATE, 0.1 MG INJECTION, FENTANYL CITEATE, 0.1 MG INFUSION, UP TO 1000 CC  J7120  not available  not avai				3080F		not avails	able	not available	not available	not available
(SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA 76000 \$ 15.47 \$ 25.14 \$ 25.14 \$ 10.00 \$ 10										
PROCEDURE), UP TO 1   HOUR PHYSICIA   76000   \$ 15.47   \$ 25.14   \$ 25.14   \$			FLUOROSCOPY							
HOUR PHYSICIA 76000 \$ 15.47 \$ 25.14 \$ 25.14 \$ 10.50 \$			(SEPARATE							
INJECTION, PROPOFOL, 10 MG J2704  INJECTION, FENTANYL CITRATE, 0.1 MG J3010  RINGERS LACTATE INFUSION, UP TO 1000 CC J7120  RADIATION METHOD  RADIATION TREATMENT MANAGEMENT, 5 T7427 TREATMENTS  PRIMARY PROCEDURE OUTPATIENT VISIT FOR THE EVALUATION AND 99212  S 37.18 \$ 60.42 \$ 60.42 \$  FINE NEEDLE ASPIRATION BIOPSY, INCLUDING			PROCEDURE), UP TO 1							
PROPOFOL, 10 MG  INJECTION, FENTANYL CITRATE, 0.1 MG J3010  RINGERS LACTATE INFUSION, UP TO 1000 CC J7120  URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHOD  RADIATION TREATMENT MANAGEMENT, 5  77427  TREATMENTS PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND PROPOFOL, 10 MG J2704  not available Not availa			HOUR PHYSICIA	76000		\$ 1	5.47	\$ 25.14	\$ 25.14	\$ 15.47
INJECTION, FENTANYL CITRATE, 0.1 MG RINGERS LACTATE INFUSION, UP TO 1000 CC J7120 not available not										
CITRATE, 0.1 MG J3010 not available not avai			PROPOFOL, 10 MG	J2704		not avail	able	not available	not available	not available
RINGERS LACTATE INFUSION, UP TO 1000 CC J7120  URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHOD  81025  RADIATION TREATMENT MANAGEMENT, 5 T7427 TREATMENTS OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99212  FINE NEEDLE ASPIRATION BIOPSY, INCLUDING  RINGERS LACTATE INFUSION, UP TO 1000 CC J7120  not available not availa			INVECTION FENTANIVI							
RINGERS LACTATE INFUSION, UP TO 1000 CC J7120 not available not availabl				12010		not avail	abla	not available	not available	not available
INFUSION, UP TO 1000 CC J7120 not available				13010		not avail	abie	not available	not available	not available
CC J7120 not available not ava										
URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHOD  81025  not available  no				17120		not avail	able	not available	not available	not available
TEST, BY VISUAL COLOR COMPARISON METHOD 81025 not available not availabl										
COLOR COMPARISON METHOD 81025 not available			URINE PREGNANCY							
RADIATION TREATMENT MANAGEMENT, 5  77427 TREATMENTS PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND P9212  FINE NEEDLE ASPIRATION BIOPSY, INCLUDING  Not available Not avail			TEST, BY VISUAL							
RADIATION TREATMENT MANAGEMENT, 5  77427 TREATMENTS PRIMARY PROCEDURE 77427 \$ 205.13 \$ 333.34 \$ 333.34 \$ 2  OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99212 \$ 37.18 \$ 60.42 \$ 60.42 \$  FINE NEEDLE ASPIRATION BIOPSY, INCLUDING			COLOR COMPARISON							
TREATMENT MANAGEMENT, 5  77427 TREATMENTS PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99212 \$ 37.18 \$ 60.42 \$ 60.42 \$  FINE NEEDLE ASPIRATION BIOPSY, INCLUDING			METHOD	81025		not avail	able	not available	not available	not available
MANAGEMENT, 5 77427 TREATMENTS PRIMARY PROCEDURE 77427 \$ 205.13 \$ 333.34 \$ 333.34 \$ 22  OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99212 \$ 37.18 \$ 60.42 \$ 60.42 \$										
77427 TREATMENTS         PRIMARY PROCEDURE         77427         \$ 205.13         \$ 333.34         \$ 333.34         \$ 225.13         \$ 333.34         \$ 333.34         \$ 225.13         \$ 333.34         \$ 333.34         \$ 225.13         \$ 333.34         \$ 333.34         \$ 225.13         \$ 333.34         \$ 333.34         \$ 225.13         \$ 225.13         \$ 333.34         \$ 333.34         \$ 225.13         \$ 225.13         \$ 333.34         \$ 333.34         \$ 225.13         \$ 225.13         \$ 333.34         \$ 333.34         \$ 225.13         \$ 225.13         \$ 333.34         \$ 333.34         \$ 225.13         \$ 225.13         \$ 333.34         \$ 333.34         \$ 225.13         \$ 225.13         \$ 333.34         \$ 333.34         \$ 333.34         \$ 225.13         \$ 225.13         \$ 333.34         \$ 333.34         \$ 225.13         \$ 225.13         \$ 333.34         \$ 333.34         \$ 225.13         \$ 225.13         \$ 333.34         \$ 333.34         \$ 225.13         \$ 225.1										
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99212 \$ 37.18 \$ 60.42 \$ 60.42 \$  FINE NEEDLE ASPIRATION BIOPSY, INCLUDING			DDIA AA DV DD G GEE VE	7= -0=						
OUTPATIENT VISIT FOR THE EVALUATION AND 99212 \$ 37.18 \$ 60.42 \$ 60.42 \$  FINE NEEDLE ASPIRATION BIOPSY, INCLUDING	//42/	IREAIMENIS		//42/		\$ 20.	5.13	\$ 333.34	\$ 333.34	\$ 205.13
FOR THE EVALUATION AND 99212 \$ 37.18 \$ 60.42 \$ 60.42 \$  FINE NEEDLE ASPIRATION BIOPSY, INCLUDING										
AND 99212 \$ 37.18 \$ 60.42 \$ 60.42 \$  FINE NEEDLE ASPIRATION BIOPSY, INCLUDING										
FINE NEEDLE ASPIRATION BIOPSY, INCLUDING				90212		\$ 2	7.1♀	\$ 60.42	\$ 60.42	\$ 37.18
ASPIRATION BIOPSY, INCLUDING	+	FINE NEFDI F	AND	33212		3	, .10	7 00.42	y 00.42	۶/.1c
INCLUDING										
123.141 C   17.00 C   17.0			PRIMARY PROCEDURE	10005		\$ 7.	5.78	\$ 123.14	\$ 123.14	\$ 75.78
CYTOPATHOLOGY,						1				
EVALUATION OF FINE										
NEEDLE ASPIRATE;			NEEDLE ASPIRATE;							
INTE 88173 \$ 72.92 \$ 118.50 \$ 118.50 \$			INTE	88173		\$ 7.	2.92	\$ 118.50	\$ 118.50	\$ 72.92

