LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE SERVICES BY PROCEDURE[1]
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALI	PRIMARY PROCEDURE	19120		$ 326.44	not contracted	$ 423.16	not contracted	$ 438.28	not contracted	$ 302.26	not contracted	$ 362.71	$ 252.86	$ 462.46	not contracted	$ 462.46	$ 252.86	$ 302.26	$ 252.86
		ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM O	00400		$ 58.82	not contracted	$ 76.24	not contracted	$ 78.97	not contracted	$ 54.46	not contracted	$ 65.35	$ 45.56	$ 83.32	not contracted	$ 83.32	$ 45.56	$ 54.46	$ 45.56
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		$ 135.77	not contracted	$ 175.99	not contracted	$ 182.28	not contracted	$ 125.71	not contracted	$ 150.85	$ 105.17	$ 192.34	not contracted	$ 192.34	$ 105.17	$ 125.71	$ 105.17
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL	PRIMARY PROCEDURE	29881		$ 853.58	not contracted	$ 1,106.49	not contracted	$ 1,146.01	not contracted	$ 790.35	not contracted	$ 948.42	$ 661.20	$ 1,209.24	not contracted	$ 1,209.24	$ 661.20	$ 790.35	$ 661.20
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		$ 14.29	not contracted	$ 18.52	not contracted	$ 19.18	not contracted	$ 13.23	not contracted	$ 15.88	$ 11.06	$ 20.24	not contracted	$ 20.24	$ 11.06	$ 13.23	$ 11.06
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
42820	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE 12	PRIMARY PROCEDURE	42820		$ 261.26	not contracted	$ 338.67	not contracted	$ 350.77	not contracted	$ 241.91	not contracted	$ 290.29	$ 202.38	$ 370.12	not contracted	$ 370.12	$ 202.38	$ 241.91	$ 202.38
		ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY;	00170		$ 98.11	not contracted	$ 127.18	not contracted	$ 131.72	not contracted	$ 90.84	not contracted	$ 109.01	$ 76.00	$ 138.99	not contracted	$ 138.99	$ 76.00	$ 90.84	$ 76.00
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87635		$ 79.49	not contracted	$ 103.04	not contracted	$ 106.72	not contracted	$ 73.60	not contracted	$ 88.32	$ 61.57	$ 112.61	not contracted	$ 112.61	$ 61.57	$ 73.60	$ 61.57
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		$ 47.22	not contracted	$ 61.21	not contracted	$ 63.39	not contracted	$ 43.72	not contracted	$ 52.46	$ 36.58	$ 66.89	not contracted	$ 66.89	$ 36.58	$ 43.72	$ 36.58
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, MORPHINE SULFATE, UP TO 10 MG EFFECTIVE DAT	J2270		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		$ 1.57	not contracted	$ 2.03	not contracted	$ 2.10	not contracted	$ 1.45	not contracted	$ 1.74	$ 1.21	$ 2.22	not contracted	$ 2.22	$ 1.21	$ 1.45	$ 1.21
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		$ 1.00	not contracted	$ 1.30	not contracted	$ 1.35	not contracted	$ 0.93	not contracted	$ 1.12	$ 0.78	$ 1.42	not contracted	$ 1.42	$ 0.78	$ 0.93	$ 0.78
		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT	J7642		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -

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UPDATED AS OF 12/19/2024

					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
43235	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; DIAGNO	PRIMARY PROCEDURE	43235		$ 347.20	not contracted	$ 450.07	not contracted	$ 466.15	not contracted	$ 321.48	not contracted	$ 385.78	$ 268.94	$ 491.86	not contracted	$ 491.86	$ 268.94	$ 321.48	$ 268.94
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
43239	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH B	PRIMARY PROCEDURE	43239		$ 362.78	not contracted	$ 470.27	not contracted	$ 487.07	not contracted	$ 335.91	not contracted	$ 403.09	$ 281.02	$ 513.94	not contracted	$ 513.94	$ 281.02	$ 335.91	$ 281.02
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
45378	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION	PRIMARY PROCEDURE	45378		$ 457.36	not contracted	$ 592.87	not contracted	$ 614.05	not contracted	$ 423.48	not contracted	$ 508.18	$ 354.28	$ 647.92	not contracted	$ 647.92	$ 354.28	$ 423.48	$ 354.28
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
45380	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	PRIMARY PROCEDURE	45380		$ 511.57	not contracted	$ 663.15	not contracted	$ 686.84	not contracted	$ 473.68	not contracted	$ 568.42	$ 396.28	$ 724.73	not contracted	$ 724.73	$ 396.28	$ 473.68	$ 396.28
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
45385	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(	PRIMARY PROCEDURE	45385		$ 620.01	not contracted	$ 803.71	not contracted	$ 832.42	not contracted	$ 574.08	not contracted	$ 688.90	$ 480.26	$ 878.34	not contracted	$ 878.34	$ 480.26	$ 574.08	$ 480.26

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES,	00811		$ 86.81	not contracted	$ 112.53	not contracted	$ 116.55	not contracted	$ 80.38	not contracted	$ 96.46	$ 67.25	$ 122.98	not contracted	$ 122.98	$ 67.25	$ 80.38	$ 67.25
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
45391	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMI	PRIMARY PROCEDURE	45391		$ 262.82	not contracted	$ 340.69	not contracted	$ 352.86	not contracted	$ 243.35	not contracted	$ 292.02	$ 203.58	$ 372.33	not contracted	$ 372.33	$ 203.58	$ 243.35	$ 203.58
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	PRIMARY PROCEDURE	47562		$ 722.09	not contracted	$ 936.04	not contracted	$ 969.47	not contracted	$ 668.60	not contracted	$ 802.32	$ 559.34	$ 1,022.96	not contracted	$ 1,022.96	$ 559.34	$ 668.60	$ 559.34
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		$ 47.22	not contracted	$ 61.21	not contracted	$ 63.39	not contracted	$ 43.72	not contracted	$ 52.46	$ 36.58	$ 66.89	not contracted	$ 66.89	$ 36.58	$ 43.72	$ 36.58
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		$ 14.29	not contracted	$ 18.52	not contracted	$ 19.18	not contracted	$ 13.23	not contracted	$ 15.88	$ 11.06	$ 20.24	not contracted	$ 20.24	$ 11.06	$ 13.23	$ 11.06
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		$ 7.32	not contracted	$ 9.49	not contracted	$ 9.83	not contracted	$ 6.78	not contracted	$ 8.14	$ 5.68	$ 10.37	not contracted	$ 10.37	$ 5.68	$ 6.78	$ 5.68
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		$ 7.99	not contracted	$ 10.36	not contracted	$ 10.73	not contracted	$ 7.40	not contracted	$ 8.88	$ 6.19	$ 11.32	not contracted	$ 11.32	$ 6.19	$ 7.40	$ 6.19
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		$ 4.03	not contracted	$ 5.22	not contracted	$ 5.41	not contracted	$ 3.73	not contracted	$ 4.48	$ 3.12	$ 5.71	not contracted	$ 5.71	$ 3.12	$ 3.73	$ 3.12
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		$ 3.81	not contracted	$ 4.94	not contracted	$ 5.12	not contracted	$ 3.53	not contracted	$ 4.24	$ 2.95	$ 5.40	not contracted	$ 5.40	$ 2.95	$ 3.53	$ 2.95
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; R	PRIMARY PROCEDURE	49505		$ 532.93	not contracted	$ 690.83	not contracted	$ 715.50	not contracted	$ 493.45	not contracted	$ 592.14	$ 412.81	$ 754.98	not contracted	$ 754.98	$ 412.81	$ 493.45	$ 412.81
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		$ 14.29	not contracted	$ 18.52	not contracted	$ 19.18	not contracted	$ 13.23	not contracted	$ 15.88	$ 11.06	$ 20.24	not contracted	$ 20.24	$ 11.06	$ 13.23	$ 11.06
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE,	PRIMARY PROCEDURE	55700		$ 135.54	not contracted	$ 175.70	not contracted	$ 181.98	not contracted	$ 125.50	not contracted	$ 150.60	$ 104.99	$ 192.02	not contracted	$ 192.02	$ 104.99	$ 125.50	$ 104.99

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		$ 58.09	not contracted	$ 75.31	not contracted	$ 78.00	not contracted	$ 53.79	not contracted	$ 64.55	$ 45.00	$ 82.30	not contracted	$ 82.30	$ 45.00	$ 53.79	$ 45.00
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	J1580		$ 11.13	not contracted	$ 14.43	not contracted	$ 14.95	not contracted	$ 10.31	not contracted	$ 12.37	$ 8.63	$ 15.77	not contracted	$ 15.77	$ 8.63	$ 10.31	$ 8.63
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		$ 6.96	not contracted	$ 9.02	not contracted	$ 9.34	not contracted	$ 6.44	not contracted	$ 7.73	$ 5.39	$ 9.85	not contracted	$ 9.85	$ 5.39	$ 6.44	$ 5.39
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGIN	PRIMARY PROCEDURE	59400		$ 2,153.54	not contracted	$ 2,791.63	not contracted	$ 2,891.33	not contracted	$ 1,994.02	not contracted	$ 2,392.82	$ 1,668.17	$ 3,050.85	not contracted	$ 3,050.85	$ 1,668.17	$ 1,994.02	$ 1,668.17
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	81000		$ 4.00	not contracted	$ 5.18	not contracted	$ 5.37	not contracted	$ 3.70	not contracted	$ 4.44	$ 3.10	$ 5.66	not contracted	$ 5.66	$ 3.10	$ 3.70	$ 3.10
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)	PRIMARY PROCEDURE	62322		$ 214.55	not contracted	$ 278.12	not contracted	$ 288.06	not contracted	$ 198.66	not contracted	$ 238.39	$ 166.20	$ 303.95	not contracted	$ 303.95	$ 166.20	$ 198.66	$ 166.20
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 43.32	not contracted	$ 56.15	not contracted	$ 58.16	not contracted	$ 40.11	not contracted	$ 48.13	$ 33.55	$ 61.37	not contracted	$ 61.37	$ 33.55	$ 40.11	$ 33.55
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		$ 0.26	not contracted	$ 0.34	not contracted	$ 0.35	not contracted	$ 0.24	not contracted	$ 0.29	$ 0.20	$ 0.37	not contracted	$ 0.37	$ 0.20	$ 0.24	$ 0.20
		INJECTION, BUPIVICAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	J0665		$ 6.94	not contracted	$ 9.00	not contracted	$ 9.32	not contracted	$ 6.43	not contracted	$ 7.72	$ 5.38	$ 9.84	not contracted	$ 9.84	$ 5.38	$ 6.43	$ 5.38
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECI	J3301		$ 8.59	not contracted	$ 11.13	not contracted	$ 11.53	not contracted	$ 7.95	not contracted	$ 9.54	$ 6.65	$ 12.16	not contracted	$ 12.16	$ 6.65	$ 7.95	$ 6.65
62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)	PRIMARY PROCEDURE	62323		$ 340.86	not contracted	$ 441.85	not contracted	$ 457.63	not contracted	$ 315.61	not contracted	$ 378.73	$ 264.04	$ 482.88	not contracted	$ 482.88	$ 264.04	$ 315.61	$ 264.04

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
64483	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRANS	PRIMARY PROCEDURE	64483		$ 222.06	not contracted	$ 287.85	not contracted	$ 298.13	not contracted	$ 205.61	not contracted	$ 246.73	$ 172.01	$ 314.58	not contracted	$ 314.58	$ 172.01	$ 205.61	$ 172.01
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED	PRIMARY PROCEDURE	66821		$ 288.37	not contracted	$ 373.81	not contracted	$ 387.16	not contracted	$ 267.01	not contracted	$ 320.41	$ 223.38	$ 408.53	not contracted	$ 408.53	$ 223.38	$ 267.01	$ 223.38
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAO	PRIMARY PROCEDURE	66984		$ 1,557.22	not contracted	$ 2,018.62	not contracted	$ 2,090.71	not contracted	$ 1,441.87	not contracted	$ 1,730.24	$ 1,206.25	$ 2,206.06	not contracted	$ 2,206.06	$ 1,206.25	$ 1,441.87	$ 1,206.25
		POSTERIOR CHAMBER INTRAOCULAR LENS	V2632		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MA	PRIMARY PROCEDURE	70450		$ 156.88	not contracted	$ 203.36	not contracted	$ 210.63	not contracted	$ 145.26	not contracted	$ 174.31	$ 121.52	$ 222.25	not contracted	$ 222.25	$ 121.52	$ 145.26	$ 121.52
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDI	PRIMARY PROCEDURE	70553		$ 481.87	not contracted	$ 624.65	not contracted	$ 646.96	not contracted	$ 446.18	not contracted	$ 535.42	$ 373.27	$ 682.66	not contracted	$ 682.66	$ 373.27	$ 446.18	$ 373.27
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF	PRIMARY PROCEDURE	72110		$ 67.93	not contracted	$ 88.06	not contracted	$ 91.21	not contracted	$ 62.90	not contracted	$ 75.48	$ 52.62	$ 96.24	not contracted	$ 96.24	$ 52.62	$ 62.90	$ 52.62
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST	PRIMARY PROCEDURE	74177		$ 436.55	not contracted	$ 565.89	not contracted	$ 586.10	not contracted	$ 404.21	not contracted	$ 485.05	$ 338.16	$ 618.44	not contracted	$ 618.44	$ 338.16	$ 404.21	$ 338.16
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	J9217		$ 294.53	not contracted	$ 381.79	not contracted	$ 395.43	not contracted	$ 272.71	not contracted	$ 327.25	$ 228.14	$ 417.25	not contracted	$ 417.25	$ 228.14	$ 272.71	$ 228.14
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATI	PRIMARY PROCEDURE	76700		$ 128.89	not contracted	$ 167.08	not contracted	$ 173.04	not contracted	$ 119.34	not contracted	$ 143.21	$ 99.84	$ 182.59	not contracted	$ 182.59	$ 99.84	$ 119.34	$ 99.84
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76805		$ 146.11	not contracted	$ 189.41	not contracted	$ 196.17	not contracted	$ 135.29	not contracted	$ 162.35	$ 113.18	$ 206.99	not contracted	$ 206.99	$ 113.18	$ 135.29	$ 113.18
		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	76811		$ 245.82	not contracted	$ 318.65	not contracted	$ 330.03	not contracted	$ 227.61	not contracted	$ 273.13	$ 190.42	$ 348.24	not contracted	$ 348.24	$ 190.42	$ 227.61	$ 190.42
76830	ULTRASOUND, TRANSVAGINAL	PRIMARY PROCEDURE	76830		$ 104.80	not contracted	$ 135.86	not contracted	$ 140.71	not contracted	$ 97.04	not contracted	$ 116.45	$ 81.18	$ 148.47	not contracted	$ 148.47	$ 81.18	$ 97.04	$ 81.18
		ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVI	58100		$ 63.58	not contracted	$ 82.42	not contracted	$ 85.36	not contracted	$ 58.87	not contracted	$ 70.64	$ 49.25	$ 90.07	not contracted	$ 90.07	$ 49.25	$ 58.87	$ 49.25

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY	88147		$ 19.19	not contracted	$ 24.88	not contracted	$ 25.77	not contracted	$ 17.77	not contracted	$ 21.32	$ 14.87	$ 27.19	not contracted	$ 27.19	$ 14.87	$ 17.77	$ 14.87
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		$ 48.32	not contracted	$ 62.64	not contracted	$ 64.87	not contracted	$ 44.74	not contracted	$ 53.69	$ 37.43	$ 68.45	not contracted	$ 68.45	$ 37.43	$ 44.74	$ 37.43
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87522		$ 48.82	not contracted	$ 63.28	not contracted	$ 65.54	not contracted	$ 45.20	not contracted	$ 54.24	$ 37.81	$ 69.16	not contracted	$ 69.16	$ 37.81	$ 45.20	$ 37.81
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	88142		$ 27.89	not contracted	$ 36.15	not contracted	$ 37.44	not contracted	$ 25.82	not contracted	$ 30.98	$ 21.60	$ 39.50	not contracted	$ 39.50	$ 21.60	$ 25.82	$ 21.60
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		$ 11.26	not contracted	$ 14.60	not contracted	$ 15.12	not contracted	$ 10.43	not contracted	$ 12.52	$ 8.72	$ 15.96	not contracted	$ 15.96	$ 8.72	$ 10.43	$ 8.72
		ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	86703		$ 18.53	not contracted	$ 24.02	not contracted	$ 24.88	not contracted	$ 17.16	not contracted	$ 20.59	$ 14.35	$ 26.25	not contracted	$ 26.25	$ 14.35	$ 17.16	$ 14.35
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		$ 10.45	not contracted	$ 13.55	not contracted	$ 14.04	not contracted	$ 9.68	not contracted	$ 11.62	$ 8.10	$ 14.81	not contracted	$ 14.81	$ 8.10	$ 9.68	$ 8.10
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHN	87340		$ 14.13	not contracted	$ 18.31	not contracted	$ 18.97	not contracted	$ 13.08	not contracted	$ 15.70	$ 10.94	$ 20.01	not contracted	$ 20.01	$ 10.94	$ 13.08	$ 10.94
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), P	J1950		$ 2,448.55	not contracted	$ 3,174.05	not contracted	$ 3,287.41	not contracted	$ 2,267.18	not contracted	$ 2,720.62	$ 1,896.70	$ 3,468.79	not contracted	$ 3,468.79	$ 1,896.70	$ 2,267.18	$ 1,896.70
		INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	J2175		$ 17.59	not contracted	$ 22.81	not contracted	$ 23.62	not contracted	$ 16.29	not contracted	$ 19.55	$ 13.63	$ 24.92	not contracted	$ 24.92	$ 13.63	$ 16.29	$ 13.63
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECT	PRIMARY PROCEDURE	77066		$ 229.32	not contracted	$ 297.26	not contracted	$ 307.88	not contracted	$ 212.33	not contracted	$ 254.80	$ 177.64	$ 324.86	not contracted	$ 324.86	$ 177.64	$ 212.33	$ 177.64
		DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL OR	G0279		$ 73.61	not contracted	$ 95.42	not contracted	$ 98.83	not contracted	$ 68.16	not contracted	$ 81.79	$ 57.02	$ 104.28	not contracted	$ 104.28	$ 57.02	$ 68.16	$ 57.02

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH	PRIMARY PROCEDURE	77067		$ 185.05	not contracted	$ 239.88	not contracted	$ 248.44	not contracted	$ 171.34	not contracted	$ 205.61	$ 143.34	$ 262.15	not contracted	$ 262.15	$ 143.34	$ 171.34	$ 143.34
80048	BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	PRIMARY PROCEDURE	80048		$ 11.26	not contracted	$ 14.60	not contracted	$ 15.12	not contracted	$ 10.43	not contracted	$ 12.52	$ 8.72	$ 15.96	not contracted	$ 15.96	$ 8.72	$ 10.43	$ 8.72
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
80053	COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE T	PRIMARY PROCEDURE	80053		$ 14.23	not contracted	$ 18.45	not contracted	$ 19.11	not contracted	$ 13.18	not contracted	$ 15.82	$ 11.03	$ 20.17	not contracted	$ 20.17	$ 11.03	$ 13.18	$ 11.03
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
80061	LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOL	PRIMARY PROCEDURE	80061		$ 17.87	not contracted	$ 23.17	not contracted	$ 24.00	not contracted	$ 16.55	not contracted	$ 19.86	$ 13.85	$ 25.32	not contracted	$ 25.32	$ 13.85	$ 16.55	$ 13.85
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		$ 11.26	not contracted	$ 14.60	not contracted	$ 15.12	not contracted	$ 10.43	not contracted	$ 12.52	$ 8.72	$ 15.96	not contracted	$ 15.96	$ 8.72	$ 10.43	$ 8.72
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		$ 10.45	not contracted	$ 13.55	not contracted	$ 14.04	not contracted	$ 9.68	not contracted	$ 11.62	$ 8.10	$ 14.81	not contracted	$ 14.81	$ 8.10	$ 9.68	$ 8.10
		HEMOGLOBIN; GLYCOSYLATED (A1C)	83036		$ 13.23	not contracted	$ 17.15	not contracted	$ 17.76	not contracted	$ 12.25	not contracted	$ 14.70	$ 10.25	$ 18.74	not contracted	$ 18.74	$ 10.25	$ 12.25	$ 10.25
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81000		$ 4.00	not contracted	$ 5.18	not contracted	$ 5.37	not contracted	$ 3.70	not contracted	$ 4.44	$ 3.10	$ 5.66	not contracted	$ 5.66	$ 3.10	$ 3.70	$ 3.10
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81001		$ 4.29	not contracted	$ 5.56	not contracted	$ 5.76	not contracted	$ 3.97	not contracted	$ 4.76	$ 3.32	$ 6.07	not contracted	$ 6.07	$ 3.32	$ 3.97	$ 3.32
84443	THYROID STIMULATING HORMONE (TSH)	PRIMARY PROCEDURE	84443		$ 22.86	not contracted	$ 29.64	not contracted	$ 30.70	not contracted	$ 21.17	not contracted	$ 25.40	$ 17.71	$ 32.39	not contracted	$ 32.39	$ 17.71	$ 21.17	$ 17.71
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	PRIMARY PROCEDURE	85025		$ 10.45	not contracted	$ 13.55	not contracted	$ 14.04	not contracted	$ 9.68	not contracted	$ 11.62	$ 8.10	$ 14.81	not contracted	$ 14.81	$ 8.10	$ 9.68	$ 8.10

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
85027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	PRIMARY PROCEDURE	85027		$ 8.85	not contracted	$ 11.47	not contracted	$ 11.88	not contracted	$ 8.19	not contracted	$ 9.83	$ 6.85	$ 12.53	not contracted	$ 12.53	$ 6.85	$ 8.19	$ 6.85
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90832		$ 81.91	not contracted	$ 106.18	not contracted	$ 109.97	not contracted	$ 75.84	not contracted	$ 91.01	$ 63.44	$ 116.04	not contracted	$ 116.04	$ 63.44	$ 75.84	$ 63.44
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90834		$ 104.04	not contracted	$ 134.86	not contracted	$ 139.68	not contracted	$ 96.33	not contracted	$ 115.60	$ 80.59	$ 147.38	not contracted	$ 147.38	$ 80.59	$ 96.33	$ 80.59
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90837		$ 151.85	not contracted	$ 196.84	not contracted	$ 203.87	not contracted	$ 140.60	not contracted	$ 168.72	$ 117.62	$ 215.12	not contracted	$ 215.12	$ 117.62	$ 140.60	$ 117.62
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50	PRIMARY PROCEDURE	90846		$ 134.22	not contracted	$ 173.99	not contracted	$ 180.21	not contracted	$ 124.28	not contracted	$ 149.14	$ 103.97	$ 190.15	not contracted	$ 190.15	$ 103.97	$ 124.28	$ 103.97
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99204		$ 106.74	not contracted	$ 138.36	not contracted	$ 143.30	not contracted	$ 98.83	not contracted	$ 118.60	$ 82.68	$ 151.21	not contracted	$ 151.21	$ 82.68	$ 98.83	$ 82.68
		TELEHEALTH TRANSMISSION, PER MINUTE, PROFESSIONAL SERVI	T1014		$ 0.37	not contracted	$ 0.48	not contracted	$ 0.49	not contracted	$ 0.34	not contracted	$ 0.41	$ 0.29	$ 0.52	not contracted	$ 0.52	$ 0.29	$ 0.34	$ 0.29
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PAT	PRIMARY PROCEDURE	90847		$ 138.88	not contracted	$ 180.03	not contracted	$ 186.46	not contracted	$ 128.59	not contracted	$ 154.31	$ 107.58	$ 196.74	not contracted	$ 196.74	$ 107.58	$ 128.59	$ 107.58
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GR	PRIMARY PROCEDURE	90853		$ 5.38	not contracted	$ 6.97	not contracted	$ 7.22	not contracted	$ 4.98	not contracted	$ 5.98	$ 4.16	$ 7.62	not contracted	$ 7.62	$ 4.16	$ 4.98	$ 4.16
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	PRIMARY PROCEDURE	93000		$ 44.46	not contracted	$ 57.64	not contracted	$ 59.70	not contracted	$ 41.17	not contracted	$ 49.40	$ 34.44	$ 62.99	not contracted	$ 62.99	$ 34.44	$ 41.17	$ 34.44
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		$ 58.09	not contracted	$ 75.31	not contracted	$ 78.00	not contracted	$ 53.79	not contracted	$ 64.55	$ 45.00	$ 82.30	not contracted	$ 82.30	$ 45.00	$ 53.79	$ 45.00
		WEIGHT RECORDED (PAG)	2001F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		$ 25.40	not contracted	$ 32.93	not contracted	$ 34.10	not contracted	$ 23.52	not contracted	$ 28.22	$ 19.68	$ 35.99	not contracted	$ 35.99	$ 19.68	$ 23.52	$ 19.68

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL IN	PRIMARY PROCEDURE	93452		$ 1,181.79	not contracted	$ 1,531.95	not contracted	$ 1,586.66	not contracted	$ 1,094.25	not contracted	$ 1,313.10	$ 915.43	$ 1,674.20	not contracted	$ 1,674.20	$ 915.43	$ 1,094.25	$ 915.43
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		$ 11.26	not contracted	$ 14.60	not contracted	$ 15.12	not contracted	$ 10.43	not contracted	$ 12.52	$ 8.72	$ 15.96	not contracted	$ 15.96	$ 8.72	$ 10.43	$ 8.72
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		$ 7.32	not contracted	$ 9.49	not contracted	$ 9.83	not contracted	$ 6.78	not contracted	$ 8.14	$ 5.68	$ 10.37	not contracted	$ 10.37	$ 5.68	$ 6.78	$ 5.68
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		$ 8.85	not contracted	$ 11.47	not contracted	$ 11.88	not contracted	$ 8.19	not contracted	$ 9.83	$ 6.85	$ 12.53	not contracted	$ 12.53	$ 6.85	$ 8.19	$ 6.85
		PROTHROMBIN TIME;	85610		$ 5.41	not contracted	$ 7.01	not contracted	$ 7.26	not contracted	$ 5.01	not contracted	$ 6.01	$ 4.19	$ 7.67	not contracted	$ 7.67	$ 4.19	$ 5.01	$ 4.19
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WI	PRIMARY PROCEDURE	95810		$ 539.21	not contracted	$ 698.98	not contracted	$ 723.94	not contracted	$ 499.27	not contracted	$ 599.12	$ 417.68	$ 763.88	not contracted	$ 763.88	$ 417.68	$ 499.27	$ 417.68
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 28.04	not contracted	$ 36.34	not contracted	$ 37.64	not contracted	$ 25.96	not contracted	$ 31.15	$ 21.72	$ 39.72	not contracted	$ 39.72	$ 21.72	$ 25.96	$ 21.72

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES	PRIMARY PROCEDURE	97110		$ 16.98	not contracted	$ 22.01	not contracted	$ 22.79	not contracted	$ 15.72	not contracted	$ 18.86	$ 13.15	$ 24.05	not contracted	$ 24.05	$ 13.15	$ 15.72	$ 13.15
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99203		$ 88.61	not contracted	$ 114.87	not contracted	$ 118.97	not contracted	$ 82.05	not contracted	$ 98.46	$ 68.64	$ 125.54	not contracted	$ 125.54	$ 68.64	$ 82.05	$ 68.64
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99204		$ 106.74	not contracted	$ 138.36	not contracted	$ 143.30	not contracted	$ 98.83	not contracted	$ 118.60	$ 82.68	$ 151.21	not contracted	$ 151.21	$ 82.68	$ 98.83	$ 82.68
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99205		$ 128.11	not contracted	$ 166.07	not contracted	$ 172.00	not contracted	$ 118.62	not contracted	$ 142.34	$ 99.24	$ 181.49	not contracted	$ 181.49	$ 99.24	$ 118.62	$ 99.24
99243	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ES	PRIMARY PROCEDURE	99243		$ 92.18	not contracted	$ 119.49	not contracted	$ 123.76	not contracted	$ 85.35	not contracted	$ 102.42	$ 71.40	$ 130.59	not contracted	$ 130.59	$ 71.40	$ 85.35	$ 71.40
99244	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ES	PRIMARY PROCEDURE	99244		$ 126.10	not contracted	$ 163.46	not contracted	$ 169.30	not contracted	$ 116.76	not contracted	$ 140.11	$ 97.68	$ 178.64	not contracted	$ 178.64	$ 97.68	$ 116.76	$ 97.68
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99385		$ 176.76	not contracted	$ 229.14	not contracted	$ 237.32	not contracted	$ 163.67	not contracted	$ 196.40	$ 136.92	$ 250.42	not contracted	$ 250.42	$ 136.92	$ 163.67	$ 136.92
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99386		$ 204.80	not contracted	$ 265.48	not contracted	$ 274.96	not contracted	$ 189.63	not contracted	$ 227.56	$ 158.64	$ 290.13	not contracted	$ 290.13	$ 158.64	$ 189.63	$ 158.64
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
		DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECT	77065		$ 181.38	not contracted	$ 235.12	not contracted	$ 243.51	not contracted	$ 167.94	not contracted	$ 201.53	$ 140.50	$ 256.95	not contracted	$ 256.95	$ 140.50	$ 167.94	$ 140.50
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99212		$ 28.04	not contracted	$ 36.34	not contracted	$ 37.64	not contracted	$ 25.96	not contracted	$ 31.15	$ 21.72	$ 39.72	not contracted	$ 39.72	$ 21.72	$ 25.96	$ 21.72
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99214		$ 58.09	not contracted	$ 75.31	not contracted	$ 78.00	not contracted	$ 53.79	not contracted	$ 64.55	$ 45.00	$ 82.30	not contracted	$ 82.30	$ 45.00	$ 53.79	$ 45.00
G0463	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	PRIMARY PROCEDURE	G0463		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99442		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99441		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99443		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92012		$ 57.55	not contracted	$ 74.61	not contracted	$ 77.27	not contracted	$ 53.29	not contracted	$ 63.95	$ 44.58	$ 81.53	not contracted	$ 81.53	$ 44.58	$ 53.29	$ 44.58
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99202		$ 53.14	not contracted	$ 68.88	not contracted	$ 71.34	not contracted	$ 49.20	not contracted	$ 59.04	$ 41.16	$ 75.28	not contracted	$ 75.28	$ 41.16	$ 49.20	$ 41.16
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99215		$ 88.61	not contracted	$ 114.87	not contracted	$ 118.97	not contracted	$ 82.05	not contracted	$ 98.46	$ 68.64	$ 125.54	not contracted	$ 125.54	$ 68.64	$ 82.05	$ 68.64
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	PRIMARY PROCEDURE	D0140		$ 37.80	not contracted	$ 49.00	not contracted	$ 50.75	not contracted	$ 35.00	not contracted	$ 42.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 53.55	not contracted	$ 53.55	INCLUDED IN M-CAL OP DENTAL RATE	$ 35.00	INCLUDED IN M-CAL OP DENTAL RATE
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	PRIMARY PROCEDURE	96413		$ 44.29	not contracted	$ 57.41	not contracted	$ 59.46	not contracted	$ 41.01	not contracted	$ 49.21	$ 34.31	$ 62.75	not contracted	$ 62.75	$ 34.31	$ 41.01	$ 34.31
		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	96415		$ 33.30	not contracted	$ 43.16	not contracted	$ 44.70	not contracted	$ 30.83	not contracted	$ 37.00	$ 25.79	$ 47.17	not contracted	$ 47.17	$ 25.79	$ 30.83	$ 25.79
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVE	Q0163		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10	Q5103		$ 17.18	not contracted	$ 22.27	not contracted	$ 23.07	not contracted	$ 15.91	not contracted	$ 19.09	$ 13.31	$ 24.34	not contracted	$ 24.34	$ 13.31	$ 15.91	$ 13.31
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		$ 1.00	not contracted	$ 1.30	not contracted	$ 1.35	not contracted	$ 0.93	not contracted	$ 1.12	$ 0.78	$ 1.42	not contracted	$ 1.42	$ 0.78	$ 0.93	$ 0.78
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARA	PRIMARY PROCEDURE	67028		$ 564.06	not contracted	$ 731.19	not contracted	$ 757.31	not contracted	$ 522.28	not contracted	$ 626.74	$ 436.93	$ 799.09	not contracted	$ 799.09	$ 436.93	$ 522.28	$ 436.93
		INJECTION, BEVACIZUMAB, 0.25 MG	C9257		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
99392	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99392		$ 57.92	not contracted	$ 75.08	not contracted	$ 77.76	not contracted	$ 53.63	not contracted	$ 64.36	$ 44.87	$ 82.05	not contracted	$ 82.05	$ 44.87	$ 53.63	$ 44.87