Primary Code					TRIWEST	CROSS		Minimum
					(Commerical)	(Commercial)	Negotiated Rate	Negotiated Rate
$\overline{}$	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	3 ,							
		LEVEL IV - SURGICAL PATHOLOGY, GROSS						
		AND MICROSCOPIC EX	88305		\$ 38.96	\$ 63.31	\$ 63.31	\$ 38.96
FX	XCISION, TUMOR,							
	OFT TISSUE OF BACK							
21931 OF	R FLANK, SUBCUTAN	PRIMARY PROCEDURE	21931		\$ 503.65	\$ 818.43	\$ 818.43	\$ 503.65
		ANESTHESIA FOR ALL						
		PROCEDURES ON THE INTEGUMENTARY						
		SYST	00300		not available	not available	not available	not available
		LEVEL III - SURGICAL						
		PATHOLOGY, GROSS						
		AND MICROSCOPIC E	88304		\$ 11.84	\$ 19.24	\$ 19.24	\$ 11.84
		INJECTION, CEFAZOLIN						
$\longrightarrow$		SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG INJECTION,	J2250		not available	not available	not available	not available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000						
		СС	J7120		not available	not available	not available	not available
IN	NJECTION,							
I	CTREOTIDE, DEPOT							
<b>I</b>	ORM FOR NTRAMUSCULAR INJ	PRIMARY PROCEDURE	J2353		not available	not available	not available	not available
J2333 IIV		THERAPEUTIC,	12333		not available	not available	not available	not available
		PROPHYLACTIC, OR DIAGNOSTIC						
		INJECTION (SPE	96372		\$ 16.06	\$ 26.10	\$ 26.10	\$ 16.06
		OFFICE OR OTHER OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
SP	PEECH AUDIOMETRY							
92555 T⊦		PRIMARY PROCEDURE	92555		\$ 34.41	\$ 55.92	\$ 55.92	\$ 34.41
		VISUAL REINFORCEMENT						
		AUDIOMETRY (VRA)	92579		\$ 39.45	\$ 64.11	\$ 64.11	\$ 39.45
		TYMPANOMETRY AND						
		REFLEX THRESHOLD						A
<del></del>		MEASUREMENTS DISTORTION PRODUCT	92550		\$ 23.90	\$ 38.84	\$ 38.84	\$ 23.90
		EVOKED						
		OTOACOUSTIC EMISSIONS; LIMITE	92587		\$ 19.13	\$ 31.09	\$ 31.09	\$ 19.13

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED	·						
51728	ELECTRONIC EQUIP	PRIMARY PROCEDURE	51728		\$ 107.36	\$ 174.46	\$ 174.46	\$ 107.36
		VOIDING PRESSURE STUDIES, INTRA- ABDOMINAL (IE,						
		OFFICE OR OTHER OUTPATIENT VISIT	51797		\$ 41.11	\$ 66.80	\$ 66.80	\$ 41.11
		FOR THE EVALUATION AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
	UNLISTED THERAPEUTIC, PROPHYLACTIC, OR							
96379	DIAGNOSTIC INTRA	PRIMARY PROCEDURE OFFICE OR OTHER	96379		not available	not available	not available	not available
		OUTPATIENT VISIT FOR THE EVALUATION	00211		6 0.26	, 15.05	ć 15.05	6 0.20
		AND	99211		\$ 9.26	\$ 15.05	\$ 15.05	\$ 9.26
		INJECTION, MEDROXYPROGESTER ONE ACETATE, 1 MG	J1050		not available	not available	not available	not available
	OPEN TREATMENT OF DISTAL RADIAL INTRA-							
25608	ARTICULAR FRACTUR	FLUOROSCOPY (SEPARATE	25608		\$ 910.19	\$ 1,479.06	\$ 1,479.06	\$ 910.19
		PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 15.47	\$ 25.14	\$ 25.14	\$ 15.47
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TISSUE-						
		Т	C1713		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER						
		1 MG INJECTION,	J2250		not available	not available	not available	not available
		PROPOFOL, 10 MG INJECTION, ROPIVACAINE	J2704		not available	not available	not available	not available
		HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG RINGERS LACTATE INFUSION, UP TO 1000	J3010		not available	not available	not available	not available
		сс	J7120		not available	not available	not available	not available
	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE							
55250	PROCEDURE)	PRIMARY PROCEDURE	55250		\$ 251.67	\$ 408.96	\$ 408.96	\$ 251.67

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
3300			3333					
		LEVEL II - SURGICAL PATHOLOGY, GROSS						
		AND MICROSCOPIC EX	88302		\$ 7.12	\$ 11.57	\$ 11.57	\$ 7.12
		INJECTION, LIDOCAINE HCL FOR						
		INTRAVENOUS						
		INFUSION, 10 M	J2001		not available	not available	not available	not available
	OPEN TREATMENT OF DISTAL FIBULAR							
	FRACTURE (LATERAL							
27792	MALL	PRIMARY PROCEDURE	27792		\$ 708.35	\$ 1,151.07	\$ 1,151.07	\$ 708.35
		OPEN TREATMENT OF						
		JOINT (SYNDESMOSI	27829		\$ 781.69	\$ 1,270.25	\$ 1,270.25	\$ 781.69
		FLUOROSCOPY (SEPARATE						
		PROCEDURE), UP TO 1						
		HOUR PHYSICIA	76000		\$ 15.47	\$ 25.14	\$ 25.14	\$ 15.47
		RADIOLOGIC EXAMINATION,						
		ANKLE; COMPLETE,						
		MINIMUM OF 3 V ANCHOR/SCREW FOR	73610		\$ 8.91	\$ 14.48	\$ 14.48	\$ 8.91
		OPPOSING BONE-TO-						
		BONE OR SOFT TISSUE-	C1713		not available	not available	not available	not available
			C1/15		not available	not available	not available	not available
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG INJECTION,	J0690		not available	not available	not available	not available
		MIDAZOLAM						
		HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION,	12230		not available	Tiot available	TIOT available	not available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, ROPIVACAINE						
		HYDROCHLORIDE, 1						
		MG	J2795		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000						
		сс	J7120		not available	not available	not available	not available
	REMOVAL OF							
	IMPLANTABLE DEFIBRILLATOR PULSE							
1	GENERATOR WI	PRIMARY PROCEDURE	33263		\$ 399.81	\$ 649.69	\$ 649.69	\$ 399.81
		MOST RECENT						
		SYSTOLIC BLOOD PRESSURE LESS THAN						
		130 MM HG	3074F		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		MOST RECENT						
		SYSTOLIC BLOOD						
		PRESSURE 130-139						
		MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT						
		SYSTOLIC BLOOD						
		PRESSURE GREATER						
		THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT						
		DIASTOLIC BLOOD						
		PRESSURE LESS THAN						
		80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT						
		DIASTOLIC BLOOD						
		PRESSURE 80-89 MM						
		HG (HTN,	3079F		not available	not available	not available	not availabl
		MOST RECENT						
		DIASTOLIC BLOOD						
		PRESSURE GREATER						
		THAN OR EQ	3080F		not available	not available	not available	not available
		ELECTROCARDIOGRA						
		M, ROUTINE ECG						
		WITH AT LEAST 12						
		LEADS;	93005		\$ 7.38	\$ 11.99	\$ 11.99	\$ 7.3
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, LIDOCAINE						
		HCL FOR						
		INTRAVENOUS						
		INFUSION, 10 M	J2001		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
	ENDOSCOPIC							
	RETROGRADE							
	CHOLANGIOPANCREA							
43260	TOGRAPHY (ERCP);	PRIMARY PROCEDURE	43260		\$ 336.24	\$ 546.39	\$ 546.39	\$ 336.2
		ANESTHESIA FOR						
		UPPER						
		GASTROINTESTINAL						
		ENDOSCOPIC PROCED	00731		not available	not available	not available	not available
		FLUOROSCOPY						
		(SEPARATE						
		PROCEDURE), UP TO 1						
		HOUR PHYSICIA	76000		\$ 15.47	\$ 25.14	\$ 25.14	\$ 15.4
		INJECTION,						
		CIPROFLOXACIN FOR						
		INTRAVENOUS						
		INFUSION, 200	J0744		not available	not available	not available	not availabl
		INJECTION,						
		DEXAMETHASONE						
		SODIUM PHOSPHATE,						
	I	1 MG	J1100		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	our nee eurogery	INJECTION,	5545		1101000101101	1101000101101	1101000101101	1101000101101
		ONDANSETRON						
		HYDROCHLORIDE, PER						
		1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		1 1101 01 01 01 11 11 11 11 11 11 11 11	32701					
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS   EFFECTIVE DATE:						
		01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE						
		INFUSION, UP TO 1000						
	COMPREHENSIVE	CC	J7120		not available	not available	not available	not available
	PERIODONTAL							
	EVALUATION - NEW							
D0180	OR ESTABLISH	PRIMARY PROCEDURE	D0180		not available	not available	not available	not available
	RESIN-ONE SURFACE,							
D2330	ANTERIOR	PRIMARY PROCEDURE	D2330		not available	not available	not available	not available
		ORAL HYGIENE						
		INSTRUCTION	D1330		not available	not available	not available	not available
		LIMITED ORAL EVALUATION -						
		PROBLEM FOCUSED	D0140		not available	not available	not available	not available
	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS							
36590	DEVICE, WITH	PRIMARY PROCEDURE	36590		\$ 198.62	\$ 322.76	\$ 322.76	\$ 198.62
		REMOVAL OF						
		TUNNELED INTRAPERITONEAL						
		CATHETER	49422		\$ 225.35	\$ 366.19	\$ 366.19	\$ 225.35
		INJECTION,						·
		MIDAZOLAM						
		HYDROCHLORIDE, PER	J2250		not available	not available	not available	not available
		TIVIG	J2230		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
	STRABISMUS SURGERY, RECESSION							
	OR RESECTION							
67311	PROCEDURE; 1	PRIMARY PROCEDURE INJECTION,	67311		\$ 500.83	\$ 813.85	\$ 813.85	\$ 500.83
		DEXAMETHASONE						
		SODIUM PHOSPHATE,						
		1 MG	J1100		not available	not available	not available	not available
		INJECTION, MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
<u> </u>		INJECTION,						
		ONDANSETRON HYDROCHLORIDE, PER						
		1 MG	J2405		not available	not available	not available	not available
	!		-2.00					

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		INJECTION,						
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS	33010		Tiot available	not available	not available	not available
		EFFECTIVE DATE:						
		01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE						
		INFUSION, UP TO 1000	17420					
	ENDOSCOPIC	CC	J7120		not available	not available	not available	not available
	INJECTION OF							
1	IMPLANT MATERIAL							
51715	INTO THE SUBMU	PRIMARY PROCEDURE	51715		\$ 207.86	\$ 337.77	\$ 337.77	\$ 207.86
		ANESTHESIA FOR						
		TRANSURETHRAL						
		PROCEDURES						
		(INCLUDING URET	00910		not available	not available	not available	not available
		IMPLANTABLE/INSERT ABLE DEVICE, NOT						
		OTHERWISE						
		CLASSIFIED	C1889		not available	not available	not available	not available
		BLOOD COUNT;	5_55					
		COMPLETE (CBC),						
		AUTOMATED (HGB,						
		HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION,	32230					
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE						
		INFUSION, UP TO 1000	J7120		not available	not available	not available	not available
		ANTIBODY SCREEN,	37120		not available	not available	not available	not available
		RBC, EACH SERUM						
		TECHNIQUE	86850		not available	not available	not available	not available
		BLOOD TYPING,						
		SEROLOGIC; RH (D)	86901		not available	not available	not available	not available
		BLOOD TYPING,	0.000		natanallable			
		SEROLOGIC; ABO COLLECTION OF	86900		not available	not available	not available	not available
		VENOUS BLOOD BY						
		VENIPUNCTURE	36415		not available	not available	not available	not available
	ECHOCARDIOGRAPHY,							
	FETAL,							
	CARDIOVASCULAR				1.	l .		l .
76826	SYSTEM, REAL TI	PRIMARY PROCEDURE	76826		\$ 41.57	\$ 67.55	\$ 67.55	\$ 41.57
		OFFICE OR OTHER OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99215		\$ 152.65	\$ 248.06	\$ 248.06	\$ 152.65

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
couc	UNSPECIFIED	roccaure Bescription	Couc	11010	Troressionar	Troressionar	Troressionar	Troressionar
	REMOVABLE							
	PROSTHODONTIC							
D5899	PROCEDURE, BY REPOR	PRIMARY PROCEDURE	D5899		not available	not available	not available	not available
D3033	KEI OK	LIMITED ORAL	D3033		not available	not available	not available	not available
		EVALUATION -						
	MEDCE EXCISION OF	PROBLEM FOCUSED	D0140		not available	not available	not available	not available
	WEDGE EXCISION OF SKIN OF NAIL FOLD							
	(EG, FOR INGROWN							
11765	ТО	PRIMARY PROCEDURE	11765		\$ 103.44	\$ 168.09	\$ 168.09	\$ 103.44
		OFFICE OR OTHER OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99202		\$ 49.99	\$ 81.23	\$ 81.23	\$ 49.99
	SURGICAL							
	TREATMENT OF ANAL FISTULA							
	(FISTULECTOMY/FISTU							
46280	,	PRIMARY PROCEDURE	46280		\$ 526.21	\$ 855.09	\$ 855.09	\$ 526.21
		ANESTHESIA FOR;						
		ANORECTAL PROCEDURE	00902		not available	not available	not available	not available
		INJECTION,	00302		not available	not available	not available	not available
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG INJECTION,	J2250		not available	not available	not available	not available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE	35010		TIOT available	not available	not available	HOL AVAIIADIE
		INFUSION, UP TO 1000						
		СС	J7120		not available	not available	not available	not available
	EXTRACAPSULAR							
	CATARACT REMOVAL							
	WITH INSERTION OF							
66991	INTRAO	PRIMARY PROCEDURE	66991		\$ 747.59	\$ 1,214.83	\$ 1,214.83	\$ 747.59
		OCULAR IMPLANT,						
		AQUEOUS DRAINAGE						
		ASSIST DEVICE	C1783		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INFUSION, NORMAL						
		SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available
		1000 CC	1/030		not available	not available	not available	not available
	IMMUNIZATION							
	ADMINISTRATION							
90472	(INCLUDES PERCUTANEOUS, INT	PRIMARY PROCEDURE	90472		\$ 16.56	\$ 26.91	\$ 26.91	\$ 16.56
304/2	I ENCOTAINEOUS, IIVI	OFFICE OR OTHER	50472		10.50	20.91	و 20.91	10.50 پ
		OUTPATIENT VISIT						
		FOR THE EVALUATION	2224		400.00	40-0-		400.00
		AND	99214		\$ 102.80	\$ 167.05	\$ 167.05	\$ 102.80