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92014		$ 59.53	not contracted	$ 77.17	not contracted	$ 79.92	not contracted	$ 55.12	not contracted	$ 66.14	$ 46.12	$ 84.33	not contracted	$ 84.33	$ 46.12	$ 55.12	$ 46.12
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	PRIMARY PROCEDURE	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		$ 41.54	not contracted	$ 53.84	not contracted	$ 55.77	not contracted	$ 38.46	not contracted	$ 46.15	$ 32.17	$ 58.84	not contracted	$ 58.84	$ 32.17	$ 38.46	$ 32.17
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99391		$ 53.74	not contracted	$ 69.66	not contracted	$ 72.15	not contracted	$ 49.76	not contracted	$ 59.71	$ 41.63	$ 76.13	not contracted	$ 76.13	$ 41.63	$ 49.76	$ 41.63
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	PRIMARY PROCEDURE	96372		$ 29.05	not contracted	$ 37.66	not contracted	$ 39.01	not contracted	$ 26.90	not contracted	$ 32.28	$ 22.50	$ 41.16	not contracted	$ 41.16	$ 22.50	$ 26.90	$ 22.50
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
98966	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY	PRIMARY PROCEDURE	98966		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAG	PRIMARY PROCEDURE	96365		$ 96.97	not contracted	$ 125.71	not contracted	$ 130.20	not contracted	$ 89.79	not contracted	$ 107.75	$ 75.12	$ 137.38	not contracted	$ 137.38	$ 75.12	$ 89.79	$ 75.12
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE I	J2916		$ 3.38	not contracted	$ 4.38	not contracted	$ 4.54	not contracted	$ 3.13	not contracted	$ 3.76	$ 2.62	$ 4.79	not contracted	$ 4.79	$ 2.62	$ 3.13	$ 2.62
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		$ 1.00	not contracted	$ 1.30	not contracted	$ 1.35	not contracted	$ 0.93	not contracted	$ 1.12	$ 0.78	$ 1.42	not contracted	$ 1.42	$ 0.78	$ 0.93	$ 0.78
99024	POSTOPERATIVE FOLLOW-UP VISIT, NORMALLY INCLUDED IN THE	PRIMARY PROCEDURE	99024		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
99393	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99393		$ 67.93	not contracted	$ 88.06	not contracted	$ 91.21	not contracted	$ 62.90	not contracted	$ 75.48	$ 52.62	$ 96.24	not contracted	$ 96.24	$ 52.62	$ 62.90	$ 52.62
98967	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY	PRIMARY PROCEDURE	98967		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	PRIMARY PROCEDURE	D0120		$ 16.20	not contracted	$ 21.00	not contracted	$ 21.75	not contracted	$ 15.00	not contracted	$ 18.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 22.95	not contracted	$ 22.95	INCLUDED IN M-CAL OP DENTAL RATE	$ 15.00	INCLUDED IN M-CAL OP DENTAL RATE
99394	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99394		$ 84.94	not contracted	$ 110.11	not contracted	$ 114.04	not contracted	$ 78.65	not contracted	$ 94.38	$ 65.80	$ 120.33	not contracted	$ 120.33	$ 65.80	$ 78.65	$ 65.80
92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, PO	PRIMARY PROCEDURE	92134		$ 49.96	not contracted	$ 64.76	not contracted	$ 67.08	not contracted	$ 46.26	not contracted	$ 55.51	$ 38.70	$ 70.78	not contracted	$ 70.78	$ 38.70	$ 46.26	$ 38.70
99396	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99396		$ 170.25	not contracted	$ 220.70	not contracted	$ 228.58	not contracted	$ 157.64	not contracted	$ 189.17	$ 131.88	$ 241.19	not contracted	$ 241.19	$ 131.88	$ 157.64	$ 131.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WIT	PRIMARY PROCEDURE	49083		$ 139.19	not contracted	$ 180.43	not contracted	$ 186.88	not contracted	$ 128.88	not contracted	$ 154.66	$ 107.82	$ 197.19	not contracted	$ 197.19	$ 107.82	$ 128.88	$ 107.82
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	PRIMARY PROCEDURE	96900		$ 11.46	not contracted	$ 14.85	not contracted	$ 15.38	not contracted	$ 10.61	not contracted	$ 12.73	$ 8.88	$ 16.23	not contracted	$ 16.23	$ 8.88	$ 10.61	$ 8.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	PRIMARY PROCEDURE	92250		$ 65.26	not contracted	$ 84.60	not contracted	$ 87.62	not contracted	$ 60.43	not contracted	$ 72.52	$ 50.56	$ 92.46	not contracted	$ 92.46	$ 50.56	$ 60.43	$ 50.56
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99381		$ 70.22	not contracted	$ 91.03	not contracted	$ 94.28	not contracted	$ 65.02	not contracted	$ 78.02	$ 54.40	$ 99.48	not contracted	$ 99.48	$ 54.40	$ 65.02	$ 54.40
99606	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A	PRIMARY PROCEDURE	99606		$ 66.61	not contracted	$ 86.35	not contracted	$ 89.44	not contracted	$ 61.68	not contracted	$ 74.02	$ 51.60	$ 94.37	not contracted	$ 94.37	$ 51.60	$ 61.68	$ 51.60
99395	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99395		$ 159.41	not contracted	$ 206.64	not contracted	$ 214.02	not contracted	$ 147.60	not contracted	$ 177.12	$ 123.48	$ 225.83	not contracted	$ 225.83	$ 123.48	$ 147.60	$ 123.48
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AN	PRIMARY PROCEDURE	D7140		$ 44.28	not contracted	$ 57.40	not contracted	$ 59.45	not contracted	$ 41.00	not contracted	$ 49.20	INCLUDED IN M-CAL OP DENTAL RATE	$ 62.73	not contracted	$ 62.73	INCLUDED IN M-CAL OP DENTAL RATE	$ 41.00	INCLUDED IN M-CAL OP DENTAL RATE

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
90694	INFLUENZA VIRUS VACCINE, QUADRIVALENT (AIIV4), INACTIVA	PRIMARY PROCEDURE	90694		$ 126.75	not contracted	$ 164.30	not contracted	$ 170.17	not contracted	$ 117.36	not contracted	$ 140.83	$ 98.18	$ 179.56	not contracted	$ 179.56	$ 98.18	$ 117.36	$ 98.18
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		$ 41.54	not contracted	$ 53.84	not contracted	$ 55.77	not contracted	$ 38.46	not contracted	$ 46.15	$ 32.17	$ 58.84	not contracted	$ 58.84	$ 32.17	$ 38.46	$ 32.17
67228	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG,	PRIMARY PROCEDURE	67228		$ 464.85	not contracted	$ 602.59	not contracted	$ 624.11	not contracted	$ 430.42	not contracted	$ 516.50	$ 360.08	$ 658.54	not contracted	$ 658.54	$ 360.08	$ 430.42	$ 360.08
98968	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY	PRIMARY PROCEDURE	98968		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
92227	IMAGING OF RETINA FOR DETECTION OR MONITORING OF DISEAS	PRIMARY PROCEDURE	92227		$ 16.61	not contracted	$ 21.53	not contracted	$ 22.30	not contracted	$ 15.38	not contracted	$ 18.46	$ 12.86	$ 23.53	not contracted	$ 23.53	$ 12.86	$ 15.38	$ 12.86
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
3074F	MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	PRIMARY PROCEDURE	3074F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	PRIMARY PROCEDURE	90686		$ 41.54	not contracted	$ 53.84	not contracted	$ 55.77	not contracted	$ 38.46	not contracted	$ 46.15	$ 32.17	$ 58.84	not contracted	$ 58.84	$ 32.17	$ 38.46	$ 32.17
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
1220F	PATIENT SCREENED FOR DEPRESSION (SUD)	PRIMARY PROCEDURE	1220F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	52000		$ 134.38	not contracted	$ 174.20	not contracted	$ 180.42	not contracted	$ 124.43	not contracted	$ 149.32	$ 104.10	$ 190.38	not contracted	$ 190.38	$ 104.10	$ 124.43	$ 104.10
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	PRIMARY PROCEDURE	92083		$ 47.26	not contracted	$ 61.26	not contracted	$ 63.45	not contracted	$ 43.76	not contracted	$ 52.51	$ 36.61	$ 66.95	not contracted	$ 66.95	$ 36.61	$ 43.76	$ 36.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADD	PRIMARY PROCEDURE	51798		$ 91.71	not contracted	$ 118.89	not contracted	$ 123.13	not contracted	$ 84.92	not contracted	$ 101.90	$ 71.04	$ 129.93	not contracted	$ 129.93	$ 71.04	$ 84.92	$ 71.04
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIM	PRIMARY PROCEDURE	51702		$ 154.08	not contracted	$ 199.74	not contracted	$ 206.87	not contracted	$ 142.67	not contracted	$ 171.20	$ 119.35	$ 218.29	not contracted	$ 218.29	$ 119.35	$ 142.67	$ 119.35
95806	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF, HEA	PRIMARY PROCEDURE	95806		$ 128.14	not contracted	$ 166.11	not contracted	$ 172.04	not contracted	$ 118.65	not contracted	$ 142.38	$ 99.26	$ 181.53	not contracted	$ 181.53	$ 99.26	$ 118.65	$ 99.26
		EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A	98960		$ 41.30	not contracted	$ 53.54	not contracted	$ 55.45	not contracted	$ 38.24	not contracted	$ 45.89	$ 31.99	$ 58.51	not contracted	$ 58.51	$ 31.99	$ 38.24	$ 31.99
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECT	PRIMARY PROCEDURE	97602		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
99605	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A	PRIMARY PROCEDURE	99605		$ 66.61	not contracted	$ 86.35	not contracted	$ 89.44	not contracted	$ 61.68	not contracted	$ 74.02	$ 51.60	$ 94.37	not contracted	$ 94.37	$ 51.60	$ 61.68	$ 51.60
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	PRIMARY PROCEDURE	51705		$ 91.12	not contracted	$ 118.12	not contracted	$ 122.34	not contracted	$ 84.37	not contracted	$ 101.24	$ 70.58	$ 129.09	not contracted	$ 129.09	$ 70.58	$ 84.37	$ 70.58
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
D0330	PANORAMIC FILM	PRIMARY PROCEDURE	D0330		$ 27.00	not contracted	$ 35.00	not contracted	$ 36.25	not contracted	$ 25.00	not contracted	$ 30.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 38.25	not contracted	$ 38.25	INCLUDED IN M-CAL OP DENTAL RATE	$ 25.00	INCLUDED IN M-CAL OP DENTAL RATE
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		$ 37.80	not contracted	$ 49.00	not contracted	$ 50.75	not contracted	$ 35.00	not contracted	$ 42.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 53.55	not contracted	$ 53.55	INCLUDED IN M-CAL OP DENTAL RATE	$ 35.00	INCLUDED IN M-CAL OP DENTAL RATE

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
59025	FETAL NON-STRESS TEST	PRIMARY PROCEDURE	59025		$ 35.32	not contracted	$ 45.78	not contracted	$ 47.42	not contracted	$ 32.70	not contracted	$ 39.24	$ 27.36	$ 50.03	not contracted	$ 50.03	$ 27.36	$ 32.70	$ 27.36
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	PRIMARY PROCEDURE	90792		$ 159.95	not contracted	$ 207.34	not contracted	$ 214.75	not contracted	$ 148.10	not contracted	$ 177.72	$ 123.90	$ 226.59	not contracted	$ 226.59	$ 123.90	$ 148.10	$ 123.90
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		$ 58.09	not contracted	$ 75.31	not contracted	$ 78.00	not contracted	$ 53.79	not contracted	$ 64.55	$ 45.00	$ 82.30	not contracted	$ 82.30	$ 45.00	$ 53.79	$ 45.00
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99383		$ 84.94	not contracted	$ 110.11	not contracted	$ 114.04	not contracted	$ 78.65	not contracted	$ 94.38	$ 65.80	$ 120.33	not contracted	$ 120.33	$ 65.80	$ 78.65	$ 65.80
93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE D	PRIMARY PROCEDURE	93306		$ 371.42	not contracted	$ 481.47	not contracted	$ 498.67	not contracted	$ 343.91	not contracted	$ 412.69	$ 287.71	$ 526.18	not contracted	$ 526.18	$ 287.71	$ 343.91	$ 287.71
90653	INFLUENZA VACCINE, INACTIVATED (IIV), SUBUNIT, ADJUVANT	PRIMARY PROCEDURE	90653		$ 99.13	not contracted	$ 128.51	not contracted	$ 133.10	not contracted	$ 91.79	not contracted	$ 110.15	$ 76.79	$ 140.44	not contracted	$ 140.44	$ 76.79	$ 91.79	$ 76.79
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		$ 41.54	not contracted	$ 53.84	not contracted	$ 55.77	not contracted	$ 38.46	not contracted	$ 46.15	$ 32.17	$ 58.84	not contracted	$ 58.84	$ 32.17	$ 38.46	$ 32.17
90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUBUNIT,	PRIMARY PROCEDURE	90750		$ 313.49	not contracted	$ 406.38	not contracted	$ 420.89	not contracted	$ 290.27	not contracted	$ 348.32	$ 242.83	$ 444.11	not contracted	$ 444.11	$ 242.83	$ 290.27	$ 242.83
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92002		$ 57.55	not contracted	$ 74.61	not contracted	$ 77.27	not contracted	$ 53.29	not contracted	$ 63.95	$ 44.58	$ 81.53	not contracted	$ 81.53	$ 44.58	$ 53.29	$ 44.58
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99382		$ 73.01	not contracted	$ 94.64	not contracted	$ 98.02	not contracted	$ 67.60	not contracted	$ 81.12	$ 56.56	$ 103.43	not contracted	$ 103.43	$ 56.56	$ 67.60	$ 56.56

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOIN	PRIMARY PROCEDURE	20610		$ 70.93	not contracted	$ 91.95	not contracted	$ 95.24	not contracted	$ 65.68	not contracted	$ 78.82	$ 54.95	$ 100.49	not contracted	$ 100.49	$ 54.95	$ 65.68	$ 54.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
90715	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VAC	PRIMARY PROCEDURE	90715		$ 67.47	not contracted	$ 87.46	not contracted	$ 90.58	not contracted	$ 62.47	not contracted	$ 74.96	$ 52.26	$ 95.58	not contracted	$ 95.58	$ 52.26	$ 62.47	$ 52.26
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
92015	DETERMINATION OF REFRACTIVE STATE	PRIMARY PROCEDURE	92015		$ 12.41	not contracted	$ 16.09	not contracted	$ 16.66	not contracted	$ 11.49	not contracted	$ 13.79	$ 9.61	$ 17.58	not contracted	$ 17.58	$ 9.61	$ 11.49	$ 9.61
99397	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99397		$ 183.42	not contracted	$ 237.76	not contracted	$ 246.25	not contracted	$ 169.83	not contracted	$ 203.80	$ 142.08	$ 259.84	not contracted	$ 259.84	$ 142.08	$ 169.83	$ 142.08
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99384		$ 101.90	not contracted	$ 132.09	not contracted	$ 136.81	not contracted	$ 94.35	not contracted	$ 113.22	$ 78.94	$ 144.36	not contracted	$ 144.36	$ 78.94	$ 94.35	$ 78.94
90677	PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR	PRIMARY PROCEDURE	90677		$ 468.62	not contracted	$ 607.47	not contracted	$ 629.17	not contracted	$ 433.91	not contracted	$ 520.69	$ 363.00	$ 663.88	not contracted	$ 663.88	$ 363.00	$ 433.91	$ 363.00
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) W	PRIMARY PROCEDURE	92235		$ 126.61	not contracted	$ 164.12	not contracted	$ 169.98	not contracted	$ 117.23	not contracted	$ 140.68	$ 98.08	$ 179.36	not contracted	$ 179.36	$ 98.08	$ 117.23	$ 98.08
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEEC	PRIMARY PROCEDURE	92557		$ 63.30	not contracted	$ 82.05	not contracted	$ 84.98	not contracted	$ 58.61	not contracted	$ 70.33	$ 49.03	$ 89.67	not contracted	$ 89.67	$ 49.03	$ 58.61	$ 49.03

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550		$ 27.38	not contracted	$ 35.49	not contracted	$ 36.76	not contracted	$ 25.35	not contracted	$ 30.42	$ 21.20	$ 38.79	not contracted	$ 38.79	$ 21.20	$ 25.35	$ 21.20
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVI	PRIMARY PROCEDURE	58100		$ 63.58	not contracted	$ 82.42	not contracted	$ 85.36	not contracted	$ 58.87	not contracted	$ 70.64	$ 49.25	$ 90.07	not contracted	$ 90.07	$ 49.25	$ 58.87	$ 49.25
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	PRIMARY PROCEDURE	51700		$ 121.71	not contracted	$ 157.77	not contracted	$ 163.40	not contracted	$ 112.69	not contracted	$ 135.23	$ 94.27	$ 172.42	not contracted	$ 172.42	$ 94.27	$ 112.69	$ 94.27
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	PRIMARY PROCEDURE	96374		$ 77.18	not contracted	$ 100.04	not contracted	$ 103.62	not contracted	$ 71.46	not contracted	$ 85.75	$ 59.78	$ 109.33	not contracted	$ 109.33	$ 59.78	$ 71.46	$ 59.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		INJECTION, ZOLEDRONIC ACID, 1 MG	J3489		$ 10.75	not contracted	$ 13.93	not contracted	$ 14.43	not contracted	$ 9.95	not contracted	$ 11.94	$ 8.33	$ 15.22	not contracted	$ 15.22	$ 8.33	$ 9.95	$ 8.33
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	PRIMARY PROCEDURE	90791		$ 198.42	not contracted	$ 257.21	not contracted	$ 266.39	not contracted	$ 183.72	not contracted	$ 220.46	$ 153.70	$ 281.09	not contracted	$ 281.09	$ 153.70	$ 183.72	$ 153.70
		PREPARATION OF REPORT OF PATIENT'S PSYCHIATRIC STATUS,	90889		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	90837		$ 151.85	not contracted	$ 196.84	not contracted	$ 203.87	not contracted	$ 140.60	not contracted	$ 168.72	$ 117.62	$ 215.12	not contracted	$ 215.12	$ 117.62	$ 140.60	$ 117.62
		PSYCHIATRIC EVALUATION OF HOSPITAL RECORDS, OTHER PSYCH	90885		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTER	PRIMARY PROCEDURE	97802		$ 47.01	not contracted	$ 60.94	not contracted	$ 63.12	not contracted	$ 43.53	not contracted	$ 52.24	$ 36.42	$ 66.60	not contracted	$ 66.60	$ 36.42	$ 43.53	$ 36.42
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATI	PRIMARY PROCEDURE	D0150		$ 27.00	not contracted	$ 35.00	not contracted	$ 36.25	not contracted	$ 25.00	not contracted	$ 30.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 38.25	not contracted	$ 38.25	INCLUDED IN M-CAL OP DENTAL RATE	$ 25.00	INCLUDED IN M-CAL OP DENTAL RATE

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYS	PRIMARY PROCEDURE	93288		$ 58.90	not contracted	$ 76.36	not contracted	$ 79.08	not contracted	$ 54.54	not contracted	$ 65.45	$ 45.62	$ 83.45	not contracted	$ 83.45	$ 45.62	$ 54.54	$ 45.62
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOM	PRIMARY PROCEDURE	58558		$ 271.60	not contracted	$ 352.07	not contracted	$ 364.65	not contracted	$ 251.48	not contracted	$ 301.78	$ 210.38	$ 384.76	not contracted	$ 384.76	$ 210.38	$ 251.48	$ 210.38
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 28.04	not contracted	$ 36.34	not contracted	$ 37.64	not contracted	$ 25.96	not contracted	$ 31.15	$ 21.72	$ 39.72	not contracted	$ 39.72	$ 21.72	$ 25.96	$ 21.72
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERA	PRIMARY PROCEDURE	92025		$ 41.55	not contracted	$ 53.86	not contracted	$ 55.78	not contracted	$ 38.47	not contracted	$ 46.16	$ 32.18	$ 58.86	not contracted	$ 58.86	$ 32.18	$ 38.47	$ 32.18
		OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; W	76519		$ 84.92	not contracted	$ 110.08	not contracted	$ 114.01	not contracted	$ 78.63	not contracted	$ 94.36	$ 65.78	$ 120.30	not contracted	$ 120.30	$ 65.78	$ 78.63	$ 65.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
93770	DETERMINATION OF VENOUS PRESSURE	PRIMARY PROCEDURE	93770		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
91320	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-C	PRIMARY PROCEDURE	91320		$ 203.09	not contracted	$ 263.27	not contracted	$ 272.67	not contracted	$ 188.05	not contracted	$ 225.66	$ 157.32	$ 287.72	not contracted	$ 287.72	$ 157.32	$ 188.05	$ 157.32
		IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION	90480		$ 61.97	not contracted	$ 80.33	not contracted	$ 83.20	not contracted	$ 57.38	not contracted	$ 68.86	$ 48.00	$ 87.79	not contracted	$ 87.79	$ 48.00	$ 57.38	$ 48.00
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
98960	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A	PRIMARY PROCEDURE	98960		$ 41.30	not contracted	$ 53.54	not contracted	$ 55.45	not contracted	$ 38.24	not contracted	$ 45.89	$ 31.99	$ 58.51	not contracted	$ 58.51	$ 31.99	$ 38.24	$ 31.99
96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQU	PRIMARY PROCEDURE	96409		$ 27.82	not contracted	$ 36.06	not contracted	$ 37.35	not contracted	$ 25.76	not contracted	$ 30.91	$ 21.55	$ 39.41	not contracted	$ 39.41	$ 21.55	$ 25.76	$ 21.55

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-	Q0162		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		$ 1.00	not contracted	$ 1.30	not contracted	$ 1.35	not contracted	$ 0.93	not contracted	$ 1.12	$ 0.78	$ 1.42	not contracted	$ 1.42	$ 0.78	$ 0.93	$ 0.78
		INJECTION, AZACITIDINE, 1 MG	J9025		$ 7.55	not contracted	$ 9.79	not contracted	$ 10.14	not contracted	$ 6.99	not contracted	$ 8.39	$ 5.84	$ 10.69	not contracted	$ 10.69	$ 5.84	$ 6.99	$ 5.84
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCU	PRIMARY PROCEDURE	96402		$ 16.51	not contracted	$ 21.41	not contracted	$ 22.17	not contracted	$ 15.29	not contracted	$ 18.35	$ 12.79	$ 23.39	not contracted	$ 23.39	$ 12.79	$ 15.29	$ 12.79
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		GOSERELIN ACETATE IMPLANT, PER 3.6 MG	J9202		$ 928.47	not contracted	$ 1,203.57	not contracted	$ 1,246.55	not contracted	$ 859.69	not contracted	$ 1,031.63	$ 719.21	$ 1,315.33	not contracted	$ 1,315.33	$ 719.21	$ 859.69	$ 719.21
4450F	SELF-CARE EDUCATION PROVIDED TO PATIENT (HF)	PRIMARY PROCEDURE	4450F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCU	PRIMARY PROCEDURE	96401		$ 16.51	not contracted	$ 21.41	not contracted	$ 22.17	not contracted	$ 15.29	not contracted	$ 18.35	$ 12.79	$ 23.39	not contracted	$ 23.39	$ 12.79	$ 15.29	$ 12.79
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-	Q0162		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		DEXAMETHASONE, ORAL, 0.25 MG	J8540		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, BORTEZOMIB (VELCADE), 0.1 MG	J9041		$ 10.12	not contracted	$ 13.12	not contracted	$ 13.59	not contracted	$ 9.37	not contracted	$ 11.24	$ 7.84	$ 14.34	not contracted	$ 14.34	$ 7.84	$ 9.37	$ 7.84
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTI	PRIMARY PROCEDURE	45330		$ 84.78	not contracted	$ 109.90	not contracted	$ 113.83	not contracted	$ 78.50	not contracted	$ 94.20	$ 65.68	$ 120.11	not contracted	$ 120.11	$ 65.68	$ 78.50	$ 65.68

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93454		$ 1,220.19	not contracted	$ 1,581.73	not contracted	$ 1,638.22	not contracted	$ 1,129.81	not contracted	$ 1,355.77	$ 945.18	$ 1,728.61	not contracted	$ 1,728.61	$ 945.18	$ 1,129.81	$ 945.18
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		$ 7.32	not contracted	$ 9.49	not contracted	$ 9.83	not contracted	$ 6.78	not contracted	$ 8.14	$ 5.68	$ 10.37	not contracted	$ 10.37	$ 5.68	$ 6.78	$ 5.68
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		$ 6.96	not contracted	$ 9.02	not contracted	$ 9.34	not contracted	$ 6.44	not contracted	$ 7.73	$ 5.39	$ 9.85	not contracted	$ 9.85	$ 5.39	$ 6.44	$ 5.39
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76815		$ 97.52	not contracted	$ 126.42	not contracted	$ 130.94	not contracted	$ 90.30	not contracted	$ 108.36	$ 75.54	$ 138.16	not contracted	$ 138.16	$ 75.54	$ 90.30	$ 75.54
90736	ZOSTER (SHINGLES) VACCINE (HZV), LIVE, FOR SUBCUTANEOUS	PRIMARY PROCEDURE	90736		$ 336.37	not contracted	$ 436.03	not contracted	$ 451.60	not contracted	$ 311.45	not contracted	$ 373.74	$ 260.56	$ 476.52	not contracted	$ 476.52	$ 260.56	$ 311.45	$ 260.56
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CON	PRIMARY PROCEDURE	76827		$ 89.19	not contracted	$ 115.61	not contracted	$ 119.74	not contracted	$ 82.58	not contracted	$ 99.10	$ 69.08	$ 126.35	not contracted	$ 126.35	$ 69.08	$ 82.58	$ 69.08
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
90739	HEPATITIS B VACCINE (HEPB), CPG-ADJUVANTED, ADULT DOSAG	PRIMARY PROCEDURE	90739		$ 255.20	not contracted	$ 330.82	not contracted	$ 342.64	not contracted	$ 236.30	not contracted	$ 283.56	$ 197.69	$ 361.54	not contracted	$ 361.54	$ 197.69	$ 236.30	$ 197.69

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCUL	PRIMARY PROCEDURE	52310		$ 456.79	not contracted	$ 592.13	not contracted	$ 613.28	not contracted	$ 422.95	not contracted	$ 507.54	$ 353.83	$ 647.11	not contracted	$ 647.11	$ 353.83	$ 422.95	$ 353.83
99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERA	PRIMARY PROCEDURE	99173		$ 6.24	not contracted	$ 8.09	not contracted	$ 8.38	not contracted	$ 5.78	not contracted	$ 6.94	$ 4.84	$ 8.84	not contracted	$ 8.84	$ 4.84	$ 5.78	$ 4.84
		VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	92083		$ 47.26	not contracted	$ 61.26	not contracted	$ 63.45	not contracted	$ 43.76	not contracted	$ 52.51	$ 36.61	$ 66.95	not contracted	$ 66.95	$ 36.61	$ 43.76	$ 36.61
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92012		$ 57.55	not contracted	$ 74.61	not contracted	$ 77.27	not contracted	$ 53.29	not contracted	$ 63.95	$ 44.58	$ 81.53	not contracted	$ 81.53	$ 44.58	$ 53.29	$ 44.58
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92004		$ 77.11	not contracted	$ 99.96	not contracted	$ 103.53	not contracted	$ 71.40	not contracted	$ 85.68	$ 59.74	$ 109.24	not contracted	$ 109.24	$ 59.74	$ 71.40	$ 59.74
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOL	PRIMARY PROCEDURE	67040		$ 1,423.99	not contracted	$ 1,845.91	not contracted	$ 1,911.84	not contracted	$ 1,318.51	not contracted	$ 1,582.21	$ 1,103.05	$ 2,017.32	not contracted	$ 2,017.32	$ 1,103.05	$ 1,318.51	$ 1,103.05
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	PRIMARY PROCEDURE	88175		$ 36.41	not contracted	$ 47.19	not contracted	$ 48.88	not contracted	$ 33.71	not contracted	$ 40.45	$ 28.20	$ 51.58	not contracted	$ 51.58	$ 28.20	$ 33.71	$ 28.20
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99202		$ 53.14	not contracted	$ 68.88	not contracted	$ 71.34	not contracted	$ 49.20	not contracted	$ 59.04	$ 41.16	$ 75.28	not contracted	$ 75.28	$ 41.16	$ 49.20	$ 41.16
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		$ 48.32	not contracted	$ 62.64	not contracted	$ 64.87	not contracted	$ 44.74	not contracted	$ 53.69	$ 37.43	$ 68.45	not contracted	$ 68.45	$ 37.43	$ 44.74	$ 37.43
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	88142		$ 27.89	not contracted	$ 36.15	not contracted	$ 37.44	not contracted	$ 25.82	not contracted	$ 30.98	$ 21.60	$ 39.50	not contracted	$ 39.50	$ 21.60	$ 25.82	$ 21.60
43244	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH B	PRIMARY PROCEDURE	43244		$ 332.79	not contracted	$ 431.40	not contracted	$ 446.80	not contracted	$ 308.14	not contracted	$ 369.77	$ 257.78	$ 471.45	not contracted	$ 471.45	$ 257.78	$ 308.14	$ 257.78
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	PRIMARY PROCEDURE	90688		$ 39.26	not contracted	$ 50.89	not contracted	$ 52.71	not contracted	$ 36.35	not contracted	$ 43.62	$ 30.41	$ 55.62	not contracted	$ 55.62	$ 30.41	$ 36.35	$ 30.41
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		$ 41.54	not contracted	$ 53.84	not contracted	$ 55.77	not contracted	$ 38.46	not contracted	$ 46.15	$ 32.17	$ 58.84	not contracted	$ 58.84	$ 32.17	$ 38.46	$ 32.17
90460	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	PRIMARY PROCEDURE	90460		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		$ 41.54	not contracted	$ 53.84	not contracted	$ 55.77	not contracted	$ 38.46	not contracted	$ 46.15	$ 32.17	$ 58.84	not contracted	$ 58.84	$ 32.17	$ 38.46	$ 32.17
D1110	PROPHYLAXIS-ADULT	PRIMARY PROCEDURE	D1110		$ 43.20	not contracted	$ 56.00	not contracted	$ 58.00	not contracted	$ 40.00	not contracted	$ 48.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 61.20	not contracted	$ 61.20	INCLUDED IN M-CAL OP DENTAL RATE	$ 40.00	INCLUDED IN M-CAL OP DENTAL RATE
		DENTAL PROPHYLAXIS AND TOPICAL FLUORIDE TREATMENT	D1208		child 0 to 5: $19.44 child 6 to 20: $8.64	not contracted	child 0 to 5: $25.20 child 6 to 20: $11.20	not contracted	child 0 to 5: $26.10 child 6 to 20: $11.60	not contracted	child 0 to 5: $18.00 child 6 to 20: $8.00	not contracted	child 0 to 5: $21.60 child 6 to 20: $9.60	INCLUDED IN M-CAL OP DENTAL RATE	child 0 to 5: $27.54 child 6 to 20: $12.24	not contracted	child 0 to 5: $27.54 child 6 to 20: $12.24	INCLUDED IN M-CAL OP DENTAL RATE	child 0 to 5: $18.00 child 6 to 20: $8.00	INCLUDED IN M-CAL OP DENTAL RATE
		ORAL HYGIENE INSTRUCTION	D1330		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		$ 16.20	not contracted	$ 21.00	not contracted	$ 21.75	not contracted	$ 15.00	not contracted	$ 18.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 22.95	not contracted	$ 22.95	INCLUDED IN M-CAL OP DENTAL RATE	$ 15.00	INCLUDED IN M-CAL OP DENTAL RATE
93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC A	PRIMARY PROCEDURE	93303		$ 236.48	not contracted	$ 306.54	not contracted	$ 317.49	not contracted	$ 218.96	not contracted	$ 262.75	$ 183.18	$ 335.01	not contracted	$ 335.01	$ 183.18	$ 218.96	$ 183.18
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99215		$ 88.61	not contracted	$ 114.87	not contracted	$ 118.97	not contracted	$ 82.05	not contracted	$ 98.46	$ 68.64	$ 125.54	not contracted	$ 125.54	$ 68.64	$ 82.05	$ 68.64