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS		2.4	2.4	224	224
Code	Service Category	Procedure Description	Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	INFECTION BY							
	DETECTION BY NUCLEIC ACID (DNA							
87522	OR RNA)	PRIMARY PROCEDURE	87522		not available	not available	not available	not available
67322	OK KNA)	MOST RECENT	87322		TIOC available	not available	not available	not available
		HEMOGLOBIN A1C						
		(HBA1C) LEVEL LESS						
		THAN 7.0%	3044F		not available	not available	not available	not available
		MOST RECENT						
		SYSTOLIC BLOOD						
		PRESSURE GREATER						
		THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT						
		DIASTOLIC BLOOD PRESSURE GREATER						
		THAN OR EQ	3080F		not available	not available	not available	not available
		COMPREHENSIVE	3000F		not available	not available	not available	not available
		METABOLIC PANEL						
		THIS PANEL MUST						
		INCLUDE T	80053		not available	not available	not available	not available
		LIPID PANEL THIS						
		PANEL MUST INCLUDE						
		THE FOLLOWING:						
		CHOL	80061		not available	not available	not available	not available
		ANTIBODY;						
		TREPONEMA						
		PALLIDUM	86780		not available	not available	not available	not available
		ANTIBODY; HIV-1 AND						
		HIV-2, SINGLE RESULT	86703		not available	not available	not available	not available
		BLOOD COUNT;	30703		not available	not available	not available	not available
		COMPLETE (CBC),						
		AUTOMATED (HGB,						
		HCT, RBC,	85025		not available	not available	not available	not available
		INFECTIOUS AGENT						
		ANTIGEN DETECTION						
		BY IMMUNOASSAY						
		TECHN	87340		not available	not available	not available	not available
		HEMOGLOBIN;						
		GLYCOSYLATED (A1C)	83036		not available	not available	not available	not available
		COLLECTION OF	63030		not available	not available	not available	not available
		VENOUS BLOOD BY						
		VENIPUNCTURE	36415		not available	not available	not available	not available
	EXCISION OF							
	HYDROCELE;							
55040	UNILATERAL	PRIMARY PROCEDURE	55040		\$ 366.48	\$ 595.53	\$ 595.53	\$ 366.48
		ANESTHESIA FOR						
		PROCEDURES ON						
		MALE GENITALIA	00030		mak a milat I	mak e:!-!!	maka::=!l=l.1	mak a!!=!!!
		(INCLUDING	00920		not available	not available	not available	not available
		LEVEL II - SURGICAL						
		PATHOLOGY, GROSS						
		AND MICROSCOPIC EX	88302		\$ 7.12	\$ 11.57	\$ 11.57	\$ 7.12
		LEVEL I - SURGICAL						
		PATHOLOGY, GROSS						
		EXAMINATION ONLY	88300		\$ 4.59	\$ 7.46	\$ 7.46	\$ 4.59

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION,						
		DEXAMETHASONE SODIUM PHOSPHATE,						
		1 MG	J1100		not available	not available	not available	not available
		INJECTION,						
		ONDANSETRON						
		HYDROCHLORIDE, PER	J2405		not available	not available	not available	not available
		INJECTION,	32403		not available	not available	not available	not available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION FENTANIVI						
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS						
		EFFECTIVE DATE:						
	VAGINAL	01/01/1986	J3490		not available	not available	not available	not available
	HYSTERECTOMY, FOR							
	UTERUS 250 G OR							
58260	LESS;	PRIMARY PROCEDURE	58260		\$ 894.60	\$ 1,453.73	\$ 1,453.73	\$ 894.60
		CYSTOURETHROSCOPY (SEPARATE						
		PROCEDURE)	52000		\$ 83.66	\$ 135.95	\$ 135.95	\$ 83.66
		ANESTHESIA FOR						
		VAGINAL						
		PROCEDURES (INCLUDING BIOPSY						
		OF	00944		not available	not available	not available	not available
		LEVEL V - SURGICAL						
		PATHOLOGY, GROSS AND MICROSCOPIC						
		EXA	88307		\$ 85.65	\$ 139.18	\$ 139.18	\$ 85.65
		LEVEL IV - SURGICAL						
		PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 38.96	\$ 63.31	\$ 63.31	\$ 38.96
		INJECTION,	00303		φ σειστ	φ 00:01	φ 00.01	Ç 55.55
		ACETAMINOPHEN, 10						
		MG	J0131		not available	not available	not available	not available
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION,						
		DEXAMETHASONE SODIUM PHOSPHATE,						
		1 MG	J1100		not available	not available	not available	not available
		INJECTION,						
		HYDROMORPHONE,	14470		mak		maka::=!!=!!	mak a : -: H-1 !
		UP TO 4 MG INJECTION,	J1170		not available	not available	not available	not available
		METRONIDAZOLE, 10						
		MG EFF. DATE:						
		7/1/2023	J1836		not available	not available	not available	not available
		INJECTION, KETOROLAC						
		TROMETHAMINE, PER						
		15 MG	J1885		not available	not available	not available	not available

					BLUE SHIELD	ANTHEM BLUE	Maximum	Minimum
					TRIWEST (Commerical)	CROSS (Commercial)	Negotiated Rate	Negotiated Rate
Primary			CPT/HCPCS					
Code	Service Category	Procedure Description	Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		INJECTION,						
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON						
		HYDROCHLORIDE, PER						
		1 MG	J2405		not available	not available	not available	not available
		INJECTION,	32.00		not available	not available	no caranao i	1100 414114010
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
	LARYNGOSCOPY,							
31575	FLEXIBLE; DIAGNOSTIC	PRIMARY PROCEDURE	31575		\$ 74.77	\$ 121.50	\$ 121.50	\$ 74.77
	PERCUTANEOUS							
	TRANSCATHETER							
02500	CLOSURE OF CONGENITAL INTERA	PRIMARY PROCEDURE	93580		\$ 974.83	\$ 1,584.10	\$ 1,584.10	\$ 974.83
95560	CONGENITALINIERA	GONADOTROPIN,	95560		γ 374.83	ς 1,364.10	\$ 1,364.10	3 374.83
		CHORIONIC (HCG);						
		QUANTITATIVE	84702		not available	not available	not available	not available
		BASIC METABOLIC						
		PANEL (CALCIUM,						
		TOTAL) THIS PANEL						
		MUST	80048		not available	not available	not available	not available
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, HEPARIN	30030		not available	not available	not available	not available
		SODIUM, PER 1000						
		UNITS	J1644		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM						
		HYDROCHLORIDE, PER						9.11
-		1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

						.UE SHIELD TRIWEST ommerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS						
Code	Service Category	Procedure Description	Code	Note	Pro	ofessional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		BLOOD COUNT;							
		COMPLETE (CBC),							
		AUTOMATED (HGB,							
		HCT, RBC,	85027			not available	not available	not available	not available
		DDOTUDONADINI TIMAE	05640					nakanallahla	
		PROTHROMBIN TIME; COLLECTION OF	85610			not available	not available	not available	not available
		VENOUS BLOOD BY							
		VENIPUNCTURE	36415			not available	not available	not available	not available
	INJECTION,	VEITH OTTO TOTAL	30.123				not available	not available	not aranasis
	TRIAMCINOLONE								
	ACETONIDE, NOT								
J3301	OTHERWISE SPECI	PRIMARY PROCEDURE	J3301			not available	not available	not available	not available
		THERAPEUTIC,							
		PROPHYLACTIC, OR							
		DIAGNOSTIC							
		INJECTION (SPE	96372		\$	16.06	\$ 26.10	\$ 26.10	\$ 16.00
		PERIODIC							
		COMPREHENSIVE							
		PREVENTIVE MEDICINE							
		REEVALUATION	99396			not available	not available	not available	not available
		OFFICE OR OTHER	99390			not available	HOL available	not available	HOL available
		OUTPATIENT VISIT							
		FOR THE EVALUATION							
		AND	99213		\$	69.65	\$ 113.18	\$ 113.18	\$ 69.69
	BLEPHAROPLASTY,								
15822	UPPER EYELID;	PRIMARY PROCEDURE	15822		\$	444.45	\$ 722.23	\$ 722.23	\$ 444.4
		OPHTHALMOLOGICAL							
		SERVICES: MEDICAL							
		EXAMINATION AND	02014			00.70	424.27	¢ 424.27	6 00.7
		EVAL	92014		\$	80.78	\$ 131.27	\$ 131.27	\$ 80.78
	TOPICAL FLUORIDE								
	VARNISH;								
	THERAPEUTIC								
D1206	APPLICATION FOR M	PRIMARY PROCEDURE	D1206			not available	not available	not available	not available
		PROPHYLAXIS-CHILD	D1120			not available	not available	not available	not available
		CARIES RISK							
		ASSESSMENT AND							
		DOCUMENTATION,							
		WITH A FINDIN	D0603			not available	not available	not available	not available
		PERIODIC ORAL							
		EVALUATION -							
		ESTABLISHED PATIENT	D0120			not available	not available	not available	not available
	CYSTOURETHROSCOPY		50120			not available	not available	not available	not available
52204	, WITH BIOPSY(S)	PRIMARY PROCEDURE	52204		\$	148.06	\$ 240.60	\$ 240.60	\$ 148.0
		OFFICE OR OTHER			<u> </u>				
		OUTPATIENT VISIT							
		FOR THE EVALUATION							
		AND	99213		\$	69.65	\$ 113.18	\$ 113.18	\$ 69.6
		CYTOPATHOLOGY,							
		SELECTIVE CELLULAR							
		ENHANCEMENT	00440		_	20.00	46.00	46.00	30.0
		TECHNIQUE	88112		\$	28.80	\$ 46.80	\$ 46.80	\$ 28.80