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE D	93308		$ 116.26	not contracted	$ 150.71	not contracted	$ 156.09	not contracted	$ 107.65	not contracted	$ 129.18	$ 90.06	$ 164.70	not contracted	$ 164.70	$ 90.06	$ 107.65	$ 90.06
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	PRIMARY PROCEDURE	D0220		$ 10.80	not contracted	$ 14.00	not contracted	$ 14.50	not contracted	$ 10.00	not contracted	$ 12.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 15.30	not contracted	$ 15.30	INCLUDED IN M-CAL OP DENTAL RATE	$ 10.00	INCLUDED IN M-CAL OP DENTAL RATE
		INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	D0230		$ 3.24	not contracted	$ 4.20	not contracted	$ 4.35	not contracted	$ 3.00	not contracted	$ 3.60	INCLUDED IN M-CAL OP DENTAL RATE	$ 4.59	not contracted	$ 4.59	INCLUDED IN M-CAL OP DENTAL RATE	$ 3.00	INCLUDED IN M-CAL OP DENTAL RATE
		CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	D0603		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
		PROPHYLAXIS-CHILD	D1120		$ 32.40	not contracted	$ 42.00	not contracted	$ 43.50	not contracted	$ 30.00	not contracted	$ 36.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 45.90	not contracted	$ 45.90	INCLUDED IN M-CAL OP DENTAL RATE	$ 30.00	INCLUDED IN M-CAL OP DENTAL RATE
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	D1206		child 0 to 5: $19.44 child 6 to 20: $8.64	not contracted	child 0 to 5: $25.20 child 6 to 20: $11.20	not contracted	child 0 to 5: $26.10 child 6 to 20: $11.60	not contracted	child 0 to 5: $18.00 child 6 to 20: $8.00	not contracted	child 0 to 5: $21.60 child 6 to 20: $9.60	INCLUDED IN M-CAL OP DENTAL RATE	child 0 to 5: $27.54 child 6 to 20: $12.24	not contracted	child 0 to 5: $27.54 child 6 to 20: $12.24	INCLUDED IN M-CAL OP DENTAL RATE	child 0 to 5: $18.00 child 6 to 20: $8.00	INCLUDED IN M-CAL OP DENTAL RATE
		ORAL HYGIENE INSTRUCTION	D1330		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		$ 16.20	not contracted	$ 21.00	not contracted	$ 21.75	not contracted	$ 15.00	not contracted	$ 18.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 22.95	not contracted	$ 22.95	INCLUDED IN M-CAL OP DENTAL RATE	$ 15.00	INCLUDED IN M-CAL OP DENTAL RATE
69209	REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILA	PRIMARY PROCEDURE	69209		$ 17.87	not contracted	$ 23.17	not contracted	$ 24.00	not contracted	$ 16.55	not contracted	$ 19.86	$ 13.85	$ 25.32	not contracted	$ 25.32	$ 13.85	$ 16.55	$ 13.85
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
3077F	MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	PRIMARY PROCEDURE	3077F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
50435	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING	PRIMARY PROCEDURE	50435		$ 672.90	not contracted	$ 872.28	not contracted	$ 903.44	not contracted	$ 623.06	not contracted	$ 747.67	$ 521.24	$ 953.28	not contracted	$ 953.28	$ 521.24	$ 623.06	$ 521.24
		CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH C	75984		$ 104.92	not contracted	$ 136.01	not contracted	$ 140.87	not contracted	$ 97.15	not contracted	$ 116.58	$ 81.28	$ 148.64	not contracted	$ 148.64	$ 81.28	$ 97.15	$ 81.28
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		$ 0.26	not contracted	$ 0.34	not contracted	$ 0.35	not contracted	$ 0.24	not contracted	$ 0.29	$ 0.20	$ 0.37	not contracted	$ 0.37	$ 0.20	$ 0.24	$ 0.20

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 U	J7040		$ 2.01	not contracted	$ 2.60	not contracted	$ 2.70	not contracted	$ 1.86	not contracted	$ 2.23	$ 1.56	$ 2.85	not contracted	$ 2.85	$ 1.56	$ 1.86	$ 1.56
52356	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY;	PRIMARY PROCEDURE	52356		$ 548.49	not contracted	$ 711.00	not contracted	$ 736.40	not contracted	$ 507.86	not contracted	$ 609.43	$ 424.87	$ 777.03	not contracted	$ 777.03	$ 424.87	$ 507.86	$ 424.87
		CALCULUS; INFRARED SPECTROSCOPY	82365		$ 17.76	not contracted	$ 23.02	not contracted	$ 23.84	not contracted	$ 16.44	not contracted	$ 19.73	$ 13.75	$ 25.15	not contracted	$ 25.15	$ 13.75	$ 16.44	$ 13.75
		STENT, NON-CORONARY, TEMPORARY, WITHOUT DELIVERY SYSTEM	C2617		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED V	PRIMARY PROCEDURE	94010		$ 38.11	not contracted	$ 49.41	not contracted	$ 51.17	not contracted	$ 35.29	not contracted	$ 42.35	$ 29.52	$ 53.99	not contracted	$ 53.99	$ 29.52	$ 35.29	$ 29.52
		PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND,	94726		$ 74.50	not contracted	$ 96.57	not contracted	$ 100.02	not contracted	$ 68.98	not contracted	$ 82.78	$ 57.71	$ 105.54	not contracted	$ 105.54	$ 57.71	$ 68.98	$ 57.71

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE) (LIS	94729		$ 74.67	not contracted	$ 96.80	not contracted	$ 100.25	not contracted	$ 69.14	not contracted	$ 82.97	$ 57.84	$ 105.78	not contracted	$ 105.78	$ 57.84	$ 69.14	$ 57.84
		MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATI	94200		$ 25.40	not contracted	$ 32.93	not contracted	$ 34.10	not contracted	$ 23.52	not contracted	$ 28.22	$ 19.68	$ 35.99	not contracted	$ 35.99	$ 19.68	$ 23.52	$ 19.68
64644	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLES	PRIMARY PROCEDURE	64644		$ 94.00	not contracted	$ 121.86	not contracted	$ 126.21	not contracted	$ 87.04	not contracted	$ 104.45	$ 72.82	$ 133.17	not contracted	$ 133.17	$ 72.82	$ 87.04	$ 72.82
		INJECTION, ONABOTULINUMTOXINA, 1 UNIT	J0585		$ 16.70	not contracted	$ 21.64	not contracted	$ 22.42	not contracted	$ 15.46	not contracted	$ 18.55	$ 12.94	$ 23.65	not contracted	$ 23.65	$ 12.94	$ 15.46	$ 12.94
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76811		$ 245.82	not contracted	$ 318.65	not contracted	$ 330.03	not contracted	$ 227.61	not contracted	$ 273.13	$ 190.42	$ 348.24	not contracted	$ 348.24	$ 190.42	$ 227.61	$ 190.42
91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS	PRIMARY PROCEDURE	91010		$ 107.06	not contracted	$ 138.78	not contracted	$ 143.74	not contracted	$ 99.13	not contracted	$ 118.96	$ 82.93	$ 151.67	not contracted	$ 151.67	$ 82.93	$ 99.13	$ 82.93
3075F	MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	PRIMARY PROCEDURE	3075F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
90746	HEPATITIS B VACCINE (HEPB), ADULT DOSAGE, 3 DOSE SCHEDU	PRIMARY PROCEDURE	90746		$ 115.94	not contracted	$ 150.29	not contracted	$ 155.66	not contracted	$ 107.35	not contracted	$ 128.82	$ 89.81	$ 164.25	not contracted	$ 164.25	$ 89.81	$ 107.35	$ 89.81
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTI	PRIMARY PROCEDURE	97803		$ 40.45	not contracted	$ 52.43	not contracted	$ 54.30	not contracted	$ 37.45	not contracted	$ 44.94	$ 31.33	$ 57.30	not contracted	$ 57.30	$ 31.33	$ 37.45	$ 31.33
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERA	PRIMARY PROCEDURE	52332		$ 853.01	not contracted	$ 1,105.75	not contracted	$ 1,145.24	not contracted	$ 789.82	not contracted	$ 947.78	$ 660.76	$ 1,208.42	not contracted	$ 1,208.42	$ 660.76	$ 789.82	$ 660.76
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		$ 58.09	not contracted	$ 75.31	not contracted	$ 78.00	not contracted	$ 53.79	not contracted	$ 64.55	$ 45.00	$ 82.30	not contracted	$ 82.30	$ 45.00	$ 53.79	$ 45.00

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	74420		$ 87.40	not contracted	$ 113.30	not contracted	$ 117.35	not contracted	$ 80.93	not contracted	$ 97.12	$ 67.70	$ 123.82	not contracted	$ 123.82	$ 67.70	$ 80.93	$ 67.70
		INJECTION, MORPHINE SULFATE, UP TO 10 MG EFFECTIVE DAT	J2270		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG,	PRIMARY PROCEDURE	11055		$ 25.95	not contracted	$ 33.64	not contracted	$ 34.84	not contracted	$ 24.03	not contracted	$ 28.84	$ 20.10	$ 36.77	not contracted	$ 36.77	$ 20.10	$ 24.03	$ 20.10
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 28.04	not contracted	$ 36.34	not contracted	$ 37.64	not contracted	$ 25.96	not contracted	$ 31.15	$ 21.72	$ 39.72	not contracted	$ 39.72	$ 21.72	$ 25.96	$ 21.72
90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 3	PRIMARY PROCEDURE	90651		$ 451.19	not contracted	$ 584.88	not contracted	$ 605.77	not contracted	$ 417.77	not contracted	$ 501.32	$ 349.50	$ 639.19	not contracted	$ 639.19	$ 349.50	$ 417.77	$ 349.50
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
99242	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ES	PRIMARY PROCEDURE	99242		$ 73.12	not contracted	$ 94.78	not contracted	$ 98.17	not contracted	$ 67.70	not contracted	$ 81.24	$ 56.64	$ 103.58	not contracted	$ 103.58	$ 56.64	$ 67.70	$ 56.64
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 3 OR	PRIMARY PROCEDURE	20553		$ 87.09	not contracted	$ 112.90	not contracted	$ 116.93	not contracted	$ 80.64	not contracted	$ 96.77	$ 67.46	$ 123.38	not contracted	$ 123.38	$ 67.46	$ 80.64	$ 67.46
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		$ 78.42	not contracted	$ 101.65	not contracted	$ 105.28	not contracted	$ 72.61	not contracted	$ 87.13	$ 60.74	$ 111.09	not contracted	$ 111.09	$ 60.74	$ 72.61	$ 60.74
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEE	PRIMARY PROCEDURE	D4341		beneficiaries in a SNF or ICF: $75.60 other: $54.00	not contracted	beneficiaries in a SNF or ICF: $98.00 other: $70.00	not contracted	beneficiaries in a SNF or ICF: $101.50 other: $72.50	not contracted	beneficiaries in a SNF or ICF: $70.00 other: $50.00	not contracted	beneficiaries in a SNF or ICF: $84.00 other: $60.00	INCLUDED IN M-CAL OP DENTAL RATE	beneficiaries in a SNF or ICF: $107.10 other: $76.50	not contracted	beneficiaries in a SNF or ICF: $107.10 other: $76.50	INCLUDED IN M-CAL OP DENTAL RATE	beneficiaries in a SNF or ICF: $70.00 other: $50.00	INCLUDED IN M-CAL OP DENTAL RATE
		ORAL HYGIENE INSTRUCTION	D1330		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WIT	PRIMARY PROCEDURE	49082		$ 90.73	not contracted	$ 117.61	not contracted	$ 121.81	not contracted	$ 84.01	not contracted	$ 100.81	$ 70.28	$ 128.54	not contracted	$ 128.54	$ 70.28	$ 84.01	$ 70.28
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTUR	PRIMARY PROCEDURE	58661		$ 757.49	not contracted	$ 981.93	not contracted	$ 1,017.00	not contracted	$ 701.38	not contracted	$ 841.66	$ 586.76	$ 1,073.11	not contracted	$ 1,073.11	$ 586.76	$ 701.38	$ 586.76
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		$ 4.03	not contracted	$ 5.22	not contracted	$ 5.41	not contracted	$ 3.73	not contracted	$ 4.48	$ 3.12	$ 5.71	not contracted	$ 5.71	$ 3.12	$ 3.73	$ 3.12
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		$ 3.81	not contracted	$ 4.94	not contracted	$ 5.12	not contracted	$ 3.53	not contracted	$ 4.24	$ 2.95	$ 5.40	not contracted	$ 5.40	$ 2.95	$ 3.53	$ 2.95
		BLOOD TYPING, SEROLOGIC; ABO	86900		$ 3.68	not contracted	$ 4.77	not contracted	$ 4.94	not contracted	$ 3.41	not contracted	$ 4.09	$ 2.86	$ 5.22	not contracted	$ 5.22	$ 2.86	$ 3.41	$ 2.86
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
96110	DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTONE SU	PRIMARY PROCEDURE	96110		$ 85.05	not contracted	$ 110.25	not contracted	$ 114.19	not contracted	$ 78.75	not contracted	$ 94.50	$ 65.88	$ 120.49	not contracted	$ 120.49	$ 65.88	$ 78.75	$ 65.88
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99391		$ 53.74	not contracted	$ 69.66	not contracted	$ 72.15	not contracted	$ 49.76	not contracted	$ 59.71	$ 41.63	$ 76.13	not contracted	$ 76.13	$ 41.63	$ 49.76	$ 41.63
93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF	PRIMARY PROCEDURE	93451		$ 1,082.28	not contracted	$ 1,402.95	not contracted	$ 1,453.06	not contracted	$ 1,002.11	not contracted	$ 1,202.53	$ 838.36	$ 1,533.23	not contracted	$ 1,533.23	$ 838.36	$ 1,002.11	$ 838.36
		INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG,	93503		$ 196.71	not contracted	$ 255.00	not contracted	$ 264.10	not contracted	$ 182.14	not contracted	$ 218.57	$ 152.38	$ 278.67	not contracted	$ 278.67	$ 152.38	$ 182.14	$ 152.38

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HC	82803		$ 18.36	not contracted	$ 23.80	not contracted	$ 24.65	not contracted	$ 17.00	not contracted	$ 20.40	$ 14.22	$ 26.01	not contracted	$ 26.01	$ 14.22	$ 17.00	$ 14.22
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		$ 6.96	not contracted	$ 9.02	not contracted	$ 9.34	not contracted	$ 6.44	not contracted	$ 7.73	$ 5.39	$ 9.85	not contracted	$ 9.85	$ 5.39	$ 6.44	$ 5.39
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TI	PRIMARY PROCEDURE	76825		$ 126.22	not contracted	$ 163.62	not contracted	$ 169.46	not contracted	$ 116.87	not contracted	$ 140.24	$ 97.78	$ 178.81	not contracted	$ 178.81	$ 97.78	$ 116.87	$ 97.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99205		$ 128.11	not contracted	$ 166.07	not contracted	$ 172.00	not contracted	$ 118.62	not contracted	$ 142.34	$ 99.24	$ 181.49	not contracted	$ 181.49	$ 99.24	$ 118.62	$ 99.24
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	PRIMARY PROCEDURE	96416		$ 71.55	not contracted	$ 92.75	not contracted	$ 96.06	not contracted	$ 66.25	not contracted	$ 79.50	$ 55.43	$ 101.36	not contracted	$ 101.36	$ 55.43	$ 66.25	$ 55.43
		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	96413		$ 44.29	not contracted	$ 57.41	not contracted	$ 59.46	not contracted	$ 41.01	not contracted	$ 49.21	$ 34.31	$ 62.75	not contracted	$ 62.75	$ 34.31	$ 41.01	$ 34.31
		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	96415		$ 33.30	not contracted	$ 43.16	not contracted	$ 44.70	not contracted	$ 30.83	not contracted	$ 37.00	$ 25.79	$ 47.17	not contracted	$ 47.17	$ 25.79	$ 30.83	$ 25.79
		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	96417		$ 44.29	not contracted	$ 57.41	not contracted	$ 59.46	not contracted	$ 41.01	not contracted	$ 49.21	$ 34.31	$ 62.75	not contracted	$ 62.75	$ 34.31	$ 41.01	$ 34.31
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96375		$ 32.98	not contracted	$ 42.76	not contracted	$ 44.28	not contracted	$ 30.54	not contracted	$ 36.65	$ 25.55	$ 46.73	not contracted	$ 46.73	$ 25.55	$ 30.54	$ 25.55
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	J0640		$ 14.87	not contracted	$ 19.28	not contracted	$ 19.97	not contracted	$ 13.77	not contracted	$ 16.52	$ 11.52	$ 21.07	not contracted	$ 21.07	$ 11.52	$ 13.77	$ 11.52
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		$ 1.00	not contracted	$ 1.30	not contracted	$ 1.35	not contracted	$ 0.93	not contracted	$ 1.12	$ 0.78	$ 1.42	not contracted	$ 1.42	$ 0.78	$ 0.93	$ 0.78
		5% DEXTROSE/WATER (500 ML = 1 UNIT)	J7060		$ 2.79	not contracted	$ 3.61	not contracted	$ 3.74	not contracted	$ 2.58	not contracted	$ 3.10	$ 2.16	$ 3.95	not contracted	$ 3.95	$ 2.16	$ 2.58	$ 2.16

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, FLUOROURACIL, 500 MG	J9190		$ 4.57	not contracted	$ 5.92	not contracted	$ 6.13	not contracted	$ 4.23	not contracted	$ 5.08	$ 3.54	$ 6.47	not contracted	$ 6.47	$ 3.54	$ 4.23	$ 3.54
		INJECTION, OXALIPLATIN, 0.5 MG	J9263		$ 7.02	not contracted	$ 9.10	not contracted	$ 9.43	not contracted	$ 6.50	not contracted	$ 7.80	$ 5.44	$ 9.95	not contracted	$ 9.95	$ 5.44	$ 6.50	$ 5.44
92133	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, PO	PRIMARY PROCEDURE	92133		$ 49.96	not contracted	$ 64.76	not contracted	$ 67.08	not contracted	$ 46.26	not contracted	$ 55.51	$ 38.70	$ 70.78	not contracted	$ 70.78	$ 38.70	$ 46.26	$ 38.70
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY	PRIMARY PROCEDURE	92136		$ 104.01	not contracted	$ 134.83	not contracted	$ 139.65	not contracted	$ 96.31	not contracted	$ 115.57	$ 80.57	$ 147.35	not contracted	$ 147.35	$ 80.57	$ 96.31	$ 80.57
D9215	LOCAL ANESTHESIA	PRIMARY PROCEDURE	D9215		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
		EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AN	D7140		$ 44.28	not contracted	$ 57.40	not contracted	$ 59.45	not contracted	$ 41.00	not contracted	$ 49.20	INCLUDED IN M-CAL OP DENTAL RATE	$ 62.73	not contracted	$ 62.73	INCLUDED IN M-CAL OP DENTAL RATE	$ 41.00	INCLUDED IN M-CAL OP DENTAL RATE
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		$ 37.80	not contracted	$ 49.00	not contracted	$ 50.75	not contracted	$ 35.00	not contracted	$ 42.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 53.55	not contracted	$ 53.55	INCLUDED IN M-CAL OP DENTAL RATE	$ 35.00	INCLUDED IN M-CAL OP DENTAL RATE
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 1 OR	PRIMARY PROCEDURE	20552		$ 81.31	not contracted	$ 105.41	not contracted	$ 109.17	not contracted	$ 75.29	not contracted	$ 90.35	$ 62.99	$ 115.19	not contracted	$ 115.19	$ 62.99	$ 75.29	$ 62.99
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAO	PRIMARY PROCEDURE	66982		$ 1,562.99	not contracted	$ 2,026.09	not contracted	$ 2,098.45	not contracted	$ 1,447.21	not contracted	$ 1,736.65	$ 1,210.72	$ 2,214.23	not contracted	$ 2,214.23	$ 1,210.72	$ 1,447.21	$ 1,210.72
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		POSTERIOR CHAMBER INTRAOCULAR LENS	V2632		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
93247	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7	PRIMARY PROCEDURE	93247		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
99245	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ES	PRIMARY PROCEDURE	99245		$ 158.33	not contracted	$ 205.24	not contracted	$ 212.57	not contracted	$ 146.60	not contracted	$ 175.92	$ 122.64	$ 224.30	not contracted	$ 224.30	$ 122.64	$ 146.60	$ 122.64
43237	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH E	PRIMARY PROCEDURE	43237		$ 193.83	not contracted	$ 251.26	not contracted	$ 260.23	not contracted	$ 179.47	not contracted	$ 215.36	$ 150.14	$ 274.59	not contracted	$ 274.59	$ 150.14	$ 179.47	$ 150.14

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		$ 108.52	not contracted	$ 140.67	not contracted	$ 145.70	not contracted	$ 100.48	not contracted	$ 120.58	$ 84.06	$ 153.73	not contracted	$ 153.73	$ 84.06	$ 100.48	$ 84.06
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		$ 8.94	not contracted	$ 11.59	not contracted	$ 12.01	not contracted	$ 8.28	not contracted	$ 9.94	$ 6.92	$ 12.67	not contracted	$ 12.67	$ 6.92	$ 8.28	$ 6.92
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
D1330	ORAL HYGIENE INSTRUCTION	PRIMARY PROCEDURE	D1330		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		$ 37.80	not contracted	$ 49.00	not contracted	$ 50.75	not contracted	$ 35.00	not contracted	$ 42.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 53.55	not contracted	$ 53.55	INCLUDED IN M-CAL OP DENTAL RATE	$ 35.00	INCLUDED IN M-CAL OP DENTAL RATE
96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TR	PRIMARY PROCEDURE	96910		$ 38.11	not contracted	$ 49.41	not contracted	$ 51.17	not contracted	$ 35.29	not contracted	$ 42.35	$ 29.52	$ 53.99	not contracted	$ 53.99	$ 29.52	$ 35.29	$ 29.52
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010,	PRIMARY PROCEDURE	94060		$ 69.76	not contracted	$ 90.43	not contracted	$ 93.66	not contracted	$ 64.59	not contracted	$ 77.51	$ 54.04	$ 98.82	not contracted	$ 98.82	$ 54.04	$ 64.59	$ 54.04
		PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND,	94726		$ 74.50	not contracted	$ 96.57	not contracted	$ 100.02	not contracted	$ 68.98	not contracted	$ 82.78	$ 57.71	$ 105.54	not contracted	$ 105.54	$ 57.71	$ 68.98	$ 57.71
		DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE) (LIS	94729		$ 74.67	not contracted	$ 96.80	not contracted	$ 100.25	not contracted	$ 69.14	not contracted	$ 82.97	$ 57.84	$ 105.78	not contracted	$ 105.78	$ 57.84	$ 69.14	$ 57.84
		SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED V	94010		$ 38.11	not contracted	$ 49.41	not contracted	$ 51.17	not contracted	$ 35.29	not contracted	$ 42.35	$ 29.52	$ 53.99	not contracted	$ 53.99	$ 29.52	$ 35.29	$ 29.52
		MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATI	94200		$ 25.40	not contracted	$ 32.93	not contracted	$ 34.10	not contracted	$ 23.52	not contracted	$ 28.22	$ 19.68	$ 35.99	not contracted	$ 35.99	$ 19.68	$ 23.52	$ 19.68

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR	94640		$ 18.12	not contracted	$ 23.49	not contracted	$ 24.33	not contracted	$ 16.78	not contracted	$ 20.14	$ 14.04	$ 25.67	not contracted	$ 25.67	$ 14.04	$ 16.78	$ 14.04
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REP	PRIMARY PROCEDURE	92285		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	92250		$ 65.26	not contracted	$ 84.60	not contracted	$ 87.62	not contracted	$ 60.43	not contracted	$ 72.52	$ 50.56	$ 92.46	not contracted	$ 92.46	$ 50.56	$ 60.43	$ 50.56
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92012		$ 57.55	not contracted	$ 74.61	not contracted	$ 77.27	not contracted	$ 53.29	not contracted	$ 63.95	$ 44.58	$ 81.53	not contracted	$ 81.53	$ 44.58	$ 53.29	$ 44.58
52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATI	PRIMARY PROCEDURE	52287		$ 212.82	not contracted	$ 275.88	not contracted	$ 285.74	not contracted	$ 197.06	not contracted	$ 236.47	$ 164.86	$ 301.50	not contracted	$ 301.50	$ 164.86	$ 197.06	$ 164.86
		INJECTION, ONABOTULINUMTOXINA, 1 UNIT	J0585		$ 16.70	not contracted	$ 21.64	not contracted	$ 22.42	not contracted	$ 15.46	not contracted	$ 18.55	$ 12.94	$ 23.65	not contracted	$ 23.65	$ 12.94	$ 15.46	$ 12.94
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		$ 6.96	not contracted	$ 9.02	not contracted	$ 9.34	not contracted	$ 6.44	not contracted	$ 7.73	$ 5.39	$ 9.85	not contracted	$ 9.85	$ 5.39	$ 6.44	$ 5.39
88152	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL	PRIMARY PROCEDURE	88152		$ 17.82	not contracted	$ 23.10	not contracted	$ 23.93	not contracted	$ 16.50	not contracted	$ 19.80	$ 13.80	$ 25.25	not contracted	$ 25.25	$ 13.80	$ 16.50	$ 13.80
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 28.04	not contracted	$ 36.34	not contracted	$ 37.64	not contracted	$ 25.96	not contracted	$ 31.15	$ 21.72	$ 39.72	not contracted	$ 39.72	$ 21.72	$ 25.96	$ 21.72
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	88175		$ 36.41	not contracted	$ 47.19	not contracted	$ 48.88	not contracted	$ 33.71	not contracted	$ 40.45	$ 28.20	$ 51.58	not contracted	$ 51.58	$ 28.20	$ 33.71	$ 28.20
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		$ 48.32	not contracted	$ 62.64	not contracted	$ 64.87	not contracted	$ 44.74	not contracted	$ 53.69	$ 37.43	$ 68.45	not contracted	$ 68.45	$ 37.43	$ 44.74	$ 37.43
1111F	DISCHARGE MEDICATIONS RECONCILED WITH THE CURRENT MEDIC	PRIMARY PROCEDURE	1111F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	PRIMARY PROCEDURE	41899		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
88150	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL SCRE	PRIMARY PROCEDURE	88150		$ 17.82	not contracted	$ 23.10	not contracted	$ 23.93	not contracted	$ 16.50	not contracted	$ 19.80	$ 13.80	$ 25.25	not contracted	$ 25.25	$ 13.80	$ 16.50	$ 13.80
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 28.04	not contracted	$ 36.34	not contracted	$ 37.64	not contracted	$ 25.96	not contracted	$ 31.15	$ 21.72	$ 39.72	not contracted	$ 39.72	$ 21.72	$ 25.96	$ 21.72
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		$ 48.32	not contracted	$ 62.64	not contracted	$ 64.87	not contracted	$ 44.74	not contracted	$ 53.69	$ 37.43	$ 68.45	not contracted	$ 68.45	$ 37.43	$ 44.74	$ 37.43
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	88142		$ 27.89	not contracted	$ 36.15	not contracted	$ 37.44	not contracted	$ 25.82	not contracted	$ 30.98	$ 21.60	$ 39.50	not contracted	$ 39.50	$ 21.60	$ 25.82	$ 21.60
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE	PRIMARY PROCEDURE	D0145		$ 21.60	not contracted	$ 28.00	not contracted	$ 29.00	not contracted	$ 20.00	not contracted	$ 24.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 30.60	not contracted	$ 30.60	INCLUDED IN M-CAL OP DENTAL RATE	$ 20.00	INCLUDED IN M-CAL OP DENTAL RATE
		CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	D0603		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
		PROPHYLAXIS-CHILD	D1120		$ 32.40	not contracted	$ 42.00	not contracted	$ 43.50	not contracted	$ 30.00	not contracted	$ 36.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 45.90	not contracted	$ 45.90	INCLUDED IN M-CAL OP DENTAL RATE	$ 30.00	INCLUDED IN M-CAL OP DENTAL RATE
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	D1206		child 0 to 5: $19.44 child 6 to 20: $8.64	not contracted	child 0 to 5: $25.20 child 6 to 20: $11.20	not contracted	child 0 to 5: $26.10 child 6 to 20: $11.60	not contracted	child 0 to 5: $18.00 child 6 to 20: $8.00	not contracted	child 0 to 5: $21.60 child 6 to 20: $9.60	INCLUDED IN M-CAL OP DENTAL RATE	child 0 to 5: $27.54 child 6 to 20: $12.24	not contracted	child 0 to 5: $27.54 child 6 to 20: $12.24	INCLUDED IN M-CAL OP DENTAL RATE	child 0 to 5: $18.00 child 6 to 20: $8.00	INCLUDED IN M-CAL OP DENTAL RATE
		ORAL HYGIENE INSTRUCTION	D1330		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTUR	PRIMARY PROCEDURE	25607		$ 897.39	not contracted	$ 1,163.29	not contracted	$ 1,204.83	not contracted	$ 830.92	not contracted	$ 997.10	$ 695.14	$ 1,271.31	not contracted	$ 1,271.31	$ 695.14	$ 830.92	$ 695.14
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 43.32	not contracted	$ 56.15	not contracted	$ 58.16	not contracted	$ 40.11	not contracted	$ 48.13	$ 33.55	$ 61.37	not contracted	$ 61.37	$ 33.55	$ 40.11	$ 33.55
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE	PRIMARY PROCEDURE	64566		$ 182.26	not contracted	$ 236.26	not contracted	$ 244.70	not contracted	$ 168.76	not contracted	$ 202.51	$ 141.18	$ 258.20	not contracted	$ 258.20	$ 141.18	$ 168.76	$ 141.18
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
95907	NERVE CONDUCTION STUDIES; 1-2 STUDIES	PRIMARY PROCEDURE	95907		$ 128.28	not contracted	$ 166.29	not contracted	$ 172.23	not contracted	$ 118.78	not contracted	$ 142.54	$ 99.37	$ 181.73	not contracted	$ 181.73	$ 99.37	$ 118.78	$ 99.37
		NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED P	95885		$ 77.21	not contracted	$ 100.09	not contracted	$ 103.66	not contracted	$ 71.49	not contracted	$ 85.79	$ 59.81	$ 109.38	not contracted	$ 109.38	$ 59.81	$ 71.49	$ 59.81
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		$ 58.09	not contracted	$ 75.31	not contracted	$ 78.00	not contracted	$ 53.79	not contracted	$ 64.55	$ 45.00	$ 82.30	not contracted	$ 82.30	$ 45.00	$ 53.79	$ 45.00
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	PRIMARY PROCEDURE	31624		$ 330.48	not contracted	$ 428.40	not contracted	$ 443.70	not contracted	$ 306.00	not contracted	$ 367.20	$ 256.00	$ 468.18	not contracted	$ 468.18	$ 256.00	$ 306.00	$ 256.00
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTE	88108		$ 44.80	not contracted	$ 58.07	not contracted	$ 60.15	not contracted	$ 41.48	not contracted	$ 49.78	$ 34.70	$ 63.46	not contracted	$ 63.46	$ 34.70	$ 41.48	$ 34.70
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT	87281		$ 15.65	not contracted	$ 20.29	not contracted	$ 21.01	not contracted	$ 14.49	not contracted	$ 17.39	$ 12.12	$ 22.17	not contracted	$ 22.17	$ 12.12	$ 14.49	$ 12.12
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHN	87305		$ 13.41	not contracted	$ 17.39	not contracted	$ 18.01	not contracted	$ 12.42	not contracted	$ 14.90	$ 10.39	$ 19.00	not contracted	$ 19.00	$ 10.39	$ 12.42	$ 10.39

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, A	87116		$ 14.13	not contracted	$ 18.31	not contracted	$ 18.97	not contracted	$ 13.08	not contracted	$ 15.70	$ 10.94	$ 20.01	not contracted	$ 20.01	$ 10.94	$ 13.08	$ 10.94
		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPT	87102		$ 11.52	not contracted	$ 14.94	not contracted	$ 15.47	not contracted	$ 10.67	not contracted	$ 12.80	$ 8.93	$ 16.33	not contracted	$ 16.33	$ 8.93	$ 10.67	$ 8.93
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS	87015		$ 9.00	not contracted	$ 11.66	not contracted	$ 12.08	not contracted	$ 8.33	not contracted	$ 10.00	$ 6.97	$ 12.74	not contracted	$ 12.74	$ 6.97	$ 8.33	$ 6.97
		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; FLUORESCENT	87206		$ 7.42	not contracted	$ 9.62	not contracted	$ 9.96	not contracted	$ 6.87	not contracted	$ 8.24	$ 5.75	$ 10.51	not contracted	$ 10.51	$ 5.75	$ 6.87	$ 5.75
		CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOO	87070		$ 11.63	not contracted	$ 15.08	not contracted	$ 15.62	not contracted	$ 10.77	not contracted	$ 12.92	$ 9.01	$ 16.48	not contracted	$ 16.48	$ 9.01	$ 10.77	$ 9.01
		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEM	87205		$ 5.36	not contracted	$ 6.94	not contracted	$ 7.19	not contracted	$ 4.96	not contracted	$ 5.95	$ 4.15	$ 7.59	not contracted	$ 7.59	$ 4.15	$ 4.96	$ 4.15
		CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINA	89050		$ 8.09	not contracted	$ 10.49	not contracted	$ 10.86	not contracted	$ 7.49	not contracted	$ 8.99	$ 6.26	$ 11.46	not contracted	$ 11.46	$ 6.26	$ 7.49	$ 6.26
T1014	TELEHEALTH TRANSMISSION, PER MINUTE, PROFESSIONAL SERVI	PRIMARY PROCEDURE	T1014		$ 0.37	not contracted	$ 0.48	not contracted	$ 0.49	not contracted	$ 0.34	not contracted	$ 0.41	$ 0.29	$ 0.52	not contracted	$ 0.52	$ 0.29	$ 0.34	$ 0.29
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
92928	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY S	PRIMARY PROCEDURE	92928		$ 748.32	not contracted	$ 970.05	not contracted	$ 1,004.69	not contracted	$ 692.89	not contracted	$ 831.47	$ 579.66	$ 1,060.12	not contracted	$ 1,060.12	$ 579.66	$ 692.89	$ 579.66
		ENDOLUMINAL IMAGING OF CORONARY VESSEL OR GRAFT USING I	92978		$ 348.85	not contracted	$ 452.21	not contracted	$ 468.36	not contracted	$ 323.01	not contracted	$ 387.61	$ 270.23	$ 494.21	not contracted	$ 494.21	$ 270.23	$ 323.01	$ 270.23
		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	93454		$ 1,220.19	not contracted	$ 1,581.73	not contracted	$ 1,638.22	not contracted	$ 1,129.81	not contracted	$ 1,355.77	$ 945.18	$ 1,728.61	not contracted	$ 1,728.61	$ 945.18	$ 1,129.81	$ 945.18
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		$ 7.32	not contracted	$ 9.49	not contracted	$ 9.83	not contracted	$ 6.78	not contracted	$ 8.14	$ 5.68	$ 10.37	not contracted	$ 10.37	$ 5.68	$ 6.78	$ 5.68

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		$ 6.96	not contracted	$ 9.02	not contracted	$ 9.34	not contracted	$ 6.44	not contracted	$ 7.73	$ 5.39	$ 9.85	not contracted	$ 9.85	$ 5.39	$ 6.44	$ 5.39
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	PRIMARY PROCEDURE	E0202		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY	PRIMARY PROCEDURE	64612		$ 129.20	not contracted	$ 167.48	not contracted	$ 173.46	not contracted	$ 119.63	not contracted	$ 143.56	$ 100.08	$ 183.03	not contracted	$ 183.03	$ 100.08	$ 119.63	$ 100.08
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93458		$ 1,471.71	not contracted	$ 1,907.77	not contracted	$ 1,975.90	not contracted	$ 1,362.69	not contracted	$ 1,635.23	$ 1,140.01	$ 2,084.92	not contracted	$ 2,084.92	$ 1,140.01	$ 1,362.69	$ 1,140.01
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		$ 7.32	not contracted	$ 9.49	not contracted	$ 9.83	not contracted	$ 6.78	not contracted	$ 8.14	$ 5.68	$ 10.37	not contracted	$ 10.37	$ 5.68	$ 6.78	$ 5.68
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		$ 6.96	not contracted	$ 9.02	not contracted	$ 9.34	not contracted	$ 6.44	not contracted	$ 7.73	$ 5.39	$ 9.85	not contracted	$ 9.85	$ 5.39	$ 6.44	$ 5.39
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
90650	HUMAN PAPILLOMAVIRUS VACCINE, TYPES 16, 18, BIVALENT (2	PRIMARY PROCEDURE	90650		$ 205.41	not contracted	$ 266.27	not contracted	$ 275.78	not contracted	$ 190.19	not contracted	$ 228.23	$ 159.11	$ 290.99	not contracted	$ 290.99	$ 159.11	$ 190.19	$ 159.11
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 3	90651		$ 451.19	not contracted	$ 584.88	not contracted	$ 605.77	not contracted	$ 417.77	not contracted	$ 501.32	$ 349.50	$ 639.19	not contracted	$ 639.19	$ 349.50	$ 417.77	$ 349.50
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	PRIMARY PROCEDURE	49650		$ 410.08	not contracted	$ 531.58	not contracted	$ 550.57	not contracted	$ 379.70	not contracted	$ 455.64	$ 317.65	$ 580.94	not contracted	$ 580.94	$ 317.65	$ 379.70	$ 317.65
		MESH (IMPLANTABLE)	C1781		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		$ 14.29	not contracted	$ 18.52	not contracted	$ 19.18	not contracted	$ 13.23	not contracted	$ 15.88	$ 11.06	$ 20.24	not contracted	$ 20.24	$ 11.06	$ 13.23	$ 11.06
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		$ 7.99	not contracted	$ 10.36	not contracted	$ 10.73	not contracted	$ 7.40	not contracted	$ 8.88	$ 6.19	$ 11.32	not contracted	$ 11.32	$ 6.19	$ 7.40	$ 6.19
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		$ 6.92	not contracted	$ 8.97	not contracted	$ 9.29	not contracted	$ 6.41	not contracted	$ 7.69	$ 5.36	$ 9.81	not contracted	$ 9.81	$ 5.36	$ 6.41	$ 5.36
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
69210	REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION, UNI	PRIMARY PROCEDURE	69210		$ 47.29	not contracted	$ 61.31	not contracted	$ 63.50	not contracted	$ 43.79	not contracted	$ 52.55	$ 36.64	$ 67.00	not contracted	$ 67.00	$ 36.64	$ 43.79	$ 36.64
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
95800	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART	PRIMARY PROCEDURE	95800		$ 213.41	not contracted	$ 276.64	not contracted	$ 286.52	not contracted	$ 197.60	not contracted	$ 237.12	$ 165.31	$ 302.33	not contracted	$ 302.33	$ 165.31	$ 197.60	$ 165.31
		HOME SLEEP STUDY TEST (HST) WITH TYPE II PORTABLE MONIT	G0398		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SU	PRIMARY PROCEDURE	36589		$ 210.51	not contracted	$ 272.89	not contracted	$ 282.63	not contracted	$ 194.92	not contracted	$ 233.90	$ 163.07	$ 298.23	not contracted	$ 298.23	$ 163.07	$ 194.92	$ 163.07
		REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	49422		$ 487.35	not contracted	$ 631.75	not contracted	$ 654.31	not contracted	$ 451.25	not contracted	$ 541.50	$ 377.51	$ 690.41	not contracted	$ 690.41	$ 377.51	$ 451.25	$ 377.51
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION O	PRIMARY PROCEDURE	D7210		$ 91.80	not contracted	$ 119.00	not contracted	$ 123.25	not contracted	$ 85.00	not contracted	$ 102.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 130.05	not contracted	$ 130.05	INCLUDED IN M-CAL OP DENTAL RATE	$ 85.00	INCLUDED IN M-CAL OP DENTAL RATE
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	PRIMARY PROCEDURE	36430		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVE	Q0163		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, EACH U	P9040		$ 372.21	not contracted	$ 482.50	not contracted	$ 499.73	not contracted	$ 344.64	not contracted	$ 413.57	$ 288.32	$ 527.30	not contracted	$ 527.30	$ 288.32	$ 344.64	$ 288.32
91318	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-C	PRIMARY PROCEDURE	91318		$ 101.54	not contracted	$ 131.63	not contracted	$ 136.33	not contracted	$ 94.02	not contracted	$ 112.82	$ 78.66	$ 143.85	not contracted	$ 143.85	$ 78.66	$ 94.02	$ 78.66
		IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION	90480		$ 61.97	not contracted	$ 80.33	not contracted	$ 83.20	not contracted	$ 57.38	not contracted	$ 68.86	$ 48.00	$ 87.79	not contracted	$ 87.79	$ 48.00	$ 57.38	$ 48.00
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPL	PRIMARY PROCEDURE	45331		$ 111.90	not contracted	$ 145.05	not contracted	$ 150.23	not contracted	$ 103.61	not contracted	$ 124.33	$ 86.68	$ 158.52	not contracted	$ 158.52	$ 86.68	$ 103.61	$ 86.68
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	G0500		$ 83.42	not contracted	$ 108.14	not contracted	$ 112.00	not contracted	$ 77.24	not contracted	$ 92.69	$ 64.62	$ 118.18	not contracted	$ 118.18	$ 64.62	$ 77.24	$ 64.62
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
95816	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE A	PRIMARY PROCEDURE	95816		$ 117.08	not contracted	$ 151.77	not contracted	$ 157.19	not contracted	$ 108.41	not contracted	$ 130.09	$ 90.70	$ 165.87	not contracted	$ 165.87	$ 90.70	$ 108.41	$ 90.70
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		$ 58.09	not contracted	$ 75.31	not contracted	$ 78.00	not contracted	$ 53.79	not contracted	$ 64.55	$ 45.00	$ 82.30	not contracted	$ 82.30	$ 45.00	$ 53.79	$ 45.00
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN	PRIMARY PROCEDURE	57454		$ 133.44	not contracted	$ 172.98	not contracted	$ 179.16	not contracted	$ 123.56	not contracted	$ 148.27	$ 103.37	$ 189.05	not contracted	$ 189.05	$ 103.37	$ 123.56	$ 103.37
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 28.04	not contracted	$ 36.34	not contracted	$ 37.64	not contracted	$ 25.96	not contracted	$ 31.15	$ 21.72	$ 39.72	not contracted	$ 39.72	$ 21.72	$ 25.96	$ 21.72
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	PRIMARY PROCEDURE	96999		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
43762	REPLACEMENT OF GASTROSTOMY TUBE, PERCUTANEOUS, INCLUDES	PRIMARY PROCEDURE	43762		$ 317.79	not contracted	$ 411.95	not contracted	$ 426.66	not contracted	$ 294.25	not contracted	$ 353.10	$ 246.17	$ 450.20	not contracted	$ 450.20	$ 246.17	$ 294.25	$ 246.17
90633	HEPATITIS A VACCINE (HEPA), PEDIATRIC/ADOLESCENT DOSAGE	PRIMARY PROCEDURE	90633		$ 64.48	not contracted	$ 83.58	not contracted	$ 86.57	not contracted	$ 59.70	not contracted	$ 71.64	$ 49.94	$ 91.34	not contracted	$ 91.34	$ 49.94	$ 59.70	$ 49.94
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7	PRIMARY PROCEDURE	93248		$ 35.90	not contracted	$ 46.54	not contracted	$ 48.20	not contracted	$ 33.24	not contracted	$ 39.89	$ 27.80	$ 50.86	not contracted	$ 50.86	$ 27.80	$ 33.24	$ 27.80
		EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7	93247		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW,	PRIMARY PROCEDURE	20680		$ 235.32	not contracted	$ 305.05	not contracted	$ 315.94	not contracted	$ 217.89	not contracted	$ 261.47	$ 182.28	$ 333.37	not contracted	$ 333.37	$ 182.28	$ 217.89	$ 182.28
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 43.32	not contracted	$ 56.15	not contracted	$ 58.16	not contracted	$ 40.11	not contracted	$ 48.13	$ 33.55	$ 61.37	not contracted	$ 61.37	$ 33.55	$ 40.11	$ 33.55
		LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY	88300		$ 12.97	not contracted	$ 16.81	not contracted	$ 17.41	not contracted	$ 12.01	not contracted	$ 14.41	$ 10.04	$ 18.38	not contracted	$ 18.38	$ 10.04	$ 12.01	$ 10.04
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		$ 14.29	not contracted	$ 18.52	not contracted	$ 19.18	not contracted	$ 13.23	not contracted	$ 15.88	$ 11.06	$ 20.24	not contracted	$ 20.24	$ 11.06	$ 13.23	$ 11.06
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)	PRIMARY PROCEDURE	96912		$ 24.72	not contracted	$ 32.05	not contracted	$ 33.19	not contracted	$ 22.89	not contracted	$ 27.47	$ 19.15	$ 35.02	not contracted	$ 35.02	$ 19.15	$ 22.89	$ 19.15

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99396		$ 170.25	not contracted	$ 220.70	not contracted	$ 228.58	not contracted	$ 157.64	not contracted	$ 189.17	$ 131.88	$ 241.19	not contracted	$ 241.19	$ 131.88	$ 157.64	$ 131.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
99406	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INT	PRIMARY PROCEDURE	99406		$ 16.12	not contracted	$ 20.90	not contracted	$ 21.65	not contracted	$ 14.93	not contracted	$ 17.92	$ 12.49	$ 22.84	not contracted	$ 22.84	$ 12.49	$ 14.93	$ 12.49
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	PRIMARY PROCEDURE	59841		$ 549.06	not contracted	$ 711.75	not contracted	$ 737.17	not contracted	$ 508.39	not contracted	$ 610.07	$ 425.32	$ 777.84	not contracted	$ 777.84	$ 425.32	$ 508.39	$ 425.32
		LEVEL VI - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88309		$ 287.32	not contracted	$ 372.46	not contracted	$ 385.76	not contracted	$ 266.04	not contracted	$ 319.25	$ 222.56	$ 407.04	not contracted	$ 407.04	$ 222.56	$ 266.04	$ 222.56
		AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	Q0144		$ 7.80	not contracted	$ 10.11	not contracted	$ 10.47	not contracted	$ 7.22	not contracted	$ 8.66	$ 6.04	$ 11.05	not contracted	$ 11.05	$ 6.04	$ 7.22	$ 6.04
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT	J7642		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MISOPROSTOL, ORAL, 200 MCG	S0191		$ 1.10	not contracted	$ 1.43	not contracted	$ 1.48	not contracted	$ 1.02	not contracted	$ 1.22	$ 0.85	$ 1.56	not contracted	$ 1.56	$ 0.85	$ 1.02	$ 0.85
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		$ 4.03	not contracted	$ 5.22	not contracted	$ 5.41	not contracted	$ 3.73	not contracted	$ 4.48	$ 3.12	$ 5.71	not contracted	$ 5.71	$ 3.12	$ 3.73	$ 3.12
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		$ 3.81	not contracted	$ 4.94	not contracted	$ 5.12	not contracted	$ 3.53	not contracted	$ 4.24	$ 2.95	$ 5.40	not contracted	$ 5.40	$ 2.95	$ 3.53	$ 2.95
		BLOOD TYPING, SEROLOGIC; ABO	86900		$ 3.68	not contracted	$ 4.77	not contracted	$ 4.94	not contracted	$ 3.41	not contracted	$ 4.09	$ 2.86	$ 5.22	not contracted	$ 5.22	$ 2.86	$ 3.41	$ 2.86

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
90697	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	PRIMARY PROCEDURE	90697		$ 233.63	not contracted	$ 302.85	not contracted	$ 313.66	not contracted	$ 216.32	not contracted	$ 259.58	$ 180.97	$ 330.97	not contracted	$ 330.97	$ 180.97	$ 216.32	$ 180.97
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		HEPATITIS B VACCINE (HEPB), PEDIATRIC/ADOLESCENT DOSAGE	90744		$ 54.57	not contracted	$ 70.74	not contracted	$ 73.27	not contracted	$ 50.53	not contracted	$ 60.64	$ 42.28	$ 77.31	not contracted	$ 77.31	$ 42.28	$ 50.53	$ 42.28
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13), FOR	90670		$ 406.58	not contracted	$ 527.04	not contracted	$ 545.87	not contracted	$ 376.46	not contracted	$ 451.75	$ 314.94	$ 575.98	not contracted	$ 575.98	$ 314.94	$ 376.46	$ 314.94
		ROTAVIRUS VACCINE, HUMAN, ATTENUATED (RV1), 2 DOSE SCHE	90681		$ 175.38	not contracted	$ 227.35	not contracted	$ 235.47	not contracted	$ 162.39	not contracted	$ 194.87	$ 135.85	$ 248.46	not contracted	$ 248.46	$ 135.85	$ 162.39	$ 135.85
		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE	90473		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	90698		$ 175.00	not contracted	$ 226.86	not contracted	$ 234.96	not contracted	$ 162.04	not contracted	$ 194.45	$ 135.56	$ 247.92	not contracted	$ 247.92	$ 135.56	$ 162.04	$ 135.56
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC	PRIMARY PROCEDURE	36818		$ 630.75	not contracted	$ 817.64	not contracted	$ 846.84	not contracted	$ 584.03	not contracted	$ 700.84	$ 488.59	$ 893.57	not contracted	$ 893.57	$ 488.59	$ 584.03	$ 488.59
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		$ 4.04	not contracted	$ 5.24	not contracted	$ 5.42	not contracted	$ 3.74	not contracted	$ 4.49	$ 3.13	$ 5.72	not contracted	$ 5.72	$ 3.13	$ 3.74	$ 3.13
90723	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	PRIMARY PROCEDURE	90723		$ 152.87	not contracted	$ 198.17	not contracted	$ 205.25	not contracted	$ 141.55	not contracted	$ 169.86	$ 118.42	$ 216.57	not contracted	$ 216.57	$ 118.42	$ 141.55	$ 118.42
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	90460		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T CONJ	90648		$ 25.70	not contracted	$ 33.32	not contracted	$ 34.51	not contracted	$ 23.80	not contracted	$ 28.56	$ 19.91	$ 36.41	not contracted	$ 36.41	$ 19.91	$ 23.80	$ 19.91
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	90461		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13), FOR	90670		$ 406.58	not contracted	$ 527.04	not contracted	$ 545.87	not contracted	$ 376.46	not contracted	$ 451.75	$ 314.94	$ 575.98	not contracted	$ 575.98	$ 314.94	$ 376.46	$ 314.94
		ROTAVIRUS VACCINE, PENTAVALENT (RV5), 3 DOSE SCHEDULE,	90680		$ 154.41	not contracted	$ 200.16	not contracted	$ 207.31	not contracted	$ 142.97	not contracted	$ 171.56	$ 119.60	$ 218.74	not contracted	$ 218.74	$ 119.60	$ 142.97	$ 119.60
		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE	90473		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99391		$ 53.74	not contracted	$ 69.66	not contracted	$ 72.15	not contracted	$ 49.76	not contracted	$ 59.71	$ 41.63	$ 76.13	not contracted	$ 76.13	$ 41.63	$ 49.76	$ 41.63
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDI	PRIMARY PROCEDURE	51720		$ 154.57	not contracted	$ 200.37	not contracted	$ 207.52	not contracted	$ 143.12	not contracted	$ 171.74	$ 119.74	$ 218.97	not contracted	$ 218.97	$ 119.74	$ 143.12	$ 119.74
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		$ 58.09	not contracted	$ 75.31	not contracted	$ 78.00	not contracted	$ 53.79	not contracted	$ 64.55	$ 45.00	$ 82.30	not contracted	$ 82.30	$ 45.00	$ 53.79	$ 45.00
		BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	J9030		$ 4.48	not contracted	$ 5.81	not contracted	$ 6.02	not contracted	$ 4.15	not contracted	$ 4.98	$ 3.47	$ 6.35	not contracted	$ 6.35	$ 3.47	$ 4.15	$ 3.47

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	51700		$ 121.71	not contracted	$ 157.77	not contracted	$ 163.40	not contracted	$ 112.69	not contracted	$ 135.23	$ 94.27	$ 172.42	not contracted	$ 172.42	$ 94.27	$ 112.69	$ 94.27
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTE	PRIMARY PROCEDURE	58571		$ 1,159.38	not contracted	$ 1,502.90	not contracted	$ 1,556.58	not contracted	$ 1,073.50	not contracted	$ 1,288.20	$ 898.08	$ 1,642.46	not contracted	$ 1,642.46	$ 898.08	$ 1,073.50	$ 898.08
		UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND	49329		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	52000		$ 134.38	not contracted	$ 174.20	not contracted	$ 180.42	not contracted	$ 124.43	not contracted	$ 149.32	$ 104.10	$ 190.38	not contracted	$ 190.38	$ 104.10	$ 124.43	$ 104.10
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		$ 135.77	not contracted	$ 175.99	not contracted	$ 182.28	not contracted	$ 125.71	not contracted	$ 150.85	$ 105.17	$ 192.34	not contracted	$ 192.34	$ 105.17	$ 125.71	$ 105.17
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		$ 32.44	not contracted	$ 42.06	not contracted	$ 43.56	not contracted	$ 30.04	not contracted	$ 36.05	$ 25.13	$ 45.96	not contracted	$ 45.96	$ 25.13	$ 30.04	$ 25.13
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		$ 14.29	not contracted	$ 18.52	not contracted	$ 19.18	not contracted	$ 13.23	not contracted	$ 15.88	$ 11.06	$ 20.24	not contracted	$ 20.24	$ 11.06	$ 13.23	$ 11.06
		INJECTION, METRONIDAZOLE, 10 MG EFF. DATE: 7/1/2023	J1836		$ 0.04	not contracted	$ 0.06	not contracted	$ 0.06	not contracted	$ 0.04	not contracted	$ 0.05	$ 0.04	$ 0.06	not contracted	$ 0.06	$ 0.04	$ 0.04	$ 0.04
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		$ 7.99	not contracted	$ 10.36	not contracted	$ 10.73	not contracted	$ 7.40	not contracted	$ 8.88	$ 6.19	$ 11.32	not contracted	$ 11.32	$ 6.19	$ 7.40	$ 6.19
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, L	PRIMARY PROCEDURE	67145		$ 576.75	not contracted	$ 747.64	not contracted	$ 774.34	not contracted	$ 534.03	not contracted	$ 640.84	$ 446.76	$ 817.07	not contracted	$ 817.07	$ 446.76	$ 534.03	$ 446.76
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCL	PRIMARY PROCEDURE	78452		$ 539.29	not contracted	$ 699.08	not contracted	$ 724.04	not contracted	$ 499.34	not contracted	$ 599.21	$ 417.74	$ 763.99	not contracted	$ 763.99	$ 417.74	$ 499.34	$ 417.74
		INJECTION, REGADENOSON, 0.1 MG	J2785		$ 101.64	not contracted	$ 131.75	not contracted	$ 136.46	not contracted	$ 94.11	not contracted	$ 112.93	$ 78.73	$ 143.99	not contracted	$ 143.99	$ 78.73	$ 94.11	$ 78.73
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHOD	PRIMARY PROCEDURE	81025		$ 4.34	not contracted	$ 5.63	not contracted	$ 5.83	not contracted	$ 4.02	not contracted	$ 4.82	$ 3.36	$ 6.15	not contracted	$ 6.15	$ 3.36	$ 4.02	$ 3.36
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
64642	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)	PRIMARY PROCEDURE	64642		$ 141.30	not contracted	$ 183.16	not contracted	$ 189.70	not contracted	$ 130.83	not contracted	$ 157.00	$ 109.45	$ 200.17	not contracted	$ 200.17	$ 109.45	$ 130.83	$ 109.45
		CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTR	64643		$ 94.00	not contracted	$ 121.86	not contracted	$ 126.21	not contracted	$ 87.04	not contracted	$ 104.45	$ 72.82	$ 133.17	not contracted	$ 133.17	$ 72.82	$ 87.04	$ 72.82
		INJECTION, ONABOTULINUMTOXINA, 1 UNIT	J0585		$ 16.70	not contracted	$ 21.64	not contracted	$ 22.42	not contracted	$ 15.46	not contracted	$ 18.55	$ 12.94	$ 23.65	not contracted	$ 23.65	$ 12.94	$ 15.46	$ 12.94
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-ASSESSMENT (IE, HEALT	PRIMARY PROCEDURE	96156		$ 130.59	not contracted	$ 169.29	not contracted	$ 175.33	not contracted	$ 120.92	not contracted	$ 145.10	$ 101.16	$ 185.01	not contracted	$ 185.01	$ 101.16	$ 120.92	$ 101.16
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT 1	PRIMARY PROCEDURE	D0171		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S)	PRIMARY PROCEDURE	38222		$ 238.87	not contracted	$ 309.65	not contracted	$ 320.71	not contracted	$ 221.18	not contracted	$ 265.42	$ 185.04	$ 338.41	not contracted	$ 338.41	$ 185.04	$ 221.18	$ 185.04

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88341		$ 93.91	not contracted	$ 121.73	not contracted	$ 126.08	not contracted	$ 86.95	not contracted	$ 104.34	$ 72.74	$ 133.03	not contracted	$ 133.03	$ 72.74	$ 86.95	$ 72.74
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		BONE MARROW, SMEAR INTERPRETATION	85097		$ 54.60	not contracted	$ 70.78	not contracted	$ 73.31	not contracted	$ 50.56	not contracted	$ 60.67	$ 42.30	$ 77.36	not contracted	$ 77.36	$ 42.30	$ 50.56	$ 42.30
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 83.33	not contracted	$ 108.02	not contracted	$ 111.88	not contracted	$ 77.16	not contracted	$ 92.59	$ 64.55	$ 118.05	not contracted	$ 118.05	$ 64.55	$ 77.16	$ 64.55
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION	88311		$ 12.24	not contracted	$ 15.86	not contracted	$ 16.43	not contracted	$ 11.33	not contracted	$ 13.60	$ 9.48	$ 17.33	not contracted	$ 17.33	$ 9.48	$ 11.33	$ 9.48
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88313		$ 53.07	not contracted	$ 68.80	not contracted	$ 71.25	not contracted	$ 49.14	not contracted	$ 58.97	$ 41.11	$ 75.18	not contracted	$ 75.18	$ 41.11	$ 49.14	$ 41.11
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUC	PRIMARY PROCEDURE	99401		$ 20.04	not contracted	$ 25.98	not contracted	$ 26.91	not contracted	$ 18.56	not contracted	$ 22.27	$ 15.53	$ 28.40	not contracted	$ 28.40	$ 15.53	$ 18.56	$ 15.53
		MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH	96040		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
90700	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VA	PRIMARY PROCEDURE	90700		$ 48.52	not contracted	$ 62.90	not contracted	$ 65.15	not contracted	$ 44.93	not contracted	$ 53.92	$ 37.58	$ 68.74	not contracted	$ 68.74	$ 37.58	$ 44.93	$ 37.58
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	90460		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99392		$ 57.92	not contracted	$ 75.08	not contracted	$ 77.76	not contracted	$ 53.63	not contracted	$ 64.36	$ 44.87	$ 82.05	not contracted	$ 82.05	$ 44.87	$ 53.63	$ 44.87
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		DISCHARGE MEDICATIONS RECONCILED WITH THE CURRENT MEDIC	1111F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRAN	PRIMARY PROCEDURE	19301		$ 516.72	not contracted	$ 669.82	not contracted	$ 693.74	not contracted	$ 478.44	not contracted	$ 574.13	$ 400.26	$ 732.01	not contracted	$ 732.01	$ 400.26	$ 478.44	$ 400.26
		BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	38500		$ 148.79	not contracted	$ 192.88	not contracted	$ 199.77	not contracted	$ 137.77	not contracted	$ 165.32	$ 115.26	$ 210.79	not contracted	$ 210.79	$ 115.26	$ 137.77	$ 115.26

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICAT	38792		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		$ 135.77	not contracted	$ 175.99	not contracted	$ 182.28	not contracted	$ 125.71	not contracted	$ 150.85	$ 105.17	$ 192.34	not contracted	$ 192.34	$ 105.17	$ 125.71	$ 105.17
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88341		$ 93.91	not contracted	$ 121.73	not contracted	$ 126.08	not contracted	$ 86.95	not contracted	$ 104.34	$ 72.74	$ 133.03	not contracted	$ 133.03	$ 72.74	$ 86.95	$ 72.74
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 83.33	not contracted	$ 108.02	not contracted	$ 111.88	not contracted	$ 77.16	not contracted	$ 92.59	$ 64.55	$ 118.05	not contracted	$ 118.05	$ 64.55	$ 77.16	$ 64.55
		RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	76098		$ 22.43	not contracted	$ 29.08	not contracted	$ 30.12	not contracted	$ 20.77	not contracted	$ 24.92	$ 17.38	$ 31.78	not contracted	$ 31.78	$ 17.38	$ 20.77	$ 17.38
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		$ 14.29	not contracted	$ 18.52	not contracted	$ 19.18	not contracted	$ 13.23	not contracted	$ 15.88	$ 11.06	$ 20.24	not contracted	$ 20.24	$ 11.06	$ 13.23	$ 11.06
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	PRIMARY PROCEDURE	43264		$ 594.63	not contracted	$ 770.81	not contracted	$ 798.34	not contracted	$ 550.58	not contracted	$ 660.70	$ 460.61	$ 842.39	not contracted	$ 842.39	$ 460.61	$ 550.58	$ 460.61
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00732		$ 130.23	not contracted	$ 168.81	not contracted	$ 174.84	not contracted	$ 120.58	not contracted	$ 144.70	$ 100.87	$ 184.49	not contracted	$ 184.49	$ 100.87	$ 120.58	$ 100.87