					TRIWEST		CROSS	Maximum Negotiated Rate		Minimum Negotiated Rate
Service Category	Procedure Description	CPT/HCPCS Code	Note	Pro	ofessional <sup>2,4</sup>	Pro	ofessional <sup>3,4</sup>	Professional <sup>2,3,4</sup>		Professional <sup>2,3,4</sup>
	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	52000		\$					95	\$ 83.66
COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT										
VAGIN	PRIMARY PROCEDURE	57460		\$	167.78	\$	272.64	\$ 272.	54	\$ 167.78
	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT	57456		ς.	105.87	٤	172 04	\$ 172	na	\$ 105.87
		37430			103.87	7	172.04	φ 1/2.		<del>, 103.07</del>
	AND	99212		\$	37.18	\$	60.42	\$ 60.	42	\$ 37.18
	PATHOLOGY, GROSS AND MICROSCOPIC	2227		6	9F.CF		120.10	ć 130	1.0	څ وړ د
	EXA	88307		\$	85.65	\$	139.18	\$ 139.	18	\$ 85.65
	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$	38.96	\$	63.31	\$ 63.	31	\$ 38.96
	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS									
	INFUSION, 10 M	J2001			not available		not available	not availab	le	not available
NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR										
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	31231		\$	68.46	\$	111.25	\$ 111.	25	\$ 68.46
	AND	99213		\$	69.65	\$	113.18	\$ 113.	18	\$ 69.65
TAGS, MULTIPLE FIBROCUTANEOUS	DRIMA DV DD OCEDUDE	11200		,	06.45		120.00	ć 130.	20	Ć 96.45
	OFFICE OR OTHER OUTPATIENT VISIT	11200		7	80.13	7	159.99	<del>,</del> 159.	99	\$ 86.15
	AND	99213		\$	69.65	\$	113.18	\$ 113.	18	\$ 69.65
PLACEMENT OF SETON	PRIMARY PROCEDURE	46020		\$	123.83	\$	201.22	\$ 201.	22	\$ 123.83
	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER									
	1 MG INJECTION, ONDANSETRON	J2250			not available		not available	not availab	le	not available
	HYDROCHLORIDE, PER	12405			not available		not available	not availab	اعا	not available
	INJECTION, PROPOFOL, 10 MG	J2704					not available		T	not available
	INJECTION, FENTANYL									not available
	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN  NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (S  REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY  PLACEMENT OF SETON	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)  COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN  COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN  OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA  LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA  LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M  NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (S  PRIMARY PROCEDURE OUTPATIENT VISIT FOR THE EVALUATION AND  REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY  PRIMARY PROCEDURE OUTPATIENT VISIT FOR THE EVALUATION AND  PLACEMENT OF SETON PRIMARY PROCEDURE OUTPATIENT VISIT FOR THE EVALUATION AND  PLACEMENT OF SETON PRIMARY PROCEDURE INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG INJECTION,	Service Category Procedure Description Code  CYSTOURETHROSCOPY (SEPARATE PROCEDURE) 52000  COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN PRIMARY PROCEDURE 57460  COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN 57456  OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99212  LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA 88307  LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M J2001  NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (S PRIMARY PROCEDURE 31231  OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99213  REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY PRIMARY PROCEDURE 11200 OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99213  PLACEMENT OF SETON PRIMARY PROCEDURE 46020 INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG J2250 INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG J2250 INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG J2204	Service Category  CYSTOURETHROSCOPY (SEPARATE PROCEDURE)  52000  COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN  COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN  COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN  OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND  199212  LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA  88307  LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX AND MICROSCOPIC EX INIECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M  J2001  NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (S  OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND  99213  REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY  PRIMARY PROCEDURE  OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND  99213  PLACEMENT OF SETON PRIMARY PROCEDURE 1 1200  OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND 99213  PLACEMENT OF SETON PRIMARY PROCEDURE 1 1MG INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG INJECTION, PROPOFOL, 10 MG INTAGE PROPOFOL, 10 MG INTAGE PROPOFOL, 10 MG INTAGE PROPOFOL, 1	Service Category Procedure Description Code Note Procedure Cystourethroscopy (SEPARATE PROCEDURE) 52000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Service Category	TRIMEST (Commerical)   (Commerical	TRIMEST   CROSS   Commercial)   Commercial   Commerci	TRIWEST   CROSS   Commercial   Commercial	Service Category

		BLUE SHIELD ANTHEM BLUE									
					TRI	IWEST merical)	CRO:	ss	Maximum Negotiated Rate		Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note		ssional <sup>2,4</sup>	Profession		Professional <sup>2,3,4</sup>	T	Professional <sup>2,3,4</sup>
	5 /	UNCLASSIFIED DRUGS									
		EFFECTIVE DATE:								.	
	UNLISTED	01/01/1986	J3490		r	not available	not	available	not availa	ole	not available
	OTORHINOLARYNGOL										
	OGICAL SERVICE OR										
92700	PROCEDURE	PRIMARY PROCEDURE	92700		r	not available	not	available	not availa	ble	not available
		BASIC VESTIBULAR									
		EVALUATION,									
		INCLUDES									
		SPONTANEOUS NYSTA	92540		\$	82.30	\$	133.74	\$ 133	.74	\$ 82.30
	EXCISION, BENIGN										
	LESION INCLUDING MARGINS, EXCEPT										
11406		PRIMARY PROCEDURE	11406		\$	268.81	\$	436.82	\$ 436	.82	\$ 268.81
		REPAIR,									
		INTERMEDIATE, WOUNDS OF SCALP,									
		AXILLAE, TRUNK A	12032		\$	208.93	\$	339.51	\$ 339	.51	\$ 208.93
		OFFICE OR OTHER							•	寸	•
		OUTPATIENT VISIT									
		FOR THE EVALUATION	00212		\$	37.18	خ	60.42	¢ 60	.42	\$ 37.18
		AND	99212		3	57.10	Ş	60.42	\$ 60	.42	\$ 57.10
	FETAL BIOPHYSICAL										
	PROFILE; WITHOUT										
76819	NON-STRESS TESTING	PRIMARY PROCEDURE	76819		\$	38.69	\$	62.87	\$ 62	.87	\$ 38.69
		ULTRASOUND, PREGNANT UTERUS,									
		REAL TIME WITH									
		IMAGE DOCUM	76811		\$	95.84	\$	155.74	\$ 155	.74	\$ 95.84
	INCISION AND DRAINAGE OF										
	ABSCESS (EG,										
10060		PRIMARY PROCEDURE	10060		\$	119.63	\$	194.40	\$ 194	.40	\$ 119.63
		OFFICE OR OTHER									
		OUTPATIENT VISIT FOR THE EVALUATION									
		AND	99213		\$	69.65	Ś	113.18	\$ 113	.18	\$ 69.65
	INJECTION,		55225		<u> </u>		,			Ť	,
J0897	DENOSUMAB, 1 MG	PRIMARY PROCEDURE	J0897		r	not available	not	available	not availa	ble	not available
		THERAPEUTIC,									
		PROPHYLACTIC, OR DIAGNOSTIC									
		INJECTION (SPE	96372		\$	16.06	\$	26.10	\$ 26	.10	\$ 16.06
		OFFICE OR OTHER								$\top$	
		OUTPATIENT VISIT									
		FOR THE EVALUATION AND	99211		\$	9.26	Ś	15.05	ς 1 <u>5</u>	.05	\$ 9.26
	SMALLPOX AND		33211		†	9.20	7	13.03	, 13	-55	<del>-</del> 5.20
	MONKEYPOX										
	VACCINE,										
00611	ATTENUATED VACCINIA VIR	PRIMARY PROCEDURE	90611		] .	not available	not	available	not availa	امام	not available
90011	VACCINIA VIK	FRIIVIART PRUCEDURE	90011		r	iot avallable	TOIT	avaliable	not avalla	ופו	not available