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 43.32	not contracted	$ 56.15	not contracted	$ 58.16	not contracted	$ 40.11	not contracted	$ 48.13	$ 33.55	$ 61.37	not contracted	$ 61.37	$ 33.55	$ 40.11	$ 33.55
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
90648	HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T CONJ	PRIMARY PROCEDURE	90648		$ 25.70	not contracted	$ 33.32	not contracted	$ 34.51	not contracted	$ 23.80	not contracted	$ 28.56	$ 19.91	$ 36.41	not contracted	$ 36.41	$ 19.91	$ 23.80	$ 19.91
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR	90677		$ 468.62	not contracted	$ 607.47	not contracted	$ 629.17	not contracted	$ 433.91	not contracted	$ 520.69	$ 363.00	$ 663.88	not contracted	$ 663.88	$ 363.00	$ 433.91	$ 363.00
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
93793	ANTICOAGULANT MANAGEMENT FOR A PATIENT TAKING WARFARIN,	PRIMARY PROCEDURE	93793		$ 16.31	not contracted	$ 21.14	not contracted	$ 21.90	not contracted	$ 15.10	not contracted	$ 18.12	$ 12.64	$ 23.10	not contracted	$ 23.10	$ 12.64	$ 15.10	$ 12.64
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
90649	HUMAN PAPILLOMAVIRUS VACCINE, TYPES 6, 11, 16, 18, QUAD	PRIMARY PROCEDURE	90649		$ 255.17	not contracted	$ 330.78	not contracted	$ 342.59	not contracted	$ 236.27	not contracted	$ 283.52	$ 197.66	$ 361.49	not contracted	$ 361.49	$ 197.66	$ 236.27	$ 197.66
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 3	90651		$ 451.19	not contracted	$ 584.88	not contracted	$ 605.77	not contracted	$ 417.77	not contracted	$ 501.32	$ 349.50	$ 639.19	not contracted	$ 639.19	$ 349.50	$ 417.77	$ 349.50

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LOS ANGELES GENERAL MEDICAL CENTER
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UPDATED AS OF 12/19/2024

					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
43249	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH T	PRIMARY PROCEDURE	43249		$ 345.48	not contracted	$ 447.85	not contracted	$ 463.84	not contracted	$ 319.89	not contracted	$ 383.87	$ 267.61	$ 489.43	not contracted	$ 489.43	$ 267.61	$ 319.89	$ 267.61
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
37243	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RA	PRIMARY PROCEDURE	37243		$ 790.15	not contracted	$ 1,024.27	not contracted	$ 1,060.85	not contracted	$ 731.62	not contracted	$ 877.94	$ 612.06	$ 1,119.38	not contracted	$ 1,119.38	$ 612.06	$ 731.62	$ 612.06
		CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHN	96420		$ 65.33	not contracted	$ 84.69	not contracted	$ 87.71	not contracted	$ 60.49	not contracted	$ 72.59	$ 50.60	$ 92.55	not contracted	$ 92.55	$ 50.60	$ 60.49	$ 50.60
		ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE (WIT	75726		$ 201.79	not contracted	$ 261.58	not contracted	$ 270.92	not contracted	$ 186.84	not contracted	$ 224.21	$ 156.31	$ 285.87	not contracted	$ 285.87	$ 156.31	$ 186.84	$ 156.31
		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRA	76937		$ 43.61	not contracted	$ 56.53	not contracted	$ 58.55	not contracted	$ 40.38	not contracted	$ 48.46	$ 33.78	$ 61.78	not contracted	$ 61.78	$ 33.78	$ 40.38	$ 33.78
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 43.32	not contracted	$ 56.15	not contracted	$ 58.16	not contracted	$ 40.11	not contracted	$ 48.13	$ 33.55	$ 61.37	not contracted	$ 61.37	$ 33.55	$ 40.11	$ 33.55
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		$ 0.26	not contracted	$ 0.34	not contracted	$ 0.35	not contracted	$ 0.24	not contracted	$ 0.29	$ 0.20	$ 0.37	not contracted	$ 0.37	$ 0.20	$ 0.24	$ 0.20
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG EFFECTIVE DA	J0696		$ 7.60	not contracted	$ 9.86	not contracted	$ 10.21	not contracted	$ 7.04	not contracted	$ 8.45	$ 5.89	$ 10.77	not contracted	$ 10.77	$ 5.89	$ 7.04	$ 5.89
		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10	J1642		$ 6.94	not contracted	$ 9.00	not contracted	$ 9.32	not contracted	$ 6.43	not contracted	$ 7.72	$ 5.38	$ 9.84	not contracted	$ 9.84	$ 5.38	$ 6.43	$ 5.38
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		$ 7.32	not contracted	$ 9.49	not contracted	$ 9.83	not contracted	$ 6.78	not contracted	$ 8.14	$ 5.68	$ 10.37	not contracted	$ 10.37	$ 5.68	$ 6.78	$ 5.68
67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE	PRIMARY PROCEDURE	67113		$ 1,819.65	not contracted	$ 2,358.80	not contracted	$ 2,443.05	not contracted	$ 1,684.86	not contracted	$ 2,021.83	$ 1,409.53	$ 2,577.84	not contracted	$ 2,577.84	$ 1,409.53	$ 1,684.86	$ 1,409.53
		INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL	67025		$ 783.81	not contracted	$ 1,016.05	not contracted	$ 1,052.34	not contracted	$ 725.75	not contracted	$ 870.90	$ 607.15	$ 1,110.40	not contracted	$ 1,110.40	$ 607.15	$ 725.75	$ 607.15
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
43275	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	PRIMARY PROCEDURE	43275		$ 530.03	not contracted	$ 687.08	not contracted	$ 711.62	not contracted	$ 490.77	not contracted	$ 588.92	$ 410.57	$ 750.88	not contracted	$ 750.88	$ 410.57	$ 490.77	$ 410.57
		ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM	74328		$ 178.35	not contracted	$ 231.20	not contracted	$ 239.45	not contracted	$ 165.14	not contracted	$ 198.17	$ 138.16	$ 252.66	not contracted	$ 252.66	$ 138.16	$ 165.14	$ 138.16
		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	74330		$ 178.35	not contracted	$ 231.20	not contracted	$ 239.45	not contracted	$ 165.14	not contracted	$ 198.17	$ 138.16	$ 252.66	not contracted	$ 252.66	$ 138.16	$ 165.14	$ 138.16
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, LEVOFLOXACIN, 250 MG	J1956		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
32555	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PL	PRIMARY PROCEDURE	32555		$ 143.04	not contracted	$ 185.42	not contracted	$ 192.04	not contracted	$ 132.44	not contracted	$ 158.93	$ 110.80	$ 202.63	not contracted	$ 202.63	$ 110.80	$ 132.44	$ 110.80
15853	REMOVAL OF SUTURES OR STAPLES NOT REQUIRING ANESTHESIA	PRIMARY PROCEDURE	15853		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	PRIMARY PROCEDURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
J2357	INJECTION, OMALIZUMAB, 5 MG	PRIMARY PROCEDURE	J2357		$ 63.94	not contracted	$ 82.88	not contracted	$ 85.84	not contracted	$ 59.20	not contracted	$ 71.04	$ 49.52	$ 90.58	not contracted	$ 90.58	$ 49.52	$ 59.20	$ 49.52
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		$ 29.05	not contracted	$ 37.66	not contracted	$ 39.01	not contracted	$ 26.90	not contracted	$ 32.28	$ 22.50	$ 41.16	not contracted	$ 41.16	$ 22.50	$ 26.90	$ 22.50
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
43238	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH T	PRIMARY PROCEDURE	43238		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		$ 108.52	not contracted	$ 140.67	not contracted	$ 145.70	not contracted	$ 100.48	not contracted	$ 120.58	$ 84.06	$ 153.73	not contracted	$ 153.73	$ 84.06	$ 100.48	$ 84.06

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	74330		$ 178.35	not contracted	$ 231.20	not contracted	$ 239.45	not contracted	$ 165.14	not contracted	$ 198.17	$ 138.16	$ 252.66	not contracted	$ 252.66	$ 138.16	$ 165.14	$ 138.16
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		$ 8.94	not contracted	$ 11.59	not contracted	$ 12.01	not contracted	$ 8.28	not contracted	$ 9.94	$ 6.92	$ 12.67	not contracted	$ 12.67	$ 6.92	$ 8.28	$ 6.92
		INJECTION, GLYCOPYRROLATE, 0.1 MG EFF. DATE: 01/01/202	J1596		$ 7.68	not contracted	$ 9.95	not contracted	$ 10.31	not contracted	$ 7.11	not contracted	$ 8.53	$ 5.95	$ 10.88	not contracted	$ 10.88	$ 5.95	$ 7.11	$ 5.95
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		$ 6.92	not contracted	$ 8.97	not contracted	$ 9.29	not contracted	$ 6.41	not contracted	$ 7.69	$ 5.36	$ 9.81	not contracted	$ 9.81	$ 5.36	$ 6.41	$ 5.36
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		$ 1.57	not contracted	$ 2.03	not contracted	$ 2.10	not contracted	$ 1.45	not contracted	$ 1.74	$ 1.21	$ 2.22	not contracted	$ 2.22	$ 1.21	$ 1.45	$ 1.21
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
96040	MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH	PRIMARY PROCEDURE	96040		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOV	PRIMARY PROCEDURE	67043		$ 1,531.85	not contracted	$ 1,985.73	not contracted	$ 2,056.65	not contracted	$ 1,418.38	not contracted	$ 1,702.06	$ 1,186.60	$ 2,170.12	not contracted	$ 2,170.12	$ 1,186.60	$ 1,418.38	$ 1,186.60

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	00145		$ 117.62	not contracted	$ 152.47	not contracted	$ 157.92	not contracted	$ 108.91	not contracted	$ 130.69	$ 91.12	$ 166.63	not contracted	$ 166.63	$ 91.12	$ 108.91	$ 91.12
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		$ 4.04	not contracted	$ 5.24	not contracted	$ 5.42	not contracted	$ 3.74	not contracted	$ 4.49	$ 3.13	$ 5.72	not contracted	$ 5.72	$ 3.13	$ 3.74	$ 3.13
92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHY	PRIMARY PROCEDURE	92960		$ 189.71	not contracted	$ 245.92	not contracted	$ 254.71	not contracted	$ 175.66	not contracted	$ 210.79	$ 146.95	$ 268.76	not contracted	$ 268.76	$ 146.95	$ 175.66	$ 146.95
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		$ 25.40	not contracted	$ 32.93	not contracted	$ 34.10	not contracted	$ 23.52	not contracted	$ 28.22	$ 19.68	$ 35.99	not contracted	$ 35.99	$ 19.68	$ 23.52	$ 19.68
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		$ 11.26	not contracted	$ 14.60	not contracted	$ 15.12	not contracted	$ 10.43	not contracted	$ 12.52	$ 8.72	$ 15.96	not contracted	$ 15.96	$ 8.72	$ 10.43	$ 8.72
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		$ 8.85	not contracted	$ 11.47	not contracted	$ 11.88	not contracted	$ 8.19	not contracted	$ 9.83	$ 6.85	$ 12.53	not contracted	$ 12.53	$ 6.85	$ 8.19	$ 6.85
		PROTHROMBIN TIME;	85610		$ 5.41	not contracted	$ 7.01	not contracted	$ 7.26	not contracted	$ 5.01	not contracted	$ 6.01	$ 4.19	$ 7.67	not contracted	$ 7.67	$ 4.19	$ 5.01	$ 4.19
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	PRIMARY PROCEDURE	58300		$ 260.59	not contracted	$ 337.81	not contracted	$ 349.87	not contracted	$ 241.29	not contracted	$ 289.55	$ 201.86	$ 369.17	not contracted	$ 369.17	$ 201.86	$ 241.29	$ 201.86
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
		LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYS	J7297		$ 1,374.66	not contracted	$ 1,781.96	not contracted	$ 1,845.60	not contracted	$ 1,272.83	not contracted	$ 1,527.40	$ 1,064.83	$ 1,947.43	not contracted	$ 1,947.43	$ 1,064.83	$ 1,272.83	$ 1,064.83
45381	COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTI	PRIMARY PROCEDURE	45381		$ 639.41	not contracted	$ 828.87	not contracted	$ 858.47	not contracted	$ 592.05	not contracted	$ 710.46	$ 495.30	$ 905.84	not contracted	$ 905.84	$ 495.30	$ 592.05	$ 495.30
		COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380		$ 511.57	not contracted	$ 663.15	not contracted	$ 686.84	not contracted	$ 473.68	not contracted	$ 568.42	$ 396.28	$ 724.73	not contracted	$ 724.73	$ 396.28	$ 473.68	$ 396.28

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	G0500		$ 83.42	not contracted	$ 108.14	not contracted	$ 112.00	not contracted	$ 77.24	not contracted	$ 92.69	$ 64.62	$ 118.18	not contracted	$ 118.18	$ 64.62	$ 77.24	$ 64.62
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
43276	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPH Y (ERCP);	PRIMARY PROCEDURE	43276		$ 668.46	not contracted	$ 866.52	not contracted	$ 897.46	not contracted	$ 618.94	not contracted	$ 742.73	$ 517.80	$ 946.98	not contracted	$ 946.98	$ 517.80	$ 618.94	$ 517.80
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		$ 108.52	not contracted	$ 140.67	not contracted	$ 145.70	not contracted	$ 100.48	not contracted	$ 120.58	$ 84.06	$ 153.73	not contracted	$ 153.73	$ 84.06	$ 100.48	$ 84.06
		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	74330		$ 178.35	not contracted	$ 231.20	not contracted	$ 239.45	not contracted	$ 165.14	not contracted	$ 198.17	$ 138.16	$ 252.66	not contracted	$ 252.66	$ 138.16	$ 165.14	$ 138.16
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVIC	PRIMARY PROCEDURE	54161		$ 196.10	not contracted	$ 254.20	not contracted	$ 263.28	not contracted	$ 181.57	not contracted	$ 217.88	$ 151.90	$ 277.80	not contracted	$ 277.80	$ 151.90	$ 181.57	$ 151.90
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		$ 47.22	not contracted	$ 61.21	not contracted	$ 63.39	not contracted	$ 43.72	not contracted	$ 52.46	$ 36.58	$ 66.89	not contracted	$ 66.89	$ 36.58	$ 43.72	$ 36.58

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93456		$ 1,525.93	not contracted	$ 1,978.06	not contracted	$ 2,048.71	not contracted	$ 1,412.90	not contracted	$ 1,695.48	$ 1,182.01	$ 2,161.74	not contracted	$ 2,161.74	$ 1,182.01	$ 1,412.90	$ 1,182.01
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		$ 11.26	not contracted	$ 14.60	not contracted	$ 15.12	not contracted	$ 10.43	not contracted	$ 12.52	$ 8.72	$ 15.96	not contracted	$ 15.96	$ 8.72	$ 10.43	$ 8.72
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		$ 7.32	not contracted	$ 9.49	not contracted	$ 9.83	not contracted	$ 6.78	not contracted	$ 8.14	$ 5.68	$ 10.37	not contracted	$ 10.37	$ 5.68	$ 6.78	$ 5.68
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		$ 8.85	not contracted	$ 11.47	not contracted	$ 11.88	not contracted	$ 8.19	not contracted	$ 9.83	$ 6.85	$ 12.53	not contracted	$ 12.53	$ 6.85	$ 8.19	$ 6.85
		PROTHROMBIN TIME;	85610		$ 5.41	not contracted	$ 7.01	not contracted	$ 7.26	not contracted	$ 5.01	not contracted	$ 6.01	$ 4.19	$ 7.67	not contracted	$ 7.67	$ 4.19	$ 5.01	$ 4.19
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
52001	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MUL	PRIMARY PROCEDURE	52001		$ 171.29	not contracted	$ 222.04	not contracted	$ 229.97	not contracted	$ 158.60	not contracted	$ 190.32	$ 132.68	$ 242.66	not contracted	$ 242.66	$ 132.68	$ 158.60	$ 132.68

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE	88112		$ 94.37	not contracted	$ 122.33	not contracted	$ 126.70	not contracted	$ 87.38	not contracted	$ 104.86	$ 73.10	$ 133.69	not contracted	$ 133.69	$ 73.10	$ 87.38	$ 73.10
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	PRIMARY PROCEDURE	36561		$ 402.78	not contracted	$ 522.12	not contracted	$ 540.76	not contracted	$ 372.94	not contracted	$ 447.53	$ 312.00	$ 570.60	not contracted	$ 570.60	$ 312.00	$ 372.94	$ 312.00
		INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAV	36010		$ 130.92	not contracted	$ 169.71	not contracted	$ 175.77	not contracted	$ 121.22	not contracted	$ 145.46	$ 101.41	$ 185.47	not contracted	$ 185.47	$ 101.41	$ 121.22	$ 101.41
		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRA	76937		$ 43.61	not contracted	$ 56.53	not contracted	$ 58.55	not contracted	$ 40.38	not contracted	$ 48.46	$ 33.78	$ 61.78	not contracted	$ 61.78	$ 33.78	$ 40.38	$ 33.78
		FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE	77001		$ 98.46	not contracted	$ 127.64	not contracted	$ 132.20	not contracted	$ 91.17	not contracted	$ 109.40	$ 76.27	$ 139.49	not contracted	$ 139.49	$ 76.27	$ 91.17	$ 76.27
		TELETHERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIED POR	77306		$ 199.36	not contracted	$ 258.43	not contracted	$ 267.66	not contracted	$ 184.59	not contracted	$ 221.51	$ 154.43	$ 282.42	not contracted	$ 282.42	$ 154.43	$ 184.59	$ 154.43
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		$ 7.32	not contracted	$ 9.49	not contracted	$ 9.83	not contracted	$ 6.78	not contracted	$ 8.14	$ 5.68	$ 10.37	not contracted	$ 10.37	$ 5.68	$ 6.78	$ 5.68
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REGIONAL	PRIMARY PROCEDURE	54150		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA	PRIMARY PROCEDURE	66761		$ 326.44	not contracted	$ 423.16	not contracted	$ 438.28	not contracted	$ 302.26	not contracted	$ 362.71	$ 252.86	$ 462.46	not contracted	$ 462.46	$ 252.86	$ 302.26	$ 252.86
99426	PRINCIPAL CARE MANAGEMENT SERVICES, FOR A SINGLE HIGH-R	PRIMARY PROCEDURE	99426		$ 84.29	not contracted	$ 109.27	not contracted	$ 113.17	not contracted	$ 78.05	not contracted	$ 93.66	$ 65.29	$ 119.42	not contracted	$ 119.42	$ 65.29	$ 78.05	$ 65.29
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 1 TO 5	PRIMARY PROCEDURE	11720		$ 30.56	not contracted	$ 39.62	not contracted	$ 41.04	not contracted	$ 28.30	not contracted	$ 33.96	$ 23.68	$ 43.30	not contracted	$ 43.30	$ 23.68	$ 28.30	$ 23.68

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED P	PRIMARY PROCEDURE	95886		$ 119.04	not contracted	$ 154.31	not contracted	$ 159.82	not contracted	$ 110.22	not contracted	$ 132.26	$ 92.21	$ 168.64	not contracted	$ 168.64	$ 92.21	$ 110.22	$ 92.21
		NERVE CONDUCTION STUDIES; 1-2 STUDIES	95907		$ 128.28	not contracted	$ 166.29	not contracted	$ 172.23	not contracted	$ 118.78	not contracted	$ 142.54	$ 99.37	$ 181.73	not contracted	$ 181.73	$ 99.37	$ 118.78	$ 99.37
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
90679	RESPIRATORY SYNCYTIAL VIRUS VACCINE, PREF, RECOMBINANT,	PRIMARY PROCEDURE	90679		$ 440.67	not contracted	$ 571.24	not contracted	$ 591.64	not contracted	$ 408.03	not contracted	$ 489.64	$ 341.35	$ 624.29	not contracted	$ 624.29	$ 341.35	$ 408.03	$ 341.35
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	PRIMARY PROCEDURE	D0210		$ 43.20	not contracted	$ 56.00	not contracted	$ 58.00	not contracted	$ 40.00	not contracted	$ 48.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 61.20	not contracted	$ 61.20	INCLUDED IN M-CAL OP DENTAL RATE	$ 40.00	INCLUDED IN M-CAL OP DENTAL RATE
		PROPHYLAXIS-ADULT	D1110		$ 43.20	not contracted	$ 56.00	not contracted	$ 58.00	not contracted	$ 40.00	not contracted	$ 48.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 61.20	not contracted	$ 61.20	INCLUDED IN M-CAL OP DENTAL RATE	$ 40.00	INCLUDED IN M-CAL OP DENTAL RATE
		DENTAL PROPHYLAXIS AND TOPICAL FLUORIDE TREATMENT	D1208		child 0 to 5: $19.44 child 6 to 20: $8.64	not contracted	child 0 to 5: $25.20 child 6 to 20: $11.20	not contracted	child 0 to 5: $26.10 child 6 to 20: $11.60	not contracted	child 0 to 5: $18.00 child 6 to 20: $8.00	not contracted	child 0 to 5: $21.60 child 6 to 20: $9.60	INCLUDED IN M-CAL OP DENTAL RATE	child 0 to 5: $27.54 child 6 to 20: $12.24	not contracted	child 0 to 5: $27.54 child 6 to 20: $12.24	INCLUDED IN M-CAL OP DENTAL RATE	child 0 to 5: $18.00 child 6 to 20: $8.00	INCLUDED IN M-CAL OP DENTAL RATE
		ORAL HYGIENE INSTRUCTION	D1330		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		$ 16.20	not contracted	$ 21.00	not contracted	$ 21.75	not contracted	$ 15.00	not contracted	$ 18.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 22.95	not contracted	$ 22.95	INCLUDED IN M-CAL OP DENTAL RATE	$ 15.00	INCLUDED IN M-CAL OP DENTAL RATE
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPA	PRIMARY PROCEDURE	64721		$ 490.82	not contracted	$ 636.24	not contracted	$ 658.97	not contracted	$ 454.46	not contracted	$ 545.35	$ 380.20	$ 695.32	not contracted	$ 695.32	$ 380.20	$ 454.46	$ 380.20
93653	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH INSERT	PRIMARY PROCEDURE	93653		$ 1,021.60	not contracted	$ 1,324.30	not contracted	$ 1,371.60	not contracted	$ 945.93	not contracted	$ 1,135.12	$ 791.35	$ 1,447.27	not contracted	$ 1,447.27	$ 791.35	$ 945.93	$ 791.35
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		$ 11.26	not contracted	$ 14.60	not contracted	$ 15.12	not contracted	$ 10.43	not contracted	$ 12.52	$ 8.72	$ 15.96	not contracted	$ 15.96	$ 8.72	$ 10.43	$ 8.72

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		$ 8.85	not contracted	$ 11.47	not contracted	$ 11.88	not contracted	$ 8.19	not contracted	$ 9.83	$ 6.85	$ 12.53	not contracted	$ 12.53	$ 6.85	$ 8.19	$ 6.85
		PROTHROMBIN TIME;	85610		$ 5.41	not contracted	$ 7.01	not contracted	$ 7.26	not contracted	$ 5.01	not contracted	$ 6.01	$ 4.19	$ 7.67	not contracted	$ 7.67	$ 4.19	$ 5.01	$ 4.19
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAI	PRIMARY PROCEDURE	29888		$ 1,045.07	not contracted	$ 1,354.72	not contracted	$ 1,403.11	not contracted	$ 967.66	not contracted	$ 1,161.19	$ 809.53	$ 1,480.52	not contracted	$ 1,480.52	$ 809.53	$ 967.66	$ 809.53
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES	01400		$ 78.35	not contracted	$ 101.57	not contracted	$ 105.20	not contracted	$ 72.55	not contracted	$ 87.06	$ 60.70	$ 111.00	not contracted	$ 111.00	$ 60.70	$ 72.55	$ 60.70
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 43.32	not contracted	$ 56.15	not contracted	$ 58.16	not contracted	$ 40.11	not contracted	$ 48.13	$ 33.55	$ 61.37	not contracted	$ 61.37	$ 33.55	$ 40.11	$ 33.55
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		CONNECTIVE TISSUE, HUMAN (INCLUDES FASCIA LATA)	C1762		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		$ 14.29	not contracted	$ 18.52	not contracted	$ 19.18	not contracted	$ 13.23	not contracted	$ 15.88	$ 11.06	$ 20.24	not contracted	$ 20.24	$ 11.06	$ 13.23	$ 11.06
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		$ 7.99	not contracted	$ 10.36	not contracted	$ 10.73	not contracted	$ 7.40	not contracted	$ 8.88	$ 6.19	$ 11.32	not contracted	$ 11.32	$ 6.19	$ 7.40	$ 6.19

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, LABETALOL HYDROCHLORIDE, 5 MG EFF. DATE: 7/	J1920		$ 0.26	not contracted	$ 0.34	not contracted	$ 0.35	not contracted	$ 0.24	not contracted	$ 0.29	$ 0.20	$ 0.37	not contracted	$ 0.37	$ 0.20	$ 0.24	$ 0.20
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
65855	TRABECULOPLASTY BY LASER SURGERY	PRIMARY PROCEDURE	65855		$ 333.94	not contracted	$ 432.88	not contracted	$ 448.34	not contracted	$ 309.20	not contracted	$ 371.04	$ 258.67	$ 473.08	not contracted	$ 473.08	$ 258.67	$ 309.20	$ 258.67
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SI	PRIMARY PROCEDURE	11730		$ 49.60	not contracted	$ 64.30	not contracted	$ 66.60	not contracted	$ 45.93	not contracted	$ 55.12	$ 38.42	$ 70.27	not contracted	$ 70.27	$ 38.42	$ 45.93	$ 38.42
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99202		$ 53.14	not contracted	$ 68.88	not contracted	$ 71.34	not contracted	$ 49.20	not contracted	$ 59.04	$ 41.16	$ 75.28	not contracted	$ 75.28	$ 41.16	$ 49.20	$ 41.16
93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL	PRIMARY PROCEDURE	93017		$ 81.33	not contracted	$ 105.43	not contracted	$ 109.20	not contracted	$ 75.31	not contracted	$ 90.37	$ 63.00	$ 115.22	not contracted	$ 115.22	$ 63.00	$ 75.31	$ 63.00
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	PRIMARY PROCEDURE	D0603		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
		PROPHYLAXIS-CHILD	D1120		$ 32.40	not contracted	$ 42.00	not contracted	$ 43.50	not contracted	$ 30.00	not contracted	$ 36.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 45.90	not contracted	$ 45.90	INCLUDED IN M-CAL OP DENTAL RATE	$ 30.00	INCLUDED IN M-CAL OP DENTAL RATE
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	D1206		child 0 to 5: $19.44 child 6 to 20: $8.64	not contracted	child 0 to 5: $25.20 child 6 to 20: $11.20	not contracted	child 0 to 5: $26.10 child 6 to 20: $11.60	not contracted	child 0 to 5: $18.00 child 6 to 20: $8.00	not contracted	child 0 to 5: $21.60 child 6 to 20: $9.60	INCLUDED IN M-CAL OP DENTAL RATE	child 0 to 5: $27.54 child 6 to 20: $12.24	not contracted	child 0 to 5: $27.54 child 6 to 20: $12.24	INCLUDED IN M-CAL OP DENTAL RATE	child 0 to 5: $18.00 child 6 to 20: $8.00	INCLUDED IN M-CAL OP DENTAL RATE
		ORAL HYGIENE INSTRUCTION	D1330		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
		ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE	D0145		$ 21.60	not contracted	$ 28.00	not contracted	$ 29.00	not contracted	$ 20.00	not contracted	$ 24.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 30.60	not contracted	$ 30.60	INCLUDED IN M-CAL OP DENTAL RATE	$ 20.00	INCLUDED IN M-CAL OP DENTAL RATE

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	PRIMARY PROCEDURE	86580		$ 5.21	not contracted	$ 6.75	not contracted	$ 6.99	not contracted	$ 4.82	not contracted	$ 5.78	$ 4.03	$ 7.37	not contracted	$ 7.37	$ 4.03	$ 4.82	$ 4.03
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	PRIMARY PROCEDURE	29705		$ 44.98	not contracted	$ 58.31	not contracted	$ 60.39	not contracted	$ 41.65	not contracted	$ 49.98	$ 34.85	$ 63.72	not contracted	$ 63.72	$ 34.85	$ 41.65	$ 34.85
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
		RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF 3 V	73110		$ 38.94	not contracted	$ 50.48	not contracted	$ 52.29	not contracted	$ 36.06	not contracted	$ 43.27	$ 30.17	$ 55.17	not contracted	$ 55.17	$ 30.17	$ 36.06	$ 30.17
90696	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	PRIMARY PROCEDURE	90696		$ 97.85	not contracted	$ 126.84	not contracted	$ 131.37	not contracted	$ 90.60	not contracted	$ 108.72	$ 75.79	$ 138.62	not contracted	$ 138.62	$ 75.79	$ 90.60	$ 75.79
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV),	90710		$ 420.77	not contracted	$ 545.44	not contracted	$ 564.92	not contracted	$ 389.60	not contracted	$ 467.52	$ 325.93	$ 596.09	not contracted	$ 596.09	$ 325.93	$ 389.60	$ 325.93
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHE	PRIMARY PROCEDURE	36569		$ 89.11	not contracted	$ 115.51	not contracted	$ 119.64	not contracted	$ 82.51	not contracted	$ 99.01	$ 69.02	$ 126.24	not contracted	$ 126.24	$ 69.02	$ 82.51	$ 69.02
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		$ 27.38	not contracted	$ 35.49	not contracted	$ 36.76	not contracted	$ 25.35	not contracted	$ 30.42	$ 21.20	$ 38.79	not contracted	$ 38.79	$ 21.20	$ 25.35	$ 21.20
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	PRIMARY PROCEDURE	J1050		$ 7.80	not contracted	$ 10.11	not contracted	$ 10.47	not contracted	$ 7.22	not contracted	$ 8.66	$ 6.04	$ 11.05	not contracted	$ 11.05	$ 6.04	$ 7.22	$ 6.04
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		$ 29.05	not contracted	$ 37.66	not contracted	$ 39.01	not contracted	$ 26.90	not contracted	$ 32.28	$ 22.50	$ 41.16	not contracted	$ 41.16	$ 22.50	$ 26.90	$ 22.50