						UE SHIELD		HEM BLUE		Maximum		Minimum
						TRIWEST ommerical)		CROSS mmercial)	Ne	egotiated Rate	N	egotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note		fessional <sup>2,4</sup>		essional <sup>3,4</sup>	Pr	ofessional <sup>2,3,4</sup>	Pi	rofessional <sup>2,3,4</sup>
		IMMUNIZATION ADMINISTRATION										
		(INCLUDES										
		PERCUTANEOUS, INT	90471		\$	23.61	\$	38.37	\$	38.37	\$	23.61
		OFFICE OR OTHER										
		OUTPATIENT VISIT FOR THE EVALUATION										
		AND	99211		\$	9.26	\$	15.05	\$	15.05	\$	9.26
	PARACENTESIS OF											
	ANTERIOR CHAMBER											
65800	OF EYE (SEPARATE PROCE	PRIMARY PROCEDURE	65800		\$	94.78	Ś	154.02	\$	154.02	\$	94.78
	INJECTION,											
	INTRALESIONAL; UP											
11000	TO AND INCLUDING 7 LESIONS	PRIMARY PROCEDURE	11000		ė	31.74	\$	51.58	\$	51.58	\$	31.74
11900	LESIONS	OFFICE OR OTHER	11900		\$	31.74	٦	31.30	Ş	31.36	Ş	51.74
		OUTPATIENT VISIT										
		FOR THE EVALUATION					١.					
		AND	99213		\$	69.65	\$	113.18	\$	113.18	\$	69.65
	INJECTION(S); SINGLE											
	TENDON SHEATH, OR	DDINAADY DDOGEDUDE			_	40.63		66.00	_	66.00	_	40.60
20550	LIGAMENT, APONEU	PRIMARY PROCEDURE OFFICE OR OTHER	20550		\$	40.63	\$	66.02	\$	66.02	\$	40.63
		OUTPATIENT VISIT										
		FOR THE EVALUATION										
		AND	99212		\$	37.18	\$	60.42	\$	60.42	\$	37.18
	OPEN TREATMENT OF											
	DISTAL RADIAL INTRA-											
25609	ARTICULAR FRACTUR	PRIMARY PROCEDURE	25609		\$	1,150.07	\$	1,868.86	\$	1,868.86	\$	1,150.07
		ANESTHESIA FOR OPEN OR SURGICAL										
		ARTHROSCOPIC/ENDO										
		SCOPIC	01830			not available		not available		not available		not available
		FLUOROSCORY										
		FLUOROSCOPY (SEPARATE										
		PROCEDURE), UP TO 1										
		HOUR PHYSICIA	76000		\$	15.47	\$	25.14	\$	25.14	\$	15.47
		ANCHOR/SCREW FOR OPPOSING BONE-TO-										
		BONE OR SOFT TISSUE-										
		Т	C1713			not available		not available		not available		not available
		INJECTION CETATOL										
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690			not available		not available		not available		not available
		INJECTION,	30030									
		MIDAZOLAM										
		HYDROCHLORIDE, PER	J2250			not available		not available		not available		not available
		INJECTION,	J223U			not available		not available		not available		not available
		PROPOFOL, 10 MG	J2704			not available		not available		not available		not available
		INJECTION,										
		ROPIVACAINE HYDROCHLORIDE, 1										
		MG	J2795			not available		not available		not available		not available

					BLUE SHIELD TRIWEST	ANTHEM BLUE CROSS	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS		(Commerical)	(Commercial)		
Code	Service Category	Procedure Description	Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		INVECTION FENTANIVI						
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE	33010		not a tanable			not available
		INFUSION, UP TO 1000						
		СС	J7120		not available	not available	not available	not available
	INSERTION OR REPLACEMENT OF PERMANENT							
33270	SUBCUTANEOUS IMPL	PRIMARY PROCEDURE	33270		\$ 575.19	\$ 934.68	\$ 934.68	\$ 575.19
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12						
		LEADS;	93005		\$ 7.38	\$ 11.99	\$ 11.99	\$ 7.38
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW BASIC METABOLIC	71045		\$ 8.86	\$ 14.40	\$ 14.40	\$ 8.86
		PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION,	32230		not available	not available	not available	not available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY						
		VENIPUNCTURE	36415		not available	not available	not available	not available
	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL							
75630	ILIOFEMORAL LOWER	PRIMARY PROCEDURE	75630		\$ 96.05	\$ 156.08	\$ 156.08	\$ 96.05
		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRA	76937		\$ 14.27	\$ 23.19	\$ 23.19	\$ 14.27
		SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM;						
		INITIAL GUIDE WIRE	36247 C1760		\$ 297.55		•	\$ 297.55 not available
		GUIDE WIRE	C1769		not available	not available	not available	l nor avanable