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	PRIMARY PROCEDURE	92082		$ 52.78	not contracted	$ 68.42	not contracted	$ 70.86	not contracted	$ 48.87	not contracted	$ 58.64	$ 40.88	$ 74.77	not contracted	$ 74.77	$ 40.88	$ 48.87	$ 40.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
2028F	FOOT EXAMINATION PERFORMED (INCLUDES EXAMINATION THROUG	PRIMARY PROCEDURE	2028F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 28.04	not contracted	$ 36.34	not contracted	$ 37.64	not contracted	$ 25.96	not contracted	$ 31.15	$ 21.72	$ 39.72	not contracted	$ 39.72	$ 21.72	$ 25.96	$ 21.72
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	PRIMARY PROCEDURE	58301		$ 75.35	not contracted	$ 97.68	not contracted	$ 101.17	not contracted	$ 69.77	not contracted	$ 83.72	$ 58.37	$ 106.75	not contracted	$ 106.75	$ 58.37	$ 69.77	$ 58.37
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG D	PRIMARY PROCEDURE	96523		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10	J1642		$ 6.94	not contracted	$ 9.00	not contracted	$ 9.32	not contracted	$ 6.43	not contracted	$ 7.72	$ 5.38	$ 9.84	not contracted	$ 9.84	$ 5.38	$ 6.43	$ 5.38
93656	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING T	PRIMARY PROCEDURE	93656		$ 1,363.99	not contracted	$ 1,768.13	not contracted	$ 1,831.28	not contracted	$ 1,262.95	not contracted	$ 1,515.54	$ 1,056.56	$ 1,932.31	not contracted	$ 1,932.31	$ 1,056.56	$ 1,262.95	$ 1,056.56
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		$ 7.32	not contracted	$ 9.49	not contracted	$ 9.83	not contracted	$ 6.78	not contracted	$ 8.14	$ 5.68	$ 10.37	not contracted	$ 10.37	$ 5.68	$ 6.78	$ 5.68
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		$ 6.96	not contracted	$ 9.02	not contracted	$ 9.34	not contracted	$ 6.44	not contracted	$ 7.73	$ 5.39	$ 9.85	not contracted	$ 9.85	$ 5.39	$ 6.44	$ 5.39
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		$ 1.00	not contracted	$ 1.30	not contracted	$ 1.35	not contracted	$ 0.93	not contracted	$ 1.12	$ 0.78	$ 1.42	not contracted	$ 1.42	$ 0.78	$ 0.93	$ 0.78
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
93289	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYS	PRIMARY PROCEDURE	93289		$ 90.16	not contracted	$ 116.87	not contracted	$ 121.05	not contracted	$ 83.48	not contracted	$ 100.18	$ 69.84	$ 127.72	not contracted	$ 127.72	$ 69.84	$ 83.48	$ 69.84
64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY	PRIMARY PROCEDURE	64615		$ 160.91	not contracted	$ 208.59	not contracted	$ 216.04	not contracted	$ 148.99	not contracted	$ 178.79	$ 124.64	$ 227.95	not contracted	$ 227.95	$ 124.64	$ 148.99	$ 124.64
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 28.04	not contracted	$ 36.34	not contracted	$ 37.64	not contracted	$ 25.96	not contracted	$ 31.15	$ 21.72	$ 39.72	not contracted	$ 39.72	$ 21.72	$ 25.96	$ 21.72
		INJECTION, ONABOTULINUMTOXINA, 1 UNIT	J0585		$ 16.70	not contracted	$ 21.64	not contracted	$ 22.42	not contracted	$ 15.46	not contracted	$ 18.55	$ 12.94	$ 23.65	not contracted	$ 23.65	$ 12.94	$ 15.46	$ 12.94
D0274	BITEWINGS-FOUR FILMS	PRIMARY PROCEDURE	D0274		$ 19.44	not contracted	$ 25.20	not contracted	$ 26.10	not contracted	$ 18.00	not contracted	$ 21.60	INCLUDED IN M-CAL OP DENTAL RATE	$ 27.54	not contracted	$ 27.54	INCLUDED IN M-CAL OP DENTAL RATE	$ 18.00	INCLUDED IN M-CAL OP DENTAL RATE
		PROPHYLAXIS-ADULT	D1110		$ 43.20	not contracted	$ 56.00	not contracted	$ 58.00	not contracted	$ 40.00	not contracted	$ 48.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 61.20	not contracted	$ 61.20	INCLUDED IN M-CAL OP DENTAL RATE	$ 40.00	INCLUDED IN M-CAL OP DENTAL RATE
		DENTAL PROPHYLAXIS AND TOPICAL FLUORIDE TREATMENT	D1208		child 0 to 5: $19.44 child 6 to 20: $8.64	not contracted	child 0 to 5: $25.20 child 6 to 20: $11.20	not contracted	child 0 to 5: $26.10 child 6 to 20: $11.60	not contracted	child 0 to 5: $18.00 child 6 to 20: $8.00	not contracted	child 0 to 5: $21.60 child 6 to 20: $9.60	INCLUDED IN M-CAL OP DENTAL RATE	child 0 to 5: $27.54 child 6 to 20: $12.24	not contracted	child 0 to 5: $27.54 child 6 to 20: $12.24	INCLUDED IN M-CAL OP DENTAL RATE	child 0 to 5: $18.00 child 6 to 20: $8.00	INCLUDED IN M-CAL OP DENTAL RATE

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		ORAL HYGIENE INSTRUCTION	D1330		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		$ 16.20	not contracted	$ 21.00	not contracted	$ 21.75	not contracted	$ 15.00	not contracted	$ 18.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 22.95	not contracted	$ 22.95	INCLUDED IN M-CAL OP DENTAL RATE	$ 15.00	INCLUDED IN M-CAL OP DENTAL RATE
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	PRIMARY PROCEDURE	D2391		$ 42.12	not contracted	$ 54.60	not contracted	$ 56.55	not contracted	$ 39.00	not contracted	$ 46.80	INCLUDED IN M-CAL OP DENTAL RATE	$ 59.67	not contracted	$ 59.67	INCLUDED IN M-CAL OP DENTAL RATE	$ 39.00	INCLUDED IN M-CAL OP DENTAL RATE
		ORAL HYGIENE INSTRUCTION	D1330		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		$ 37.80	not contracted	$ 49.00	not contracted	$ 50.75	not contracted	$ 35.00	not contracted	$ 42.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 53.55	not contracted	$ 53.55	INCLUDED IN M-CAL OP DENTAL RATE	$ 35.00	INCLUDED IN M-CAL OP DENTAL RATE
11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE,	PRIMARY PROCEDURE	11102		$ 138.41	not contracted	$ 179.42	not contracted	$ 185.83	not contracted	$ 128.16	not contracted	$ 153.79	$ 107.22	$ 196.08	not contracted	$ 196.08	$ 107.22	$ 128.16	$ 107.22
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
99358	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/	PRIMARY PROCEDURE	99358		$ 65.37	not contracted	$ 84.74	not contracted	$ 87.77	not contracted	$ 60.53	not contracted	$ 72.64	$ 50.64	$ 92.61	not contracted	$ 92.61	$ 50.64	$ 60.53	$ 50.64
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	PRIMARY PROCEDURE	93005		$ 25.40	not contracted	$ 32.93	not contracted	$ 34.10	not contracted	$ 23.52	not contracted	$ 28.22	$ 19.68	$ 35.99	not contracted	$ 35.99	$ 19.68	$ 23.52	$ 19.68
90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13), FOR	PRIMARY PROCEDURE	90670		$ 406.58	not contracted	$ 527.04	not contracted	$ 545.87	not contracted	$ 376.46	not contracted	$ 451.75	$ 314.94	$ 575.98	not contracted	$ 575.98	$ 314.94	$ 376.46	$ 314.94
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	90460		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
		PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR	90677		$ 468.62	not contracted	$ 607.47	not contracted	$ 629.17	not contracted	$ 433.91	not contracted	$ 520.69	$ 363.00	$ 663.88	not contracted	$ 663.88	$ 363.00	$ 433.91	$ 363.00

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL-TIME WITH IMAGE	PRIMARY PROCEDURE	93312		$ 241.26	not contracted	$ 312.75	not contracted	$ 323.92	not contracted	$ 223.39	not contracted	$ 268.07	$ 186.89	$ 341.79	not contracted	$ 341.79	$ 186.89	$ 223.39	$ 186.89
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		$ 1.00	not contracted	$ 1.30	not contracted	$ 1.35	not contracted	$ 0.93	not contracted	$ 1.12	$ 0.78	$ 1.42	not contracted	$ 1.42	$ 0.78	$ 0.93	$ 0.78
99423	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR A	PRIMARY PROCEDURE	99423		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
90674	INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIIV4), DERIVED	PRIMARY PROCEDURE	90674		$ 59.84	not contracted	$ 77.57	not contracted	$ 80.34	not contracted	$ 55.41	not contracted	$ 66.49	$ 46.36	$ 84.78	not contracted	$ 84.78	$ 46.36	$ 55.41	$ 46.36
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		$ 41.54	not contracted	$ 53.84	not contracted	$ 55.77	not contracted	$ 38.46	not contracted	$ 46.15	$ 32.17	$ 58.84	not contracted	$ 58.84	$ 32.17	$ 38.46	$ 32.17
93308	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE D	PRIMARY PROCEDURE	93308		$ 116.26	not contracted	$ 150.71	not contracted	$ 156.09	not contracted	$ 107.65	not contracted	$ 129.18	$ 90.06	$ 164.70	not contracted	$ 164.70	$ 90.06	$ 107.65	$ 90.06
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	PRIMARY PROCEDURE	54200		$ 89.97	not contracted	$ 116.63	not contracted	$ 120.80	not contracted	$ 83.31	not contracted	$ 99.97	$ 69.70	$ 127.46	not contracted	$ 127.46	$ 69.70	$ 83.31	$ 69.70
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
		INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01	J0775		$ 106.84	not contracted	$ 138.50	not contracted	$ 143.45	not contracted	$ 98.93	not contracted	$ 118.72	$ 82.76	$ 151.36	not contracted	$ 151.36	$ 82.76	$ 98.93	$ 82.76
90656	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	PRIMARY PROCEDURE	90656		$ 37.54	not contracted	$ 48.66	not contracted	$ 50.40	not contracted	$ 34.76	not contracted	$ 41.71	$ 29.08	$ 53.18	not contracted	$ 53.18	$ 29.08	$ 34.76	$ 29.08

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		$ 41.54	not contracted	$ 53.84	not contracted	$ 55.77	not contracted	$ 38.46	not contracted	$ 46.15	$ 32.17	$ 58.84	not contracted	$ 58.84	$ 32.17	$ 38.46	$ 32.17
93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93460		$ 1,735.50	not contracted	$ 2,249.72	not contracted	$ 2,330.06	not contracted	$ 1,606.94	not contracted	$ 1,928.33	$ 1,344.35	$ 2,458.62	not contracted	$ 2,458.62	$ 1,344.35	$ 1,606.94	$ 1,344.35
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		$ 11.26	not contracted	$ 14.60	not contracted	$ 15.12	not contracted	$ 10.43	not contracted	$ 12.52	$ 8.72	$ 15.96	not contracted	$ 15.96	$ 8.72	$ 10.43	$ 8.72
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		$ 8.85	not contracted	$ 11.47	not contracted	$ 11.88	not contracted	$ 8.19	not contracted	$ 9.83	$ 6.85	$ 12.53	not contracted	$ 12.53	$ 6.85	$ 8.19	$ 6.85
		PROTHROMBIN TIME;	85610		$ 5.41	not contracted	$ 7.01	not contracted	$ 7.26	not contracted	$ 5.01	not contracted	$ 6.01	$ 4.19	$ 7.67	not contracted	$ 7.67	$ 4.19	$ 5.01	$ 4.19
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER T	PRIMARY PROCEDURE	D1354		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTIO	PRIMARY PROCEDURE	45390		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
90714	TETANUS AND DIPHTHERIA TOXOIDS ADSORBED (TD), PRESERVAT	PRIMARY PROCEDURE	90714		$ 36.08	not contracted	$ 46.77	not contracted	$ 48.44	not contracted	$ 33.41	not contracted	$ 40.09	$ 27.95	$ 51.12	not contracted	$ 51.12	$ 27.95	$ 33.41	$ 27.95
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE SERVICES BY PROCEDURE[1]
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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT (EG, DEPRESSION I	96127		$ 7.45	not contracted	$ 9.66	not contracted	$ 10.01	not contracted	$ 6.90	not contracted	$ 8.28	$ 5.77	$ 10.56	not contracted	$ 10.56	$ 5.77	$ 6.90	$ 5.77
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		$ 58.09	not contracted	$ 75.31	not contracted	$ 78.00	not contracted	$ 53.79	not contracted	$ 64.55	$ 45.00	$ 82.30	not contracted	$ 82.30	$ 45.00	$ 53.79	$ 45.00
		TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VAC	90715		$ 67.47	not contracted	$ 87.46	not contracted	$ 90.58	not contracted	$ 62.47	not contracted	$ 74.96	$ 52.26	$ 95.58	not contracted	$ 95.58	$ 52.26	$ 62.47	$ 52.26
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
90619	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, W, Y,	PRIMARY PROCEDURE	90619		$ 264.43	not contracted	$ 342.78	not contracted	$ 355.02	not contracted	$ 244.84	not contracted	$ 293.81	$ 204.83	$ 374.61	not contracted	$ 374.61	$ 204.83	$ 244.84	$ 204.83
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
		SCREENING PERFORMED AND NEGATIVE	G9920		$ 20.90	not contracted	$ 27.09	not contracted	$ 28.06	not contracted	$ 19.35	not contracted	$ 23.22	$ 16.19	$ 29.61	not contracted	$ 29.61	$ 16.19	$ 19.35	$ 16.19
		MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, W, Y,	90734		$ 247.29	not contracted	$ 320.56	not contracted	$ 332.01	not contracted	$ 228.97	not contracted	$ 274.76	$ 191.56	$ 350.32	not contracted	$ 350.32	$ 191.56	$ 228.97	$ 191.56
		ADMINISTRATION OF PATIENT-FOCUSED HEALTH RISK ASSESSMEN	96160		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
D0190	SCREENING OF A PATIENT	PRIMARY PROCEDURE	D0190		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
D0170	RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PAT	PRIMARY PROCEDURE	D0170		$ 81.00	not contracted	$ 105.00	not contracted	$ 108.75	not contracted	$ 75.00	not contracted	$ 90.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 114.75	not contracted	$ 114.75	INCLUDED IN M-CAL OP DENTAL RATE	$ 75.00	INCLUDED IN M-CAL OP DENTAL RATE
J1071	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	PRIMARY PROCEDURE	J1071		$ 6.92	not contracted	$ 8.97	not contracted	$ 9.29	not contracted	$ 6.41	not contracted	$ 7.69	$ 5.36	$ 9.81	not contracted	$ 9.81	$ 5.36	$ 6.41	$ 5.36
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		$ 29.05	not contracted	$ 37.66	not contracted	$ 39.01	not contracted	$ 26.90	not contracted	$ 32.28	$ 22.50	$ 41.16	not contracted	$ 41.16	$ 22.50	$ 26.90	$ 22.50

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	PRIMARY PROCEDURE	93010		$ 19.05	not contracted	$ 24.70	not contracted	$ 25.58	not contracted	$ 17.64	not contracted	$ 21.17	$ 14.76	$ 26.99	not contracted	$ 26.99	$ 14.76	$ 17.64	$ 14.76
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		$ 58.09	not contracted	$ 75.31	not contracted	$ 78.00	not contracted	$ 53.79	not contracted	$ 64.55	$ 45.00	$ 82.30	not contracted	$ 82.30	$ 45.00	$ 53.79	$ 45.00
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		$ 25.40	not contracted	$ 32.93	not contracted	$ 34.10	not contracted	$ 23.52	not contracted	$ 28.22	$ 19.68	$ 35.99	not contracted	$ 35.99	$ 19.68	$ 23.52	$ 19.68
66030	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	66030		$ 88.81	not contracted	$ 115.12	not contracted	$ 119.23	not contracted	$ 82.23	not contracted	$ 98.68	$ 68.80	$ 125.81	not contracted	$ 125.81	$ 68.80	$ 82.23	$ 68.80
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92012		$ 57.55	not contracted	$ 74.61	not contracted	$ 77.27	not contracted	$ 53.29	not contracted	$ 63.95	$ 44.58	$ 81.53	not contracted	$ 81.53	$ 44.58	$ 53.29	$ 44.58
		INJECTION, BEVACIZUMAB, 0.25 MG	C9257		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AN	PRIMARY PROCEDURE	11042		$ 160.91	not contracted	$ 208.59	not contracted	$ 216.04	not contracted	$ 148.99	not contracted	$ 178.79	$ 124.64	$ 227.95	not contracted	$ 227.95	$ 124.64	$ 148.99	$ 124.64
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 28.04	not contracted	$ 36.34	not contracted	$ 37.64	not contracted	$ 25.96	not contracted	$ 31.15	$ 21.72	$ 39.72	not contracted	$ 39.72	$ 21.72	$ 25.96	$ 21.72
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, IN	PRIMARY PROCEDURE	47536		$ 1,165.04	not contracted	$ 1,510.24	not contracted	$ 1,564.17	not contracted	$ 1,078.74	not contracted	$ 1,294.49	$ 902.46	$ 1,650.47	not contracted	$ 1,650.47	$ 902.46	$ 1,078.74	$ 902.46
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		$ 0.26	not contracted	$ 0.34	not contracted	$ 0.35	not contracted	$ 0.24	not contracted	$ 0.29	$ 0.20	$ 0.37	not contracted	$ 0.37	$ 0.20	$ 0.24	$ 0.20
		INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS,	47532		$ 1,160.43	not contracted	$ 1,504.26	not contracted	$ 1,557.98	not contracted	$ 1,074.47	not contracted	$ 1,289.36	$ 898.88	$ 1,643.94	not contracted	$ 1,643.94	$ 898.88	$ 1,074.47	$ 898.88
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG EFFECTIVE DA	J0696		$ 7.60	not contracted	$ 9.86	not contracted	$ 10.21	not contracted	$ 7.04	not contracted	$ 8.45	$ 5.89	$ 10.77	not contracted	$ 10.77	$ 5.89	$ 7.04	$ 5.89
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		$ 1.00	not contracted	$ 1.30	not contracted	$ 1.35	not contracted	$ 0.93	not contracted	$ 1.12	$ 0.78	$ 1.42	not contracted	$ 1.42	$ 0.78	$ 0.93	$ 0.78
43242	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH T	PRIMARY PROCEDURE	43242		$ 388.72	not contracted	$ 503.90	not contracted	$ 521.90	not contracted	$ 359.93	not contracted	$ 431.92	$ 301.12	$ 550.69	not contracted	$ 550.69	$ 301.12	$ 359.93	$ 301.12
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		$ 108.52	not contracted	$ 140.67	not contracted	$ 145.70	not contracted	$ 100.48	not contracted	$ 120.58	$ 84.06	$ 153.73	not contracted	$ 153.73	$ 84.06	$ 100.48	$ 84.06
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		$ 80.52	not contracted	$ 104.38	not contracted	$ 108.11	not contracted	$ 74.56	not contracted	$ 89.47	$ 62.38	$ 114.08	not contracted	$ 114.08	$ 62.38	$ 74.56	$ 62.38
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 83.33	not contracted	$ 108.02	not contracted	$ 111.88	not contracted	$ 77.16	not contracted	$ 92.59	$ 64.55	$ 118.05	not contracted	$ 118.05	$ 64.55	$ 77.16	$ 64.55
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		$ 25.40	not contracted	$ 32.93	not contracted	$ 34.10	not contracted	$ 23.52	not contracted	$ 28.22	$ 19.68	$ 35.99	not contracted	$ 35.99	$ 19.68	$ 23.52	$ 19.68
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		$ 8.94	not contracted	$ 11.59	not contracted	$ 12.01	not contracted	$ 8.28	not contracted	$ 9.94	$ 6.92	$ 12.67	not contracted	$ 12.67	$ 6.92	$ 8.28	$ 6.92
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERT	PRIMARY PROCEDURE	64493		$ 223.78	not contracted	$ 290.08	not contracted	$ 300.44	not contracted	$ 207.20	not contracted	$ 248.64	$ 173.34	$ 317.02	not contracted	$ 317.02	$ 173.34	$ 207.20	$ 173.34
		LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CON	Q9965		$ 2.31	not contracted	$ 3.00	not contracted	$ 3.10	not contracted	$ 2.14	not contracted	$ 2.57	$ 1.79	$ 3.27	not contracted	$ 3.27	$ 1.79	$ 2.14	$ 1.79

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JO	64635		$ 302.62	not contracted	$ 392.28	not contracted	$ 406.29	not contracted	$ 280.20	not contracted	$ 336.24	$ 234.41	$ 428.71	not contracted	$ 428.71	$ 234.41	$ 280.20	$ 234.41
		INJECTION, BUPIVICAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	J0665		$ 6.94	not contracted	$ 9.00	not contracted	$ 9.32	not contracted	$ 6.43	not contracted	$ 7.72	$ 5.38	$ 9.84	not contracted	$ 9.84	$ 5.38	$ 6.43	$ 5.38
		INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	J1040		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
90744	HEPATITIS B VACCINE (HEPB), PEDIATRIC/ADOLESCENT DOSAGE	PRIMARY PROCEDURE	90744		$ 54.57	not contracted	$ 70.74	not contracted	$ 73.27	not contracted	$ 50.53	not contracted	$ 60.64	$ 42.28	$ 77.31	not contracted	$ 77.31	$ 42.28	$ 50.53	$ 42.28
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CAR	PRIMARY PROCEDURE	30520		$ 576.75	not contracted	$ 747.64	not contracted	$ 774.34	not contracted	$ 534.03	not contracted	$ 640.84	$ 446.76	$ 817.07	not contracted	$ 817.07	$ 446.76	$ 534.03	$ 446.76
		ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERA	30802		$ 126.89	not contracted	$ 164.49	not contracted	$ 170.36	not contracted	$ 117.49	not contracted	$ 140.99	$ 98.29	$ 179.76	not contracted	$ 179.76	$ 98.29	$ 117.49	$ 98.29
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		$ 14.29	not contracted	$ 18.52	not contracted	$ 19.18	not contracted	$ 13.23	not contracted	$ 15.88	$ 11.06	$ 20.24	not contracted	$ 20.24	$ 11.06	$ 13.23	$ 11.06
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG,	PRIMARY PROCEDURE	36821		$ 673.06	not contracted	$ 872.48	not contracted	$ 903.64	not contracted	$ 623.20	not contracted	$ 747.84	$ 521.36	$ 953.50	not contracted	$ 953.50	$ 521.36	$ 623.20	$ 521.36
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		$ 7.32	not contracted	$ 9.49	not contracted	$ 9.83	not contracted	$ 6.78	not contracted	$ 8.14	$ 5.68	$ 10.37	not contracted	$ 10.37	$ 5.68	$ 6.78	$ 5.68
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		$ 4.04	not contracted	$ 5.24	not contracted	$ 5.42	not contracted	$ 3.74	not contracted	$ 4.49	$ 3.13	$ 5.72	not contracted	$ 5.72	$ 3.13	$ 3.74	$ 3.13
45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL	PRIMARY PROCEDURE	45990		$ 129.77	not contracted	$ 168.22	not contracted	$ 174.23	not contracted	$ 120.16	not contracted	$ 144.19	$ 100.52	$ 183.84	not contracted	$ 183.84	$ 100.52	$ 120.16	$ 100.52
99387	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99387		$ 221.53	not contracted	$ 287.17	not contracted	$ 297.42	not contracted	$ 205.12	not contracted	$ 246.14	$ 171.60	$ 313.83	not contracted	$ 313.83	$ 171.60	$ 205.12	$ 171.60
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99202		$ 53.14	not contracted	$ 68.88	not contracted	$ 71.34	not contracted	$ 49.20	not contracted	$ 59.04	$ 41.16	$ 75.28	not contracted	$ 75.28	$ 41.16	$ 49.20	$ 41.16
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	PRIMARY PROCEDURE	92550		$ 27.38	not contracted	$ 35.49	not contracted	$ 36.76	not contracted	$ 25.35	not contracted	$ 30.42	$ 21.20	$ 38.79	not contracted	$ 38.79	$ 21.20	$ 25.35	$ 21.20

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEEC	92557		$ 63.30	not contracted	$ 82.05	not contracted	$ 84.98	not contracted	$ 58.61	not contracted	$ 70.33	$ 49.03	$ 89.67	not contracted	$ 89.67	$ 49.03	$ 58.61	$ 49.03
33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIB	PRIMARY PROCEDURE	33249		$ 1,386.50	not contracted	$ 1,797.32	not contracted	$ 1,861.51	not contracted	$ 1,283.80	not contracted	$ 1,540.56	$ 1,074.01	$ 1,964.21	not contracted	$ 1,964.21	$ 1,074.01	$ 1,283.80	$ 1,074.01
		INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, F	33225		$ 400.23	not contracted	$ 518.81	not contracted	$ 537.34	not contracted	$ 370.58	not contracted	$ 444.70	$ 310.02	$ 566.99	not contracted	$ 566.99	$ 310.02	$ 370.58	$ 310.02
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		$ 25.40	not contracted	$ 32.93	not contracted	$ 34.10	not contracted	$ 23.52	not contracted	$ 28.22	$ 19.68	$ 35.99	not contracted	$ 35.99	$ 19.68	$ 23.52	$ 19.68
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		$ 27.38	not contracted	$ 35.49	not contracted	$ 36.76	not contracted	$ 25.35	not contracted	$ 30.42	$ 21.20	$ 38.79	not contracted	$ 38.79	$ 21.20	$ 25.35	$ 21.20
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		$ 11.26	not contracted	$ 14.60	not contracted	$ 15.12	not contracted	$ 10.43	not contracted	$ 12.52	$ 8.72	$ 15.96	not contracted	$ 15.96	$ 8.72	$ 10.43	$ 8.72
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		$ 8.85	not contracted	$ 11.47	not contracted	$ 11.88	not contracted	$ 8.19	not contracted	$ 9.83	$ 6.85	$ 12.53	not contracted	$ 12.53	$ 6.85	$ 8.19	$ 6.85
		PROTHROMBIN TIME;	85610		$ 5.41	not contracted	$ 7.01	not contracted	$ 7.26	not contracted	$ 5.01	not contracted	$ 6.01	$ 4.19	$ 7.67	not contracted	$ 7.67	$ 4.19	$ 5.01	$ 4.19
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	PRIMARY PROCEDURE	92081		$ 51.04	not contracted	$ 66.16	not contracted	$ 68.53	not contracted	$ 47.26	not contracted	$ 56.71	$ 39.54	$ 72.31	not contracted	$ 72.31	$ 39.54	$ 47.26	$ 39.54
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	PRIMARY PROCEDURE	D2392		$ 51.84	not contracted	$ 67.20	not contracted	$ 69.60	not contracted	$ 48.00	not contracted	$ 57.60	INCLUDED IN M-CAL OP DENTAL RATE	$ 73.44	not contracted	$ 73.44	INCLUDED IN M-CAL OP DENTAL RATE	$ 48.00	INCLUDED IN M-CAL OP DENTAL RATE

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		ORAL HYGIENE INSTRUCTION	D1330		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		$ 37.80	not contracted	$ 49.00	not contracted	$ 50.75	not contracted	$ 35.00	not contracted	$ 42.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 53.55	not contracted	$ 53.55	INCLUDED IN M-CAL OP DENTAL RATE	$ 35.00	INCLUDED IN M-CAL OP DENTAL RATE
20611	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOIN	PRIMARY PROCEDURE	20611		$ 81.91	not contracted	$ 106.18	not contracted	$ 109.97	not contracted	$ 75.84	not contracted	$ 91.01	$ 63.44	$ 116.04	not contracted	$ 116.04	$ 63.44	$ 75.84	$ 63.44
90480	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION	PRIMARY PROCEDURE	90480		$ 61.97	not contracted	$ 80.33	not contracted	$ 83.20	not contracted	$ 57.38	not contracted	$ 68.86	$ 48.00	$ 87.79	not contracted	$ 87.79	$ 48.00	$ 57.38	$ 48.00
		SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-C	91320		$ 203.09	not contracted	$ 263.27	not contracted	$ 272.67	not contracted	$ 188.05	not contracted	$ 225.66	$ 157.32	$ 287.72	not contracted	$ 287.72	$ 157.32	$ 188.05	$ 157.32
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
43247	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH R	PRIMARY PROCEDURE	43247		$ 395.66	not contracted	$ 512.89	not contracted	$ 531.21	not contracted	$ 366.35	not contracted	$ 439.62	$ 306.48	$ 560.52	not contracted	$ 560.52	$ 306.48	$ 366.35	$ 306.48
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	PRIMARY PROCEDURE	62270		$ 126.89	not contracted	$ 164.49	not contracted	$ 170.36	not contracted	$ 117.49	not contracted	$ 140.99	$ 98.29	$ 179.76	not contracted	$ 179.76	$ 98.29	$ 117.49	$ 98.29
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		$ 78.42	not contracted	$ 101.65	not contracted	$ 105.28	not contracted	$ 72.61	not contracted	$ 87.13	$ 60.74	$ 111.09	not contracted	$ 111.09	$ 60.74	$ 72.61	$ 60.74
		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PLASMA	84155		$ 4.59	not contracted	$ 5.95	not contracted	$ 6.16	not contracted	$ 4.25	not contracted	$ 5.10	$ 3.55	$ 6.50	not contracted	$ 6.50	$ 3.55	$ 4.25	$ 3.55
		SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUANTITATIVE	86593		$ 6.06	not contracted	$ 7.85	not contracted	$ 8.13	not contracted	$ 5.61	not contracted	$ 6.73	$ 4.69	$ 8.58	not contracted	$ 8.58	$ 4.69	$ 5.61	$ 4.69
		CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINA	89050		$ 8.09	not contracted	$ 10.49	not contracted	$ 10.86	not contracted	$ 7.49	not contracted	$ 8.99	$ 6.26	$ 11.46	not contracted	$ 11.46	$ 6.26	$ 7.49	$ 6.26
		GLUCOSE, BODY FLUID, OTHER THAN BLOOD	82945		$ 5.10	not contracted	$ 6.61	not contracted	$ 6.84	not contracted	$ 4.72	not contracted	$ 5.66	$ 3.95	$ 7.22	not contracted	$ 7.22	$ 3.95	$ 4.72	$ 3.95
43251	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH R	PRIMARY PROCEDURE	43251		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		$ 108.52	not contracted	$ 140.67	not contracted	$ 145.70	not contracted	$ 100.48	not contracted	$ 120.58	$ 84.06	$ 153.73	not contracted	$ 153.73	$ 84.06	$ 100.48	$ 84.06

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 83.33	not contracted	$ 108.02	not contracted	$ 111.88	not contracted	$ 77.16	not contracted	$ 92.59	$ 64.55	$ 118.05	not contracted	$ 118.05	$ 64.55	$ 77.16	$ 64.55
		ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH B	43239		$ 362.78	not contracted	$ 470.27	not contracted	$ 487.07	not contracted	$ 335.91	not contracted	$ 403.09	$ 281.02	$ 513.94	not contracted	$ 513.94	$ 281.02	$ 335.91	$ 281.02
		DISCHARGE MEDICATIONS RECONCILED WITH THE CURRENT MEDIC	1111F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
49591	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC,	PRIMARY PROCEDURE	49591		$ 430.26	not contracted	$ 557.75	not contracted	$ 577.67	not contracted	$ 398.39	not contracted	$ 478.07	$ 333.29	$ 609.54	not contracted	$ 609.54	$ 333.29	$ 398.39	$ 333.29
		ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTH	00750		$ 78.35	not contracted	$ 101.57	not contracted	$ 105.20	not contracted	$ 72.55	not contracted	$ 87.06	$ 60.70	$ 111.00	not contracted	$ 111.00	$ 60.70	$ 72.55	$ 60.70
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		$ 32.44	not contracted	$ 42.06	not contracted	$ 43.56	not contracted	$ 30.04	not contracted	$ 36.05	$ 25.13	$ 45.96	not contracted	$ 45.96	$ 25.13	$ 30.04	$ 25.13
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		$ 7.99	not contracted	$ 10.36	not contracted	$ 10.73	not contracted	$ 7.40	not contracted	$ 8.88	$ 6.19	$ 11.32	not contracted	$ 11.32	$ 6.19	$ 7.40	$ 6.19
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		$ 4.03	not contracted	$ 5.22	not contracted	$ 5.41	not contracted	$ 3.73	not contracted	$ 4.48	$ 3.12	$ 5.71	not contracted	$ 5.71	$ 3.12	$ 3.73	$ 3.12
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		$ 3.81	not contracted	$ 4.94	not contracted	$ 5.12	not contracted	$ 3.53	not contracted	$ 4.24	$ 2.95	$ 5.40	not contracted	$ 5.40	$ 2.95	$ 3.53	$ 2.95
		BLOOD TYPING, SEROLOGIC; ABO	86900		$ 3.68	not contracted	$ 4.77	not contracted	$ 4.94	not contracted	$ 3.41	not contracted	$ 4.09	$ 2.86	$ 5.22	not contracted	$ 5.22	$ 2.86	$ 3.41	$ 2.86
10021	FINE NEEDLE ASPIRATION BIOPSY, WITHOUT IMAGING GUIDANCE	PRIMARY PROCEDURE	10021		$ 113.62	not contracted	$ 147.28	not contracted	$ 152.54	not contracted	$ 105.20	not contracted	$ 126.24	$ 88.01	$ 160.96	not contracted	$ 160.96	$ 88.01	$ 105.20	$ 88.01
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99203		$ 88.61	not contracted	$ 114.87	not contracted	$ 118.97	not contracted	$ 82.05	not contracted	$ 98.46	$ 68.64	$ 125.54	not contracted	$ 125.54	$ 68.64	$ 82.05	$ 68.64
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		$ 80.52	not contracted	$ 104.38	not contracted	$ 108.11	not contracted	$ 74.56	not contracted	$ 89.47	$ 62.38	$ 114.08	not contracted	$ 114.08	$ 62.38	$ 74.56	$ 62.38
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT (EG, DEPRESSION I	PRIMARY PROCEDURE	96127		$ 7.45	not contracted	$ 9.66	not contracted	$ 10.01	not contracted	$ 6.90	not contracted	$ 8.28	$ 5.77	$ 10.56	not contracted	$ 10.56	$ 5.77	$ 6.90	$ 5.77