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS		2.4	- 63.4	Professional <sup>2,3,4</sup>	2.3.4
Code	ů ,	Procedure Description	Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional ***	Professional <sup>2,3,4</sup>
	l	INJECTION, HEPARIN						
		SODIUM, PER 1000 UNITS	11.644		not available	not available	not available	not available
		INJECTION,	J1644		HOL available	HOL available	not available	not available
	l	MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS						
		EFFECTIVE DATE:						
		01/01/1986	J3490		not available	not available	not available	not available
	CHEMODENERVATION							
	OF MUSCLE(S); NECK							
64616	MUSCLE(S), EXCLUDIN	PRIMARY PROCEDURE	64616		\$ 115.09	\$ 187.02	\$ 187.02	\$ 115.09
		OFFICE OR OTHER			,	,	,	
		OUTPATIENT VISIT						
		FOR THE EVALUATION						
		AND	99213		\$ 69.65	\$ 113.18	\$ 113.18	\$ 69.65
	CREATION OF							
	ARTERIOVENOUS							
2020	FISTULA BY OTHER	DDIMAADY DDOCEDLIDE	2020		ć (C7.F2	¢ 1,004.73	ć 1.004.72	ć (C7.F2
30830		PRIMARY PROCEDURE ANESTHESIA FOR	36830		\$ 667.52	\$ 1,084.72	\$ 1,084.72	\$ 667.52
		VASCULAR SHUNT, OR						
	l	SHUNT REVISION, ANY						
		Т	01844		not available	not available	not available	not available
		BASIC METABOLIC						
		PANEL (CALCIUM,						
		IONIZED) THIS PANEL						
		MUS	80047		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM,						
	l	TOTAL) THIS PANEL						
	l	MUST	80048		not available	not available	not available	not available
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG	J0690		not available	not available	not available	not available
	l	INJECTION, HEPARIN						
		SODIUM, PER 1000						
		UNITS	J1644		not available	not available	not available	not available
	l	INJECTION, LABETALOL						
	l	HYDROCHLORIDE, 5						
	l	MG EFF. DATE: 7/	J1920		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM						
	l	HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		UNCLASSIFIED DRUGS						
	l	EFFECTIVE DATE: 01/01/1986	13.400		not available	not available	not available	not available
		INFUSION, NORMAL	J3490		not available	not available	not available	not available
		SALINE SOLUTION ,						
	l	1000 CC	J7030		not available	not available	not available	not available
		ANTIBODY SCREEN,						
		RBC, EACH SERUM						
		TECHNIQUE	86850		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
	0 ,	BLOOD TYPING,						
		SEROLOGIC; RH (D)	86901		not available	not available	not available	not available
		BLOOD TYPING,	00301		not available	not available		not available
		SEROLOGIC; ABO	86900		not available	not available	not available	not available
		COLLECTION OF						
		VENOUS BLOOD BY						
		VENIPUNCTURE	36415		not available	not available	not available	not available
-	REVASCULARIZATION,							
	ENDOVASCULAR,							
l l	OPEN OR							
37228	PERCUTANEOUS,	PRIMARY PROCEDURE	37228		\$ 530.87	\$ 862.66	\$ 862.66	\$ 530.87
		REVASCULARIZATION,						
		ENDOVASCULAR,						
		OPEN OR						
		PERCUTANEOUS,	37224		\$ 436.65	\$ 709.56	\$ 709.56	\$ 436.65
		A ODTO CDADUN						
		AORTOGRAPHY,						
		ABDOMINAL PLUS						
		BILATERAL	75620		ć 00.05	456.00	450.00	00.05
		ILIOFEMORAL LOWER	75630		\$ 96.05	\$ 156.08	\$ 156.08	\$ 96.05
		ULTRASOUND						
		GUIDANCE FOR						
		VASCULAR ACCESS REQUIRING ULTRA	76937		\$ 14.27	\$ 23.19	\$ 23.19	\$ 14.27
$\longrightarrow$		MOST RECENT	76937		3 14.27	3 25.19	3 25.19	\$ 14.27
		SYSTOLIC BLOOD						
		PRESSURE LESS THAN						
		130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT	30741		not available	not available		not available
		SYSTOLIC BLOOD						
		PRESSURE 130-139						
		MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT						
		SYSTOLIC BLOOD						
		PRESSURE GREATER						
		THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT						
		DIASTOLIC BLOOD						
		PRESSURE LESS THAN						
		80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT						
		DIASTOLIC BLOOD						
		PRESSURE 80-89 MM						
		HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT						
		DIASTOLIC BLOOD						
		PRESSURE GREATER	3080F		not available	not available	not available	not available
		THAN OR EQ	3U8UF		not available	not available	not available	not available
		DISCHARGE						
		MEDICATIONS						
		RECONCILED WITH						
		THE CURRENT MEDIC	1111F		not available	not available	not available	not available
		INJECTION, HEPARIN						
		SODIUM, PER 1000						
		UNITS	J1644		not available	not available	not available	not available
$\overline{}$		INJECTION,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
I		1 MG	J2250		not available	not available	not available	not available

					BLUE SHIELD	ANTHEM BLUE	Maximum	Minimum
					TRIWEST (Commerical)	CROSS (Commercial)	Negotiated Rate	Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
0000	Consider Gategory	- recount 2 company	5545	11000	1101000101101	1101000101101	1101000101101	1101000101101
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		COLLECTION OF						
		VENOUS BLOOD BY						
		VENIPUNCTURE	36415		not available	not available	not available	not available
	LAPAROSCOPY,							
	SURGICAL; WITH							
	INSERTION OF	DDIMANDY DDOCEDLIDE	40224		ć 403.50	\$ 655.82	¢ (FF 02	402.50
49324	TUNNELED INTRA	PRIMARY PROCEDURE ANESTHESIA FOR	49324		\$ 403.58	\$ 655.82	\$ 655.82	\$ 403.58
		INTRAPERITONEAL						
		PROCEDURES IN						
		UPPER ABDO	00790		not available	not available	not available	not available
		OFF ER ABBO	00730		not available	not available	not available	not available
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION,						
		DEXAMETHASONE						
		SODIUM PHOSPHATE,						
		1 MG	J1100		not available	not available	not available	not available
		INJECTION,						
		HYDROMORPHONE,						
		UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, HEPARIN						
		SODIUM, PER 1000						
		UNITS	J1644		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION,						
		PHENYLEPHRINE						
		HYDROCHLORIDE, 20	12274				. 9.11	
		MICROGRAMS	J2371		not available	not available	not available	not available
		INJECTION, ONDANSETRON						
		HYDROCHLORIDE, PER						
		1 MG	J2405		not available	not available	not available	not available
		INJECTION,	32403		not available	not available	not available	not available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS						
		EFFECTIVE DATE:						
		01/01/1986	J3490		not available	not available	not available	not available
		INFUSION, NORMAL						
		SALINE SOLUTION ,						
		1000 CC	J7030		not available	not available	not available	not available
		ANTIBODY SCREEN,						
		RBC, EACH SERUM						
		TECHNIQUE	86850		not available	not available	not available	not available
		BLOOD TYPING,	2000					
	INCEDITION AND	SEROLOGIC; RH (D)	86901		not available	not available	not available	not available
	INSERTION AND							
	PLACEMENT OF FLOW DIRECTED CATHETER							
93503		PRIMARY PROCEDURE	93503		\$ 89.01	\$ 144.64	\$ 144.64	\$ 89.01
55503	I/-0,	I MINIMAN I FROCEDORE	55503		05.01	y 144.04	y 144.04	ال.50 كا