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC V	PRIMARY PROCEDURE	36819		$ 842.63	not contracted	$ 1,092.29	not contracted	$ 1,131.30	not contracted	$ 780.21	not contracted	$ 936.25	$ 652.72	$ 1,193.72	not contracted	$ 1,193.72	$ 652.72	$ 780.21	$ 652.72
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		$ 4.04	not contracted	$ 5.24	not contracted	$ 5.42	not contracted	$ 3.74	not contracted	$ 4.49	$ 3.13	$ 5.72	not contracted	$ 5.72	$ 3.13	$ 3.74	$ 3.13
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	99195		$ 25.40	not contracted	$ 32.93	not contracted	$ 34.10	not contracted	$ 23.52	not contracted	$ 28.22	$ 19.68	$ 35.99	not contracted	$ 35.99	$ 19.68	$ 23.52	$ 19.68
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG,	PRIMARY PROCEDURE	11056		$ 39.23	not contracted	$ 50.85	not contracted	$ 52.66	not contracted	$ 36.32	not contracted	$ 43.58	$ 30.38	$ 55.57	not contracted	$ 55.57	$ 30.38	$ 36.32	$ 30.38
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
90756	INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIIV4), DERIVED	PRIMARY PROCEDURE	90756		$ 57.06	not contracted	$ 73.96	not contracted	$ 76.60	not contracted	$ 52.83	not contracted	$ 63.40	$ 44.20	$ 80.83	not contracted	$ 80.83	$ 44.20	$ 52.83	$ 44.20
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIIV4), DERIVED	90674		$ 59.84	not contracted	$ 77.57	not contracted	$ 80.34	not contracted	$ 55.41	not contracted	$ 66.49	$ 46.36	$ 84.78	not contracted	$ 84.78	$ 46.36	$ 55.41	$ 46.36
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBEC	PRIMARY PROCEDURE	36832		$ 957.41	not contracted	$ 1,241.09	not contracted	$ 1,285.41	not contracted	$ 886.49	not contracted	$ 1,063.79	$ 741.62	$ 1,356.33	not contracted	$ 1,356.33	$ 741.62	$ 886.49	$ 741.62
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		$ 4.04	not contracted	$ 5.24	not contracted	$ 5.42	not contracted	$ 3.74	not contracted	$ 4.49	$ 3.13	$ 5.72	not contracted	$ 5.72	$ 3.13	$ 3.74	$ 3.13
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
36902	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS	PRIMARY PROCEDURE	36902		$ 1,722.75	not contracted	$ 2,233.20	not contracted	$ 2,312.95	not contracted	$ 1,595.14	not contracted	$ 1,914.17	$ 1,334.47	$ 2,440.56	not contracted	$ 2,440.56	$ 1,334.47	$ 1,595.14	$ 1,334.47
		GUIDE WIRE	C1769		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		$ 7.32	not contracted	$ 9.49	not contracted	$ 9.83	not contracted	$ 6.78	not contracted	$ 8.14	$ 5.68	$ 10.37	not contracted	$ 10.37	$ 5.68	$ 6.78	$ 5.68
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		$ 4.04	not contracted	$ 5.24	not contracted	$ 5.42	not contracted	$ 3.74	not contracted	$ 4.49	$ 3.13	$ 5.72	not contracted	$ 5.72	$ 3.13	$ 3.74	$ 3.13

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR	PRIMARY PROCEDURE	57288		$ 1,200.98	not contracted	$ 1,556.83	not contracted	$ 1,612.43	not contracted	$ 1,112.02	not contracted	$ 1,334.42	$ 930.30	$ 1,701.39	not contracted	$ 1,701.39	$ 930.30	$ 1,112.02	$ 930.30
		CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATI	52287		$ 212.82	not contracted	$ 275.88	not contracted	$ 285.74	not contracted	$ 197.06	not contracted	$ 236.47	$ 164.86	$ 301.50	not contracted	$ 301.50	$ 164.86	$ 197.06	$ 164.86
		REPAIR DEVICE, URINARY, INCONTINENCE, WITH SLING GRAFT	C1771		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		$ 7.99	not contracted	$ 10.36	not contracted	$ 10.73	not contracted	$ 7.40	not contracted	$ 8.88	$ 6.19	$ 11.32	not contracted	$ 11.32	$ 6.19	$ 7.40	$ 6.19
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A	PRIMARY PROCEDURE	28890		$ 459.67	not contracted	$ 595.87	not contracted	$ 617.15	not contracted	$ 425.62	not contracted	$ 510.74	$ 356.06	$ 651.20	not contracted	$ 651.20	$ 356.06	$ 425.62	$ 356.06
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 28.04	not contracted	$ 36.34	not contracted	$ 37.64	not contracted	$ 25.96	not contracted	$ 31.15	$ 21.72	$ 39.72	not contracted	$ 39.72	$ 21.72	$ 25.96	$ 21.72
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; W	PRIMARY PROCEDURE	76519		$ 84.92	not contracted	$ 110.08	not contracted	$ 114.01	not contracted	$ 78.63	not contracted	$ 94.36	$ 65.78	$ 120.30	not contracted	$ 120.30	$ 65.78	$ 78.63	$ 65.78

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERA	92025		$ 41.55	not contracted	$ 53.86	not contracted	$ 55.78	not contracted	$ 38.47	not contracted	$ 46.16	$ 32.18	$ 58.86	not contracted	$ 58.86	$ 32.18	$ 38.47	$ 32.18
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	PRIMARY PROCEDURE	65426		$ 618.85	not contracted	$ 802.21	not contracted	$ 830.86	not contracted	$ 573.01	not contracted	$ 687.61	$ 479.38	$ 876.71	not contracted	$ 876.71	$ 479.38	$ 573.01	$ 479.38
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92012		$ 57.55	not contracted	$ 74.61	not contracted	$ 77.27	not contracted	$ 53.29	not contracted	$ 63.95	$ 44.58	$ 81.53	not contracted	$ 81.53	$ 44.58	$ 53.29	$ 44.58
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		$ 47.22	not contracted	$ 61.21	not contracted	$ 63.39	not contracted	$ 43.72	not contracted	$ 52.46	$ 36.58	$ 66.89	not contracted	$ 66.89	$ 36.58	$ 43.72	$ 36.58
46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTUL	PRIMARY PROCEDURE	46270		$ 233.01	not contracted	$ 302.05	not contracted	$ 312.84	not contracted	$ 215.75	not contracted	$ 258.90	$ 180.49	$ 330.10	not contracted	$ 330.10	$ 180.49	$ 215.75	$ 180.49
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	PRIMARY PROCEDURE	36512		$ 1,513.97	not contracted	$ 1,962.55	not contracted	$ 2,032.64	not contracted	$ 1,401.82	not contracted	$ 1,682.18	$ 1,172.75	$ 2,144.78	not contracted	$ 2,144.78	$ 1,172.75	$ 1,401.82	$ 1,172.75
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVE	Q0163		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		BLOOD, SPLIT UNIT	P9011		$ 231.13	not contracted	$ 299.61	not contracted	$ 310.31	not contracted	$ 214.01	not contracted	$ 256.81	$ 179.04	$ 327.44	not contracted	$ 327.44	$ 179.04	$ 214.01	$ 179.04
		RED BLOOD CELLS, LEUKOCYTES REDUCED, EACH UNIT	P9016		$ 286.83	not contracted	$ 371.81	not contracted	$ 385.09	not contracted	$ 265.58	not contracted	$ 318.70	$ 222.18	$ 406.34	not contracted	$ 406.34	$ 222.18	$ 265.58	$ 222.18

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMATOGRAP	83021		$ 23.86	not contracted	$ 30.93	not contracted	$ 32.03	not contracted	$ 22.09	not contracted	$ 26.51	$ 18.48	$ 33.80	not contracted	$ 33.80	$ 18.48	$ 22.09	$ 18.48
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		$ 10.45	not contracted	$ 13.55	not contracted	$ 14.04	not contracted	$ 9.68	not contracted	$ 11.62	$ 8.10	$ 14.81	not contracted	$ 14.81	$ 8.10	$ 9.68	$ 8.10
		INJECTION, CALCIUM GLUCONATE (WG CRITICAL CARE), PER 10	J0613		$ 7.05	not contracted	$ 9.14	not contracted	$ 9.47	not contracted	$ 6.53	not contracted	$ 7.84	$ 5.46	$ 9.99	not contracted	$ 9.99	$ 5.46	$ 6.53	$ 5.46
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		$ 6.96	not contracted	$ 9.02	not contracted	$ 9.34	not contracted	$ 6.44	not contracted	$ 7.73	$ 5.39	$ 9.85	not contracted	$ 9.85	$ 5.39	$ 6.44	$ 5.39
		BLOOD COUNT; RED BLOOD CELL (RBC), AUTOMATED	85041		$ 4.14	not contracted	$ 5.36	not contracted	$ 5.55	not contracted	$ 3.83	not contracted	$ 4.60	$ 3.20	$ 5.86	not contracted	$ 5.86	$ 3.20	$ 3.83	$ 3.20
		BLOOD COUNT; HEMOGLOBIN (HGB)	85018		$ 3.21	not contracted	$ 4.16	not contracted	$ 4.31	not contracted	$ 2.97	not contracted	$ 3.56	$ 2.48	$ 4.54	not contracted	$ 4.54	$ 2.48	$ 2.97	$ 2.48
		BLOOD COUNT; HEMATOCRIT (HCT)	85014		$ 3.27	not contracted	$ 4.24	not contracted	$ 4.39	not contracted	$ 3.03	not contracted	$ 3.64	$ 2.53	$ 4.64	not contracted	$ 4.64	$ 2.53	$ 3.03	$ 2.53
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	PRIMARY PROCEDURE	67036		$ 1,787.92	not contracted	$ 2,317.67	not contracted	$ 2,400.45	not contracted	$ 1,655.48	not contracted	$ 1,986.58	$ 1,384.96	$ 2,532.88	not contracted	$ 2,532.88	$ 1,384.96	$ 1,655.48	$ 1,384.96
		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	00145		$ 117.62	not contracted	$ 152.47	not contracted	$ 157.92	not contracted	$ 108.91	not contracted	$ 130.69	$ 91.12	$ 166.63	not contracted	$ 166.63	$ 91.12	$ 108.91	$ 91.12
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE D	PRIMARY PROCEDURE	93307		$ 232.52	not contracted	$ 301.42	not contracted	$ 312.19	not contracted	$ 215.30	not contracted	$ 258.36	$ 180.12	$ 329.41	not contracted	$ 329.41	$ 180.12	$ 215.30	$ 180.12

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE D	93306		$ 371.42	not contracted	$ 481.47	not contracted	$ 498.67	not contracted	$ 343.91	not contracted	$ 412.69	$ 287.71	$ 526.18	not contracted	$ 526.18	$ 287.71	$ 343.91	$ 287.71
D1351	SEALANT-PER TOOTH	PRIMARY PROCEDURE	D1351		$ 23.76	not contracted	$ 30.80	not contracted	$ 31.90	not contracted	$ 22.00	not contracted	$ 26.40	INCLUDED IN M-CAL OP DENTAL RATE	$ 33.66	not contracted	$ 33.66	INCLUDED IN M-CAL OP DENTAL RATE	$ 22.00	INCLUDED IN M-CAL OP DENTAL RATE
		RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	D2392		$ 51.84	not contracted	$ 67.20	not contracted	$ 69.60	not contracted	$ 48.00	not contracted	$ 57.60	INCLUDED IN M-CAL OP DENTAL RATE	$ 73.44	not contracted	$ 73.44	INCLUDED IN M-CAL OP DENTAL RATE	$ 48.00	INCLUDED IN M-CAL OP DENTAL RATE
		LOCAL ANESTHESIA	D9215		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
		ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	D9230		$ 27.00	not contracted	$ 35.00	not contracted	$ 36.25	not contracted	$ 25.00	not contracted	$ 30.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 38.25	not contracted	$ 38.25	INCLUDED IN M-CAL OP DENTAL RATE	$ 25.00	INCLUDED IN M-CAL OP DENTAL RATE
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATER	PRIMARY PROCEDURE	27814		$ 783.81	not contracted	$ 1,016.05	not contracted	$ 1,052.34	not contracted	$ 725.75	not contracted	$ 870.90	$ 607.15	$ 1,110.40	not contracted	$ 1,110.40	$ 607.15	$ 725.75	$ 607.15
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 43.32	not contracted	$ 56.15	not contracted	$ 58.16	not contracted	$ 40.11	not contracted	$ 48.13	$ 33.55	$ 61.37	not contracted	$ 61.37	$ 33.55	$ 40.11	$ 33.55
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 V	73610		$ 38.94	not contracted	$ 50.48	not contracted	$ 52.29	not contracted	$ 36.06	not contracted	$ 43.27	$ 30.17	$ 55.17	not contracted	$ 55.17	$ 30.17	$ 36.06	$ 30.17
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES	PRIMARY PROCEDURE	27822		$ 1,216.93	not contracted	$ 1,577.51	not contracted	$ 1,633.85	not contracted	$ 1,126.79	not contracted	$ 1,352.15	$ 942.66	$ 1,723.99	not contracted	$ 1,723.99	$ 942.66	$ 1,126.79	$ 942.66
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 43.32	not contracted	$ 56.15	not contracted	$ 58.16	not contracted	$ 40.11	not contracted	$ 48.13	$ 33.55	$ 61.37	not contracted	$ 61.37	$ 33.55	$ 40.11	$ 33.55
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 V	73610		$ 38.94	not contracted	$ 50.48	not contracted	$ 52.29	not contracted	$ 36.06	not contracted	$ 43.27	$ 30.17	$ 55.17	not contracted	$ 55.17	$ 30.17	$ 36.06	$ 30.17
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
96920	EXCIMER LASER TREATMENT FOR PSORIASIS; TOTAL AREA LESS	PRIMARY PROCEDURE	96920		$ 192.54	not contracted	$ 249.59	not contracted	$ 258.51	not contracted	$ 178.28	not contracted	$ 213.94	$ 149.15	$ 272.77	not contracted	$ 272.77	$ 149.15	$ 178.28	$ 149.15
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
90935	HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYS	PRIMARY PROCEDURE	90935		$ 87.69	not contracted	$ 113.67	not contracted	$ 117.73	not contracted	$ 81.19	not contracted	$ 97.43	$ 67.92	$ 124.22	not contracted	$ 124.22	$ 67.92	$ 81.19	$ 67.92
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIA	PRIMARY PROCEDURE	20605		$ 58.82	not contracted	$ 76.24	not contracted	$ 78.97	not contracted	$ 54.46	not contracted	$ 65.35	$ 45.56	$ 83.32	not contracted	$ 83.32	$ 45.56	$ 54.46	$ 45.56
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, W, Y,	PRIMARY PROCEDURE	90734		$ 247.29	not contracted	$ 320.56	not contracted	$ 332.01	not contracted	$ 228.97	not contracted	$ 274.76	$ 191.56	$ 350.32	not contracted	$ 350.32	$ 191.56	$ 228.97	$ 191.56
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
90658	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	PRIMARY PROCEDURE	90658		$ 35.16	not contracted	$ 45.58	not contracted	$ 47.21	not contracted	$ 32.56	not contracted	$ 39.07	$ 27.24	$ 49.82	not contracted	$ 49.82	$ 27.24	$ 32.56	$ 27.24
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		$ 41.54	not contracted	$ 53.84	not contracted	$ 55.77	not contracted	$ 38.46	not contracted	$ 46.15	$ 32.17	$ 58.84	not contracted	$ 58.84	$ 32.17	$ 38.46	$ 32.17
90654	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	PRIMARY PROCEDURE	90654		$ 31.54	not contracted	$ 40.88	not contracted	$ 42.34	not contracted	$ 29.20	not contracted	$ 35.04	$ 24.43	$ 44.68	not contracted	$ 44.68	$ 24.43	$ 29.20	$ 24.43
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		$ 41.54	not contracted	$ 53.84	not contracted	$ 55.77	not contracted	$ 38.46	not contracted	$ 46.15	$ 32.17	$ 58.84	not contracted	$ 58.84	$ 32.17	$ 38.46	$ 32.17
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	PRIMARY PROCEDURE	50200		$ 109.59	not contracted	$ 142.06	not contracted	$ 147.13	not contracted	$ 101.47	not contracted	$ 121.76	$ 84.89	$ 155.25	not contracted	$ 155.25	$ 84.89	$ 101.47	$ 84.89
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG,	77012		$ 172.03	not contracted	$ 223.01	not contracted	$ 230.97	not contracted	$ 159.29	not contracted	$ 191.15	$ 133.26	$ 243.71	not contracted	$ 243.71	$ 133.26	$ 159.29	$ 133.26
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87635		$ 79.49	not contracted	$ 103.04	not contracted	$ 106.72	not contracted	$ 73.60	not contracted	$ 88.32	$ 61.57	$ 112.61	not contracted	$ 112.61	$ 61.57	$ 73.60	$ 61.57
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88312		$ 50.86	not contracted	$ 65.93	not contracted	$ 68.28	not contracted	$ 47.09	not contracted	$ 56.51	$ 39.40	$ 72.05	not contracted	$ 72.05	$ 39.40	$ 47.09	$ 39.40
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88313		$ 53.07	not contracted	$ 68.80	not contracted	$ 71.25	not contracted	$ 49.14	not contracted	$ 58.97	$ 41.11	$ 75.18	not contracted	$ 75.18	$ 41.11	$ 49.14	$ 41.11
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	PRIMARY PROCEDURE	31652		$ 1,280.97	not contracted	$ 1,660.51	not contracted	$ 1,719.82	not contracted	$ 1,186.08	not contracted	$ 1,423.30	$ 992.26	$ 1,814.70	not contracted	$ 1,814.70	$ 992.26	$ 1,186.08	$ 992.26
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99152		$ 72.26	not contracted	$ 93.67	not contracted	$ 97.02	not contracted	$ 66.91	not contracted	$ 80.29	$ 55.98	$ 102.37	not contracted	$ 102.37	$ 55.98	$ 66.91	$ 55.98
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99153		$ 15.63	not contracted	$ 20.26	not contracted	$ 20.98	not contracted	$ 14.47	not contracted	$ 17.36	$ 12.11	$ 22.14	not contracted	$ 22.14	$ 12.11	$ 14.47	$ 12.11
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88341		$ 93.91	not contracted	$ 121.73	not contracted	$ 126.08	not contracted	$ 86.95	not contracted	$ 104.34	$ 72.74	$ 133.03	not contracted	$ 133.03	$ 72.74	$ 86.95	$ 72.74
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		$ 80.52	not contracted	$ 104.38	not contracted	$ 108.11	not contracted	$ 74.56	not contracted	$ 89.47	$ 62.38	$ 114.08	not contracted	$ 114.08	$ 62.38	$ 74.56	$ 62.38
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 83.33	not contracted	$ 108.02	not contracted	$ 111.88	not contracted	$ 77.16	not contracted	$ 92.59	$ 64.55	$ 118.05	not contracted	$ 118.05	$ 64.55	$ 77.16	$ 64.55
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		$ 27.38	not contracted	$ 35.49	not contracted	$ 36.76	not contracted	$ 25.35	not contracted	$ 30.42	$ 21.20	$ 38.79	not contracted	$ 38.79	$ 21.20	$ 25.35	$ 21.20
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPA	PRIMARY PROCEDURE	29827		$ 765.22	not contracted	$ 991.96	not contracted	$ 1,027.38	not contracted	$ 708.54	not contracted	$ 850.25	$ 592.75	$ 1,084.07	not contracted	$ 1,084.07	$ 592.75	$ 708.54	$ 592.75

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES	01630		$ 98.11	not contracted	$ 127.18	not contracted	$ 131.72	not contracted	$ 90.84	not contracted	$ 109.01	$ 76.00	$ 138.99	not contracted	$ 138.99	$ 76.00	$ 90.84	$ 76.00
		COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MA	70450		$ 156.88	not contracted	$ 203.36	not contracted	$ 210.63	not contracted	$ 145.26	not contracted	$ 174.31	$ 121.52	$ 222.25	not contracted	$ 222.25	$ 121.52	$ 145.26	$ 121.52
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		$ 25.40	not contracted	$ 32.93	not contracted	$ 34.10	not contracted	$ 23.52	not contracted	$ 28.22	$ 19.68	$ 35.99	not contracted	$ 35.99	$ 19.68	$ 23.52	$ 19.68
		COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE T	80053		$ 14.23	not contracted	$ 18.45	not contracted	$ 19.11	not contracted	$ 13.18	not contracted	$ 15.82	$ 11.03	$ 20.17	not contracted	$ 20.17	$ 11.03	$ 13.18	$ 11.03
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		CONNECTIVE TISSUE, NON-HUMAN (INCLUDES SYNTHETIC)	C1763		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, PROCHLORPERAZINE, UP TO 10 MG	J0780		$ 13.01	not contracted	$ 16.87	not contracted	$ 17.47	not contracted	$ 12.05	not contracted	$ 14.46	$ 10.08	$ 18.44	not contracted	$ 18.44	$ 10.08	$ 12.05	$ 10.08
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		$ 7.99	not contracted	$ 10.36	not contracted	$ 10.73	not contracted	$ 7.40	not contracted	$ 8.88	$ 6.19	$ 11.32	not contracted	$ 11.32	$ 6.19	$ 7.40	$ 6.19
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	PRIMARY PROCEDURE	81479		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
3008F	BODY MASS INDEX (BMI), DOCUMENTED (PV)	PRIMARY PROCEDURE	3008F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSUR	PRIMARY PROCEDURE	17110		$ 154.57	not contracted	$ 200.37	not contracted	$ 207.52	not contracted	$ 143.12	not contracted	$ 171.74	$ 119.74	$ 218.97	not contracted	$ 218.97	$ 119.74	$ 143.12	$ 119.74
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 28.04	not contracted	$ 36.34	not contracted	$ 37.64	not contracted	$ 25.96	not contracted	$ 31.15	$ 21.72	$ 39.72	not contracted	$ 39.72	$ 21.72	$ 25.96	$ 21.72
11981	INSERTION, DRUG-DELIVERY IMPLANT (IE, BIORESORBABLE, BI	PRIMARY PROCEDURE	11981		$ 323.56	not contracted	$ 419.43	not contracted	$ 434.41	not contracted	$ 299.59	not contracted	$ 359.51	$ 250.63	$ 458.37	not contracted	$ 458.37	$ 250.63	$ 299.59	$ 250.63
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 28.04	not contracted	$ 36.34	not contracted	$ 37.64	not contracted	$ 25.96	not contracted	$ 31.15	$ 21.72	$ 39.72	not contracted	$ 39.72	$ 21.72	$ 25.96	$ 21.72
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		$ 6.96	not contracted	$ 9.02	not contracted	$ 9.34	not contracted	$ 6.44	not contracted	$ 7.73	$ 5.39	$ 9.85	not contracted	$ 9.85	$ 5.39	$ 6.44	$ 5.39
		ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING	J7307		$ 1,791.26	not contracted	$ 2,322.00	not contracted	$ 2,404.93	not contracted	$ 1,658.57	not contracted	$ 1,990.28	$ 1,387.54	$ 2,537.61	not contracted	$ 2,537.61	$ 1,387.54	$ 1,658.57	$ 1,387.54
90710	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV),	PRIMARY PROCEDURE	90710		$ 420.77	not contracted	$ 545.44	not contracted	$ 564.92	not contracted	$ 389.60	not contracted	$ 467.52	$ 325.93	$ 596.09	not contracted	$ 596.09	$ 325.93	$ 389.60	$ 325.93
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	90696		$ 97.85	not contracted	$ 126.84	not contracted	$ 131.37	not contracted	$ 90.60	not contracted	$ 108.72	$ 75.79	$ 138.62	not contracted	$ 138.62	$ 75.79	$ 90.60	$ 75.79
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS	PRIMARY PROCEDURE	36901		$ 802.83	not contracted	$ 1,040.70	not contracted	$ 1,077.87	not contracted	$ 743.36	not contracted	$ 892.03	$ 621.89	$ 1,137.34	not contracted	$ 1,137.34	$ 621.89	$ 743.36	$ 621.89
		TRANSLUMINAL BALLOON ANGIOPLASTY, CENTRAL DIALYSIS SEGM	36907		$ 1,031.23	not contracted	$ 1,336.78	not contracted	$ 1,384.52	not contracted	$ 954.84	not contracted	$ 1,145.81	$ 798.80	$ 1,460.91	not contracted	$ 1,460.91	$ 798.80	$ 954.84	$ 798.80
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		$ 0.26	not contracted	$ 0.34	not contracted	$ 0.35	not contracted	$ 0.24	not contracted	$ 0.29	$ 0.20	$ 0.37	not contracted	$ 0.37	$ 0.20	$ 0.24	$ 0.20
		INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS	36903		$ 8,016.82	not contracted	$ 10,392.17	not contracted	$ 10,763.32	not contracted	$ 7,422.98	not contracted	$ 8,907.58	$ 6,209.96	$ 11,357.16	not contracted	$ 11,357.16	$ 6,209.96	$ 7,422.98	$ 6,209.96
		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10	J1642		$ 6.94	not contracted	$ 9.00	not contracted	$ 9.32	not contracted	$ 6.43	not contracted	$ 7.72	$ 5.38	$ 9.84	not contracted	$ 9.84	$ 5.38	$ 6.43	$ 5.38
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		$ 7.32	not contracted	$ 9.49	not contracted	$ 9.83	not contracted	$ 6.78	not contracted	$ 8.14	$ 5.68	$ 10.37	not contracted	$ 10.37	$ 5.68	$ 6.78	$ 5.68
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 U	J7040		$ 2.01	not contracted	$ 2.60	not contracted	$ 2.70	not contracted	$ 1.86	not contracted	$ 2.23	$ 1.56	$ 2.85	not contracted	$ 2.85	$ 1.56	$ 1.86	$ 1.56
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LAT	PRIMARY PROCEDURE	27447		$ 2,307.00	not contracted	$ 2,990.55	not contracted	$ 3,097.36	not contracted	$ 2,136.11	not contracted	$ 2,563.33	$ 1,787.04	$ 3,268.25	not contracted	$ 3,268.25	$ 1,787.04	$ 2,136.11	$ 1,787.04
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES	01402		$ 137.16	not contracted	$ 177.80	not contracted	$ 184.15	not contracted	$ 127.00	not contracted	$ 152.40	$ 106.25	$ 194.31	not contracted	$ 194.31	$ 106.25	$ 127.00	$ 106.25
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		RADIOLOGIC EXAMINATION, KNEE; 1 OR 2 VIEWS	73560		$ 29.46	not contracted	$ 38.19	not contracted	$ 39.56	not contracted	$ 27.28	not contracted	$ 32.74	$ 22.82	$ 41.74	not contracted	$ 41.74	$ 22.82	$ 27.28	$ 22.82
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION	88311		$ 12.24	not contracted	$ 15.86	not contracted	$ 16.43	not contracted	$ 11.33	not contracted	$ 13.60	$ 9.48	$ 17.33	not contracted	$ 17.33	$ 9.48	$ 11.33	$ 9.48
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		JOINT DEVICE (IMPLANTABLE)	C1776		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	J0171		$ 8.16	not contracted	$ 10.58	not contracted	$ 10.96	not contracted	$ 7.56	not contracted	$ 9.07	$ 6.32	$ 11.57	not contracted	$ 11.57	$ 6.32	$ 7.56	$ 6.32
		INJECTION, BUPIVICAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	J0665		$ 6.94	not contracted	$ 9.00	not contracted	$ 9.32	not contracted	$ 6.43	not contracted	$ 7.72	$ 5.38	$ 9.84	not contracted	$ 9.84	$ 5.38	$ 6.43	$ 5.38
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		$ 7.99	not contracted	$ 10.36	not contracted	$ 10.73	not contracted	$ 7.40	not contracted	$ 8.88	$ 6.19	$ 11.32	not contracted	$ 11.32	$ 6.19	$ 7.40	$ 6.19
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		$ 6.92	not contracted	$ 8.97	not contracted	$ 9.29	not contracted	$ 6.41	not contracted	$ 7.69	$ 5.36	$ 9.81	not contracted	$ 9.81	$ 5.36	$ 6.41	$ 5.36
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	PRIMARY PROCEDURE	44970		$ 423.34	not contracted	$ 548.77	not contracted	$ 568.37	not contracted	$ 391.98	not contracted	$ 470.38	$ 327.92	$ 599.73	not contracted	$ 599.73	$ 327.92	$ 391.98	$ 327.92
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDO	00840		$ 117.62	not contracted	$ 152.47	not contracted	$ 157.92	not contracted	$ 108.91	not contracted	$ 130.69	$ 91.12	$ 166.63	not contracted	$ 166.63	$ 91.12	$ 108.91	$ 91.12
		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, W	74174		$ 544.95	not contracted	$ 706.41	not contracted	$ 731.64	not contracted	$ 504.58	not contracted	$ 605.50	$ 422.12	$ 772.01	not contracted	$ 772.01	$ 422.12	$ 504.58	$ 422.12