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Couc	ű ,	BASIC METABOLIC	couc	11010	Troressional	riolessional	Troressionar	Troressionar
		PANEL (CALCIUM,						
		TOTAL) THIS PANEL						
		MUST	80048		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC),						
		AUTOMATED (HGB,						
		HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME;	95610		not available	not available	not available	not available
		COLLECTION OF	85610		not available	not available	not available	not available
		VENOUS BLOOD BY						
		VENIPUNCTURE	36415		not available	not available	not available	not available
	BIOPSY, ABDOMINAL OR RETROPERITONEAL							
	MASS,							
49180		PRIMARY PROCEDURE	49180		\$ 84.58	\$ 137.44	\$ 137.44	\$ 84.58
		COMPUTED TOMOGRAPHY						
		GUIDANCE FOR						
		NEEDLE PLACEMENT						
		(EG,	77012		\$ 72.38	\$ 117.62	\$ 117.62	\$ 72.38
		LEVEL IV - SURGICAL						
		PATHOLOGY, GROSS						
		AND MICROSCOPIC EX	88305		\$ 38.96	\$ 63.31	\$ 63.31	\$ 38.96
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMIS						
		TRY, PER SPECIM	88342		\$ 36.43	\$ 59.20	\$ 59.20	\$ 36.43
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF							
52317		PRIMARY PROCEDURE	52317		\$ 357.86	\$ 581.52	\$ 581.52	\$ 357.86
		ANESTHESIA FOR TRANSURETHRAL PROCEDURES						
		(INCLUDING URET	00910		not available	not available	not available	not available
		,						
		CALCULUS; INFRARED	0225					9.11
		SPECTROSCOPY INJECTION,	82365		not available	not available	not available	not available
		HYDRALAZINE HCL, UP TO 20 MG	J0360		not available	not available	not available	not available
		INJECTION,						
		CEFTRIAXONE SODIUM, PER 250 MG						
		EFFECTIVE DA	J0696		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE,						
		UP TO 4 MG	J1170		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Couc	Service category	INJECTION,	couc	Note	Troressional	Troressionar	Troressional	1 To resolution
		LABETALOL						
		HYDROCHLORIDE, 5						
		MG EFF. DATE: 7/	J1920		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		-						
		INJECTION,						
		NITROGLYCERIN, 5 MG						
		EFF. DATE: 7/1/2023 INJECTION,	J2305		not available	not available	not available	not available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
			32701				no cavanasie	1101 010110
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS						
		EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
	VITRECTOMY,	01/01/1300	13490		not available	not available	not available	not available
	MECHANICAL, PARS							
	PLANA APPROACH;							
67042	WITH REMOV	PRIMARY PROCEDURE	67042		\$ 1,239.69	\$ 2,014.50	\$ 2,014.50	\$ 1,239.69
		ANESTHESIA FOR						
		PROCEDURES ON EYE;						
		VITREORETINAL						
		SURGERY	00145		not available	not available	not available	not available
		INJECTION,						
		MIDAZOLAM						
		HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION,	1220					
		ONDANSETRON						
		HYDROCHLORIDE, PER						
		1 MG INJECTION,	J2405		not available	not available	not available	not available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
			32701					
		INJECTION, FENTANYL						
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS						
		01/01/1986	J3490		not available	not available	not available	not available
	INFECTIOUS AGENT	, , , , , , , , , , , , , , , , , , , ,	35.50				50 4 74.114010	
	DETECTION BY							
	NUCLEIC ACID (DNA							
87491	OR RNA)	PRIMARY PROCEDURE	87491		not available	not available	not available	not available
		DETECTION BY						
		NUCLEIC ACID (DNA						
		OR RNA)	87591		not available	not available	not available	not available
		MOST RECENT						
		SYSTOLIC BLOOD						
		PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT	30/41		not available	not available	not available	not available
		DIASTOLIC BLOOD						
		PRESSURE LESS THAN						
		80 MM HG	3078F		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS		D 6 . 12.4	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
Code	Service Category	Procedure Description	Code	Note	Professional <sup>2,4</sup>	Professional	Professional	Professional
		ANTIBODY; TREPONEMA						
		PALLIDUM	86780		not available	not available	not available	not available
		ANTIBODY; HIV-1 AND						
		HIV-2, SINGLE RESULT	86703		not available	not available	not available	not available
		BLOOD COUNT;						
		COMPLETE (CBC), AUTOMATED (HGB,						
		HCT, RBC,	85025		not available	not available	not available	not available
		COLLECTION OF	03023					
		VENOUS BLOOD BY						
		VENIPUNCTURE	36415		not available	not available	not available	not available
	OPEN TREATMENT OF							
	CLAVICULAR							
22515	FRACTURE, INCLUDES INTERNA	PRIMARY PROCEDURE	23515		\$ 790.21	\$ 1,284.09	\$ 1,284.09	\$ 790.21
23313	INTERNA	ANESTHESIA FOR	23313		\$ 750.21	ς 1,264.0 <del>3</del>	Ş 1,264.09	790.21
		PROCEDURES ON						
		CLAVICLE AND						
		SCAPULA; NOT	00450		not available	not available	not available	not available
		RADIOLOGIC						
		EXAMINATION; CLAVICLE, COMPLETE	73000		\$ 8.56	\$ 13.91	\$ 13.91	\$ 8.56
		RADIOLOGIC	73000		3 8.50	3 13.51	J 13.51	3 8.50
		EXAMINATION,						
		SHOULDER; 1 VIEW	73020		\$ 7.82	\$ 12.71	\$ 12.71	\$ 7.82
		ANCHOR/SCREW FOR						
		OPPOSING BONE-TO-						
		BONE OR SOFT TISSUE-	C1713		not available	not available	not available	not available
			C1/13		not available	not available	not available	not available
		INJECTION, CEFAZOLIN						
		SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION,						
		DEXAMETHASONE						
		SODIUM PHOSPHATE,	14.400		nat available	net eveileble	nat available	n et eveileble
		1 MG INJECTION,	J1100		not available	not available	not available	not available
		MIDAZOLAM						
		HYDROCHLORIDE, PER						
		1 MG	J2250		not available	not available	not available	not available
		INJECTION,						
		NITROGLYCERIN, 5 MG EFF. DATE: 7/1/2023	J2305		not available	not available	not available	not available
		INJECTION,	12303		not available	not available	not available	not available
		PHENYLEPHRINE						
		HYDROCHLORIDE, 20						
		MICROGRAMS	J2371		not available	not available	not available	not available
		INJECTION,						
		ONDANSETRON HYDROCHLORIDE, PER						
		1 MG	J2405		not available	not available	not available	not available
		INJECTION,	32403		.iot available	se available	st available	st available
		PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL						_
		CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
		UNCLASSIFIED DRUGS						
		EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE						
		INFUSION, UP TO 1000						
		СС	J7120		not available	not available	not available	not available
	ARTHROSCOPY,							
	SHOULDER, SURGICAL;			this procedure was				
20026	DECOMPRESSION OF SUBAC			provided in inpatient setting only	n/a	n/a	n/a	n/a
29820	SUBAC			Setting Only	11/ a	II/ a	II/a	II/a
	SURGICAL REMOVAL							
	OF PROSTATE AND SURROUNDING			this procedure was				
	LYMPH NODES USING			provided in inpatient				
55866	AN ENDOSCOPE			setting only	n/a	n/a	n/a	n/a
	ROUTINE OBSTETRIC							
	CARE FOR CESAREAN							
	DELIVERY, INCLUDING			this procedure was				
	PRE-AND POST-			provided in inpatient	,	,	,	,
59510	DELIVERY CARE			setting only	n/a	n/a	n/a	n/a
	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY AFTER PRIOR CESAREAN DELIVERY INCLUDING PRE-AND POST-			this procedure was provided in inpatient				
59610	DELIVERY CARE			setting only	n/a	n/a	n/a	n/a
	MRI SCAN OF LOWER			this procedure was provided in inpatient				
72148	SPINAL CANAL			setting only	n/a	n/a	n/a	n/a
	CT CCAN DELVE			this procedure was				
	CT SCAN, PELVIS, WITH CONTRAST			provided in inpatient setting only	n/a	n/a	n/a	n/a
72133	VVIII COIVIII ISI			Secting Only	11, 0	11/ 4	11, 0	11,0
				this procedure was				
73721	MRI SCAN OF LEG			provided in inpatient	7/0	- /a	n/a	n/a
/3/21	JOINT			setting only	n/a	n/a	n/a	n/a
				this procedure was				
	RENAL FUNCTION			provided in inpatient				
80069	PANEL			setting only	n/a	n/a	n/a	n/a
80076	HEPATIC FUNCTION PANEL			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a
81002	URINALYSIS NONAUTO W/O SCOPE			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a

### COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE<sup>1</sup> EFFECTIVE JANUARY 1, 2025 UPDATED AS OF 12/19/2024

					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS		24		224	224
Code	Service Category	Procedure Description	Code	Note	Professional <sup>2,4</sup>	Professional <sup>3,4</sup>	Professional <sup>2,3,4</sup>	Professional <sup>2,3,4</sup>
			l	this procedure was				
	URINALYSIS AUTO			provided in inpatient				
81003	W/O SCOPE			setting only	n/a	n/a	n/a	n/a
				this procedure was				
				provided in inpatient				
84153	ASSAY OF PSA TOTAL			setting only	n/a	n/a	n/a	n/a
				this procedure was				
	THROMBOPLASTIN			provided in inpatient				
85730	TIME PARTIAL			setting only	n/a	n/a	n/a	n/a
80055	OBSTETRIC PANEL			not performed	n/a	n/a	n/a	n/a
84154	ASSAY OF PSA FREE			not performed	n/a	n/a	n/a	n/a

#### Footnotes:

- 1. Services presented are commonly provided by Health Services hospitals, excluding services which are not considered "shoppable".
- 2. Professional services are applied to Inpatient and Outpatient setting.
- 3. Professional services are applied to Outpatient setting, Professional services are not contracted in Inpatient setting.
- 4. Professional Contract Rates are based on the contract terms, using California, Area 18, 2024 Part B Medicare Physician Fee Schedule, effective March 9,2024.