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATI	76705		$ 94.10	not contracted	$ 121.98	not contracted	$ 126.34	not contracted	$ 87.13	not contracted	$ 104.56	$ 72.89	$ 133.31	not contracted	$ 133.31	$ 72.89	$ 87.13	$ 72.89
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		$ 47.22	not contracted	$ 61.21	not contracted	$ 63.39	not contracted	$ 43.72	not contracted	$ 52.46	$ 36.58	$ 66.89	not contracted	$ 66.89	$ 36.58	$ 43.72	$ 36.58
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		$ 25.40	not contracted	$ 32.93	not contracted	$ 34.10	not contracted	$ 23.52	not contracted	$ 28.22	$ 19.68	$ 35.99	not contracted	$ 35.99	$ 19.68	$ 23.52	$ 19.68
		COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE T	80053		$ 14.23	not contracted	$ 18.45	not contracted	$ 19.11	not contracted	$ 13.18	not contracted	$ 15.82	$ 11.03	$ 20.17	not contracted	$ 20.17	$ 11.03	$ 13.18	$ 11.03
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		$ 11.26	not contracted	$ 14.60	not contracted	$ 15.12	not contracted	$ 10.43	not contracted	$ 12.52	$ 8.72	$ 15.96	not contracted	$ 15.96	$ 8.72	$ 10.43	$ 8.72
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		$ 10.45	not contracted	$ 13.55	not contracted	$ 14.04	not contracted	$ 9.68	not contracted	$ 11.62	$ 8.10	$ 14.81	not contracted	$ 14.81	$ 8.10	$ 9.68	$ 8.10
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG EFFECTIVE DA	J0696		$ 7.60	not contracted	$ 9.86	not contracted	$ 10.21	not contracted	$ 7.04	not contracted	$ 8.45	$ 5.89	$ 10.77	not contracted	$ 10.77	$ 5.89	$ 7.04	$ 5.89
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		$ 14.29	not contracted	$ 18.52	not contracted	$ 19.18	not contracted	$ 13.23	not contracted	$ 15.88	$ 11.06	$ 20.24	not contracted	$ 20.24	$ 11.06	$ 13.23	$ 11.06
		INJECTION, GLYCOPYRROLATE, 0.1 MG EFF. DATE: 01/01/202	J1596		$ 7.68	not contracted	$ 9.95	not contracted	$ 10.31	not contracted	$ 7.11	not contracted	$ 8.53	$ 5.95	$ 10.88	not contracted	$ 10.88	$ 5.95	$ 7.11	$ 5.95
		INJECTION, METRONIDAZOLE, 10 MG EFF. DATE: 7/1/2023	J1836		$ 0.04	not contracted	$ 0.06	not contracted	$ 0.06	not contracted	$ 0.04	not contracted	$ 0.05	$ 0.04	$ 0.06	not contracted	$ 0.06	$ 0.04	$ 0.04	$ 0.04
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL	PRIMARY PROCEDURE	93015		$ 148.58	not contracted	$ 192.60	not contracted	$ 199.48	not contracted	$ 137.57	not contracted	$ 165.08	$ 115.09	$ 210.48	not contracted	$ 210.48	$ 115.09	$ 137.57	$ 115.09
		CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL	93017		$ 81.33	not contracted	$ 105.43	not contracted	$ 109.20	not contracted	$ 75.31	not contracted	$ 90.37	$ 63.00	$ 115.22	not contracted	$ 115.22	$ 63.00	$ 75.31	$ 63.00
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	PRIMARY PROCEDURE	J3420		$ 9.10	not contracted	$ 11.80	not contracted	$ 12.22	not contracted	$ 8.43	not contracted	$ 10.12	$ 7.06	$ 12.90	not contracted	$ 12.90	$ 7.06	$ 8.43	$ 7.06

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		$ 29.05	not contracted	$ 37.66	not contracted	$ 39.01	not contracted	$ 26.90	not contracted	$ 32.28	$ 22.50	$ 41.16	not contracted	$ 41.16	$ 22.50	$ 26.90	$ 22.50
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
66180	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR	PRIMARY PROCEDURE	66180		$ 1,730.25	not contracted	$ 2,242.91	not contracted	$ 2,323.02	not contracted	$ 1,602.08	not contracted	$ 1,922.50	$ 1,340.28	$ 2,451.18	not contracted	$ 2,451.18	$ 1,340.28	$ 1,602.08	$ 1,340.28
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		$ 4.04	not contracted	$ 5.24	not contracted	$ 5.42	not contracted	$ 3.74	not contracted	$ 4.49	$ 3.13	$ 5.72	not contracted	$ 5.72	$ 3.13	$ 3.74	$ 3.13
67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOV	PRIMARY PROCEDURE	67041		$ 1,275.20	not contracted	$ 1,653.04	not contracted	$ 1,712.07	not contracted	$ 1,180.74	not contracted	$ 1,416.89	$ 987.79	$ 1,806.53	not contracted	$ 1,806.53	$ 987.79	$ 1,180.74	$ 987.79
		INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL	67025		$ 783.81	not contracted	$ 1,016.05	not contracted	$ 1,052.34	not contracted	$ 725.75	not contracted	$ 870.90	$ 607.15	$ 1,110.40	not contracted	$ 1,110.40	$ 607.15	$ 725.75	$ 607.15
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSU	PRIMARY PROCEDURE	91110		$ 1,245.96	not contracted	$ 1,615.14	not contracted	$ 1,672.82	not contracted	$ 1,153.67	not contracted	$ 1,384.40	$ 965.15	$ 1,765.12	not contracted	$ 1,765.12	$ 965.15	$ 1,153.67	$ 965.15
11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PE	PRIMARY PROCEDURE	11104		$ 173.60	not contracted	$ 225.04	not contracted	$ 233.07	not contracted	$ 160.74	not contracted	$ 192.89	$ 134.47	$ 245.93	not contracted	$ 245.93	$ 134.47	$ 160.74	$ 134.47
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH	PRIMARY PROCEDURE	57522		$ 347.74	not contracted	$ 450.77	not contracted	$ 466.87	not contracted	$ 321.98	not contracted	$ 386.38	$ 269.36	$ 492.63	not contracted	$ 492.63	$ 269.36	$ 321.98	$ 269.36
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		$ 135.77	not contracted	$ 175.99	not contracted	$ 182.28	not contracted	$ 125.71	not contracted	$ 150.85	$ 105.17	$ 192.34	not contracted	$ 192.34	$ 105.17	$ 125.71	$ 105.17
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		$ 10.45	not contracted	$ 13.55	not contracted	$ 14.04	not contracted	$ 9.68	not contracted	$ 11.62	$ 8.10	$ 14.81	not contracted	$ 14.81	$ 8.10	$ 9.68	$ 8.10
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		$ 4.03	not contracted	$ 5.22	not contracted	$ 5.41	not contracted	$ 3.73	not contracted	$ 4.48	$ 3.12	$ 5.71	not contracted	$ 5.71	$ 3.12	$ 3.73	$ 3.12
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		$ 3.81	not contracted	$ 4.94	not contracted	$ 5.12	not contracted	$ 3.53	not contracted	$ 4.24	$ 2.95	$ 5.40	not contracted	$ 5.40	$ 2.95	$ 3.53	$ 2.95
		BLOOD TYPING, SEROLOGIC; ABO	86900		$ 3.68	not contracted	$ 4.77	not contracted	$ 4.94	not contracted	$ 3.41	not contracted	$ 4.09	$ 2.86	$ 5.22	not contracted	$ 5.22	$ 2.86	$ 3.41	$ 2.86
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE	PRIMARY PROCEDURE	11750		$ 130.92	not contracted	$ 169.71	not contracted	$ 175.77	not contracted	$ 121.22	not contracted	$ 145.46	$ 101.41	$ 185.47	not contracted	$ 185.47	$ 101.41	$ 121.22	$ 101.41
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 28.04	not contracted	$ 36.34	not contracted	$ 37.64	not contracted	$ 25.96	not contracted	$ 31.15	$ 21.72	$ 39.72	not contracted	$ 39.72	$ 21.72	$ 25.96	$ 21.72
90461	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	PRIMARY PROCEDURE	90461		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		$ 41.54	not contracted	$ 53.84	not contracted	$ 55.77	not contracted	$ 38.46	not contracted	$ 46.15	$ 32.17	$ 58.84	not contracted	$ 58.84	$ 32.17	$ 38.46	$ 32.17
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF	PRIMARY PROCEDURE	58662		$ 473.52	not contracted	$ 613.82	not contracted	$ 635.74	not contracted	$ 438.44	not contracted	$ 526.13	$ 366.79	$ 670.81	not contracted	$ 670.81	$ 366.79	$ 438.44	$ 366.79
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDO	00840		$ 117.62	not contracted	$ 152.47	not contracted	$ 157.92	not contracted	$ 108.91	not contracted	$ 130.69	$ 91.12	$ 166.63	not contracted	$ 166.63	$ 91.12	$ 108.91	$ 91.12
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		$ 47.22	not contracted	$ 61.21	not contracted	$ 63.39	not contracted	$ 43.72	not contracted	$ 52.46	$ 36.58	$ 66.89	not contracted	$ 66.89	$ 36.58	$ 43.72	$ 36.58
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		$ 10.45	not contracted	$ 13.55	not contracted	$ 14.04	not contracted	$ 9.68	not contracted	$ 11.62	$ 8.10	$ 14.81	not contracted	$ 14.81	$ 8.10	$ 9.68	$ 8.10
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		$ 14.29	not contracted	$ 18.52	not contracted	$ 19.18	not contracted	$ 13.23	not contracted	$ 15.88	$ 11.06	$ 20.24	not contracted	$ 20.24	$ 11.06	$ 13.23	$ 11.06
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		$ 7.99	not contracted	$ 10.36	not contracted	$ 10.73	not contracted	$ 7.40	not contracted	$ 8.88	$ 6.19	$ 11.32	not contracted	$ 11.32	$ 6.19	$ 7.40	$ 6.19
		INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	J2175		$ 17.59	not contracted	$ 22.81	not contracted	$ 23.62	not contracted	$ 16.29	not contracted	$ 19.55	$ 13.63	$ 24.92	not contracted	$ 24.92	$ 13.63	$ 16.29	$ 13.63
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLA	PRIMARY PROCEDURE	69631		$ 1,268.85	not contracted	$ 1,644.80	not contracted	$ 1,703.55	not contracted	$ 1,174.86	not contracted	$ 1,409.83	$ 982.87	$ 1,797.54	not contracted	$ 1,797.54	$ 982.87	$ 1,174.86	$ 982.87
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		$ 8.94	not contracted	$ 11.59	not contracted	$ 12.01	not contracted	$ 8.28	not contracted	$ 9.94	$ 6.92	$ 12.67	not contracted	$ 12.67	$ 6.92	$ 8.28	$ 6.92
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		$ 14.29	not contracted	$ 18.52	not contracted	$ 19.18	not contracted	$ 13.23	not contracted	$ 15.88	$ 11.06	$ 20.24	not contracted	$ 20.24	$ 11.06	$ 13.23	$ 11.06
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	PRIMARY PROCEDURE	42826		$ 313.75	not contracted	$ 406.71	not contracted	$ 421.24	not contracted	$ 290.51	not contracted	$ 348.61	$ 243.04	$ 444.48	not contracted	$ 444.48	$ 243.04	$ 290.51	$ 243.04
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		$ 47.22	not contracted	$ 61.21	not contracted	$ 63.39	not contracted	$ 43.72	not contracted	$ 52.46	$ 36.58	$ 66.89	not contracted	$ 66.89	$ 36.58	$ 43.72	$ 36.58

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE SERVICES BY PROCEDURE[1]
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UPDATED AS OF 12/19/2024

					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		$ 14.29	not contracted	$ 18.52	not contracted	$ 19.18	not contracted	$ 13.23	not contracted	$ 15.88	$ 11.06	$ 20.24	not contracted	$ 20.24	$ 11.06	$ 13.23	$ 11.06
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	PRIMARY PROCEDURE	36558		$ 210.11	not contracted	$ 272.37	not contracted	$ 282.10	not contracted	$ 194.55	not contracted	$ 233.46	$ 162.76	$ 297.66	not contracted	$ 297.66	$ 162.76	$ 194.55	$ 162.76
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		$ 7.32	not contracted	$ 9.49	not contracted	$ 9.83	not contracted	$ 6.78	not contracted	$ 8.14	$ 5.68	$ 10.37	not contracted	$ 10.37	$ 5.68	$ 6.78	$ 5.68
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, ME	PRIMARY PROCEDURE	51736		$ 45.57	not contracted	$ 59.07	not contracted	$ 61.18	not contracted	$ 42.19	not contracted	$ 50.63	$ 35.29	$ 64.55	not contracted	$ 64.55	$ 35.29	$ 42.19	$ 35.29
		MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADD	51798		$ 91.71	not contracted	$ 118.89	not contracted	$ 123.13	not contracted	$ 84.92	not contracted	$ 101.90	$ 71.04	$ 129.93	not contracted	$ 129.93	$ 71.04	$ 84.92	$ 71.04
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
95819	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE A	PRIMARY PROCEDURE	95819		$ 100.71	not contracted	$ 130.55	not contracted	$ 135.21	not contracted	$ 93.25	not contracted	$ 111.90	$ 78.01	$ 142.67	not contracted	$ 142.67	$ 78.01	$ 93.25	$ 78.01
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		$ 58.09	not contracted	$ 75.31	not contracted	$ 78.00	not contracted	$ 53.79	not contracted	$ 64.55	$ 45.00	$ 82.30	not contracted	$ 82.30	$ 45.00	$ 53.79	$ 45.00
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, F	PRIMARY PROCEDURE	90707		$ 146.71	not contracted	$ 190.18	not contracted	$ 196.97	not contracted	$ 135.84	not contracted	$ 163.01	$ 113.64	$ 207.84	not contracted	$ 207.84	$ 113.64	$ 135.84	$ 113.64
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	PRIMARY PROCEDURE	J0585		$ 16.70	not contracted	$ 21.64	not contracted	$ 22.42	not contracted	$ 15.46	not contracted	$ 18.55	$ 12.94	$ 23.65	not contracted	$ 23.65	$ 12.94	$ 15.46	$ 12.94
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		$ 29.05	not contracted	$ 37.66	not contracted	$ 39.01	not contracted	$ 26.90	not contracted	$ 32.28	$ 22.50	$ 41.16	not contracted	$ 41.16	$ 22.50	$ 26.90	$ 22.50
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 28.04	not contracted	$ 36.34	not contracted	$ 37.64	not contracted	$ 25.96	not contracted	$ 31.15	$ 21.72	$ 39.72	not contracted	$ 39.72	$ 21.72	$ 25.96	$ 21.72
49084	PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PER	PRIMARY PROCEDURE	49084		$ 126.13	not contracted	$ 163.51	not contracted	$ 169.35	not contracted	$ 116.79	not contracted	$ 140.15	$ 97.70	$ 178.69	not contracted	$ 178.69	$ 97.70	$ 116.79	$ 97.70
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
31629	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	PRIMARY PROCEDURE	31629		$ 288.37	not contracted	$ 373.81	not contracted	$ 387.16	not contracted	$ 267.01	not contracted	$ 320.41	$ 223.38	$ 408.53	not contracted	$ 408.53	$ 223.38	$ 267.01	$ 223.38
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	31624		$ 330.48	not contracted	$ 428.40	not contracted	$ 443.70	not contracted	$ 306.00	not contracted	$ 367.20	$ 256.00	$ 468.18	not contracted	$ 468.18	$ 256.00	$ 306.00	$ 256.00
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	31625		$ 312.01	not contracted	$ 404.46	not contracted	$ 418.91	not contracted	$ 288.90	not contracted	$ 346.68	$ 241.69	$ 442.02	not contracted	$ 442.02	$ 241.69	$ 288.90	$ 241.69
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	31627		$ 1,674.89	not contracted	$ 2,171.15	not contracted	$ 2,248.69	not contracted	$ 1,550.82	not contracted	$ 1,860.98	$ 1,297.39	$ 2,372.75	not contracted	$ 2,372.75	$ 1,297.39	$ 1,550.82	$ 1,297.39
		ANESTHESIA FOR CLOSED CHEST PROCEDURES; (INCLUDING BRON	00520		$ 117.62	not contracted	$ 152.47	not contracted	$ 157.92	not contracted	$ 108.91	not contracted	$ 130.69	$ 91.12	$ 166.63	not contracted	$ 166.63	$ 91.12	$ 108.91	$ 91.12

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		$ 80.52	not contracted	$ 104.38	not contracted	$ 108.11	not contracted	$ 74.56	not contracted	$ 89.47	$ 62.38	$ 114.08	not contracted	$ 114.08	$ 62.38	$ 74.56	$ 62.38
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMME	88172		$ 43.83	not contracted	$ 56.81	not contracted	$ 58.84	not contracted	$ 40.58	not contracted	$ 48.70	$ 33.95	$ 62.09	not contracted	$ 62.09	$ 33.95	$ 40.58	$ 33.95
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT	87281		$ 15.65	not contracted	$ 20.29	not contracted	$ 21.01	not contracted	$ 14.49	not contracted	$ 17.39	$ 12.12	$ 22.17	not contracted	$ 22.17	$ 12.12	$ 14.49	$ 12.12
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHN	87305		$ 13.41	not contracted	$ 17.39	not contracted	$ 18.01	not contracted	$ 12.42	not contracted	$ 14.90	$ 10.39	$ 19.00	not contracted	$ 19.00	$ 10.39	$ 12.42	$ 10.39
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		$ 27.38	not contracted	$ 35.49	not contracted	$ 36.76	not contracted	$ 25.35	not contracted	$ 30.42	$ 21.20	$ 38.79	not contracted	$ 38.79	$ 21.20	$ 25.35	$ 21.20
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, A	87116		$ 14.13	not contracted	$ 18.31	not contracted	$ 18.97	not contracted	$ 13.08	not contracted	$ 15.70	$ 10.94	$ 20.01	not contracted	$ 20.01	$ 10.94	$ 13.08	$ 10.94
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88312		$ 50.86	not contracted	$ 65.93	not contracted	$ 68.28	not contracted	$ 47.09	not contracted	$ 56.51	$ 39.40	$ 72.05	not contracted	$ 72.05	$ 39.40	$ 47.09	$ 39.40
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88313		$ 53.07	not contracted	$ 68.80	not contracted	$ 71.25	not contracted	$ 49.14	not contracted	$ 58.97	$ 41.11	$ 75.18	not contracted	$ 75.18	$ 41.11	$ 49.14	$ 41.11
		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPT	87102		$ 11.52	not contracted	$ 14.94	not contracted	$ 15.47	not contracted	$ 10.67	not contracted	$ 12.80	$ 8.93	$ 16.33	not contracted	$ 16.33	$ 8.93	$ 10.67	$ 8.93
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 6 OR MORE	PRIMARY PROCEDURE	11721		$ 51.32	not contracted	$ 66.53	not contracted	$ 68.90	not contracted	$ 47.52	not contracted	$ 57.02	$ 39.76	$ 72.71	not contracted	$ 72.71	$ 39.76	$ 47.52	$ 39.76
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METH	PRIMARY PROCEDURE	67108		$ 1,629.89	not contracted	$ 2,112.82	not contracted	$ 2,188.28	not contracted	$ 1,509.16	not contracted	$ 1,810.99	$ 1,262.54	$ 2,309.01	not contracted	$ 2,309.01	$ 1,262.54	$ 1,509.16	$ 1,262.54
		INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL	67025		$ 783.81	not contracted	$ 1,016.05	not contracted	$ 1,052.34	not contracted	$ 725.75	not contracted	$ 870.90	$ 607.15	$ 1,110.40	not contracted	$ 1,110.40	$ 607.15	$ 725.75	$ 607.15
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	58555		$ 249.61	not contracted	$ 323.57	not contracted	$ 335.12	not contracted	$ 231.12	not contracted	$ 277.34	$ 193.36	$ 353.61	not contracted	$ 353.61	$ 193.36	$ 231.12	$ 193.36
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTE	PRIMARY PROCEDURE	58573		$ 1,482.00	not contracted	$ 1,921.11	not contracted	$ 1,989.72	not contracted	$ 1,372.22	not contracted	$ 1,646.66	$ 1,147.98	$ 2,099.50	not contracted	$ 2,099.50	$ 1,147.98	$ 1,372.22	$ 1,147.98
		REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY	11200		$ 49.03	not contracted	$ 63.56	not contracted	$ 65.83	not contracted	$ 45.40	not contracted	$ 54.48	$ 37.98	$ 69.46	not contracted	$ 69.46	$ 37.98	$ 45.40	$ 37.98
		CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	52000		$ 134.38	not contracted	$ 174.20	not contracted	$ 180.42	not contracted	$ 124.43	not contracted	$ 149.32	$ 104.10	$ 190.38	not contracted	$ 190.38	$ 104.10	$ 124.43	$ 104.10
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDO	00840		$ 117.62	not contracted	$ 152.47	not contracted	$ 157.92	not contracted	$ 108.91	not contracted	$ 130.69	$ 91.12	$ 166.63	not contracted	$ 166.63	$ 91.12	$ 108.91	$ 91.12
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		$ 135.77	not contracted	$ 175.99	not contracted	$ 182.28	not contracted	$ 125.71	not contracted	$ 150.85	$ 105.17	$ 192.34	not contracted	$ 192.34	$ 105.17	$ 125.71	$ 105.17
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		$ 47.22	not contracted	$ 61.21	not contracted	$ 63.39	not contracted	$ 43.72	not contracted	$ 52.46	$ 36.58	$ 66.89	not contracted	$ 66.89	$ 36.58	$ 43.72	$ 36.58

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UPDATED AS OF 12/19/2024

					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		$ 32.44	not contracted	$ 42.06	not contracted	$ 43.56	not contracted	$ 30.04	not contracted	$ 36.05	$ 25.13	$ 45.96	not contracted	$ 45.96	$ 25.13	$ 30.04	$ 25.13
		INJECTION, ATROPINE SULFATE, 0.01 MG	J0461		$ 7.02	not contracted	$ 9.10	not contracted	$ 9.43	not contracted	$ 6.50	not contracted	$ 7.80	$ 5.44	$ 9.95	not contracted	$ 9.95	$ 5.44	$ 6.50	$ 5.44
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, METRONIDAZOLE, 10 MG EFF. DATE: 7/1/2023	J1836		$ 0.04	not contracted	$ 0.06	not contracted	$ 0.06	not contracted	$ 0.04	not contracted	$ 0.05	$ 0.04	$ 0.06	not contracted	$ 0.06	$ 0.04	$ 0.04	$ 0.04
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPID	J2274		$ 29.27	not contracted	$ 37.94	not contracted	$ 39.30	not contracted	$ 27.10	not contracted	$ 32.52	$ 22.67	$ 41.46	not contracted	$ 41.46	$ 22.67	$ 27.10	$ 22.67
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		$ 6.92	not contracted	$ 8.97	not contracted	$ 9.29	not contracted	$ 6.41	not contracted	$ 7.69	$ 5.36	$ 9.81	not contracted	$ 9.81	$ 5.36	$ 6.41	$ 5.36
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	PRIMARY PROCEDURE	76818		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
91312	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-C	PRIMARY PROCEDURE	91312		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION	0124A		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	PRIMARY PROCEDURE	47000		$ 260.69	not contracted	$ 337.93	not contracted	$ 350.00	not contracted	$ 241.38	not contracted	$ 289.66	$ 201.94	$ 369.31	not contracted	$ 369.31	$ 201.94	$ 241.38	$ 201.94

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
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UPDATED AS OF 12/19/2024

					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUI	10005		$ 173.03	not contracted	$ 224.29	not contracted	$ 232.30	not contracted	$ 160.21	not contracted	$ 192.25	$ 134.03	$ 245.12	not contracted	$ 245.12	$ 134.03	$ 160.21	$ 134.03
		TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTE	75970		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88312		$ 50.86	not contracted	$ 65.93	not contracted	$ 68.28	not contracted	$ 47.09	not contracted	$ 56.51	$ 39.40	$ 72.05	not contracted	$ 72.05	$ 39.40	$ 47.09	$ 39.40
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88313		$ 53.07	not contracted	$ 68.80	not contracted	$ 71.25	not contracted	$ 49.14	not contracted	$ 58.97	$ 41.11	$ 75.18	not contracted	$ 75.18	$ 41.11	$ 49.14	$ 41.11
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 U	J7040		$ 2.01	not contracted	$ 2.60	not contracted	$ 2.70	not contracted	$ 1.86	not contracted	$ 2.23	$ 1.56	$ 2.85	not contracted	$ 2.85	$ 1.56	$ 1.86	$ 1.56
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		$ 8.85	not contracted	$ 11.47	not contracted	$ 11.88	not contracted	$ 8.19	not contracted	$ 9.83	$ 6.85	$ 12.53	not contracted	$ 12.53	$ 6.85	$ 8.19	$ 6.85
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		$ 4.03	not contracted	$ 5.22	not contracted	$ 5.41	not contracted	$ 3.73	not contracted	$ 4.48	$ 3.12	$ 5.71	not contracted	$ 5.71	$ 3.12	$ 3.73	$ 3.12
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		$ 3.81	not contracted	$ 4.94	not contracted	$ 5.12	not contracted	$ 3.53	not contracted	$ 4.24	$ 2.95	$ 5.40	not contracted	$ 5.40	$ 2.95	$ 3.53	$ 2.95
		BLOOD TYPING, SEROLOGIC; ABO	86900		$ 3.68	not contracted	$ 4.77	not contracted	$ 4.94	not contracted	$ 3.41	not contracted	$ 4.09	$ 2.86	$ 5.22	not contracted	$ 5.22	$ 2.86	$ 3.41	$ 2.86
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
99170	ANOGENITAL EXAMINATION, MAGNIFIED, IN CHILDHOOD FOR SUS	PRIMARY PROCEDURE	99170		$ 168.54	not contracted	$ 218.48	not contracted	$ 226.29	not contracted	$ 156.06	not contracted	$ 187.27	$ 130.56	$ 238.77	not contracted	$ 238.77	$ 130.56	$ 156.06	$ 130.56
		OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ES	99244		$ 126.10	not contracted	$ 163.46	not contracted	$ 169.30	not contracted	$ 116.76	not contracted	$ 140.11	$ 97.68	$ 178.64	not contracted	$ 178.64	$ 97.68	$ 116.76	$ 97.68

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87491		$ 39.65	not contracted	$ 51.39	not contracted	$ 53.23	not contracted	$ 36.71	not contracted	$ 44.05	$ 30.71	$ 56.17	not contracted	$ 56.17	$ 30.71	$ 36.71	$ 30.71
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87591		$ 39.29	not contracted	$ 50.93	not contracted	$ 52.75	not contracted	$ 36.38	not contracted	$ 43.66	$ 30.43	$ 55.66	not contracted	$ 55.66	$ 30.43	$ 36.38	$ 30.43
90698	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	PRIMARY PROCEDURE	90698		$ 175.00	not contracted	$ 226.86	not contracted	$ 234.96	not contracted	$ 162.04	not contracted	$ 194.45	$ 135.56	$ 247.92	not contracted	$ 247.92	$ 135.56	$ 162.04	$ 135.56
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T CONJ	90648		$ 25.70	not contracted	$ 33.32	not contracted	$ 34.51	not contracted	$ 23.80	not contracted	$ 28.56	$ 19.91	$ 36.41	not contracted	$ 36.41	$ 19.91	$ 23.80	$ 19.91
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR	90677		$ 468.62	not contracted	$ 607.47	not contracted	$ 629.17	not contracted	$ 433.91	not contracted	$ 520.69	$ 363.00	$ 663.88	not contracted	$ 663.88	$ 363.00	$ 433.91	$ 363.00
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	90723		$ 152.87	not contracted	$ 198.17	not contracted	$ 205.25	not contracted	$ 141.55	not contracted	$ 169.86	$ 118.42	$ 216.57	not contracted	$ 216.57	$ 118.42	$ 141.55	$ 118.42
43274	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	PRIMARY PROCEDURE	43274		$ 642.49	not contracted	$ 832.86	not contracted	$ 862.61	not contracted	$ 594.90	not contracted	$ 713.88	$ 497.69	$ 910.20	not contracted	$ 910.20	$ 497.69	$ 594.90	$ 497.69
		ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH E	43237		$ 193.83	not contracted	$ 251.26	not contracted	$ 260.23	not contracted	$ 179.47	not contracted	$ 215.36	$ 150.14	$ 274.59	not contracted	$ 274.59	$ 150.14	$ 179.47	$ 150.14
		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	74330		$ 178.35	not contracted	$ 231.20	not contracted	$ 239.45	not contracted	$ 165.14	not contracted	$ 198.17	$ 138.16	$ 252.66	not contracted	$ 252.66	$ 138.16	$ 165.14	$ 138.16
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTE	88108		$ 44.80	not contracted	$ 58.07	not contracted	$ 60.15	not contracted	$ 41.48	not contracted	$ 49.78	$ 34.70	$ 63.46	not contracted	$ 63.46	$ 34.70	$ 41.48	$ 34.70
		INJECTION, GLUCAGON HYDROCHLORIDE (FRESENIUS KABI), NOT	J1611		$ 206.56	not contracted	$ 267.76	not contracted	$ 277.33	not contracted	$ 191.26	not contracted	$ 229.51	$ 160.01	$ 292.63	not contracted	$ 292.63	$ 160.01	$ 191.26	$ 160.01

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		$ 6.92	not contracted	$ 8.97	not contracted	$ 9.29	not contracted	$ 6.41	not contracted	$ 7.69	$ 5.36	$ 9.81	not contracted	$ 9.81	$ 5.36	$ 6.41	$ 5.36
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
87635	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	PRIMARY PROCEDURE	87635		$ 79.49	not contracted	$ 103.04	not contracted	$ 106.72	not contracted	$ 73.60	not contracted	$ 88.32	$ 61.57	$ 112.61	not contracted	$ 112.61	$ 61.57	$ 73.60	$ 61.57
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
D9211	REGIONAL BLOCK ANESTHESIA	PRIMARY PROCEDURE	D9211		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
		RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	D2392		$ 51.84	not contracted	$ 67.20	not contracted	$ 69.60	not contracted	$ 48.00	not contracted	$ 57.60	INCLUDED IN M-CAL OP DENTAL RATE	$ 73.44	not contracted	$ 73.44	INCLUDED IN M-CAL OP DENTAL RATE	$ 48.00	INCLUDED IN M-CAL OP DENTAL RATE
		ORAL HYGIENE INSTRUCTION	D1330		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		$ 37.80	not contracted	$ 49.00	not contracted	$ 50.75	not contracted	$ 35.00	not contracted	$ 42.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 53.55	not contracted	$ 53.55	INCLUDED IN M-CAL OP DENTAL RATE	$ 35.00	INCLUDED IN M-CAL OP DENTAL RATE
62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC; WITH FLUOROSCOPIC	PRIMARY PROCEDURE	62328		$ 368.90	not contracted	$ 478.20	not contracted	$ 495.28	not contracted	$ 341.57	not contracted	$ 409.88	$ 285.76	$ 522.60	not contracted	$ 522.60	$ 285.76	$ 341.57	$ 285.76
		DISCOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTER	72295		$ 135.52	not contracted	$ 175.67	not contracted	$ 181.95	not contracted	$ 125.48	not contracted	$ 150.58	$ 104.98	$ 191.98	not contracted	$ 191.98	$ 104.98	$ 125.48	$ 104.98
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	PRIMARY PROCEDURE	29405		$ 132.08	not contracted	$ 171.22	not contracted	$ 177.34	not contracted	$ 122.30	not contracted	$ 146.76	$ 102.31	$ 187.12	not contracted	$ 187.12	$ 102.31	$ 122.30	$ 102.31
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99203		$ 88.61	not contracted	$ 114.87	not contracted	$ 118.97	not contracted	$ 82.05	not contracted	$ 98.46	$ 68.64	$ 125.54	not contracted	$ 125.54	$ 68.64	$ 82.05	$ 68.64
44388	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, INCLUDING COLLEC	PRIMARY PROCEDURE	44388		$ 248.00	not contracted	$ 321.48	not contracted	$ 332.96	not contracted	$ 229.63	not contracted	$ 275.56	$ 192.11	$ 351.33	not contracted	$ 351.33	$ 192.11	$ 229.63	$ 192.11
		COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION	45378		$ 457.36	not contracted	$ 592.87	not contracted	$ 614.05	not contracted	$ 423.48	not contracted	$ 508.18	$ 354.28	$ 647.92	not contracted	$ 647.92	$ 354.28	$ 423.48	$ 354.28
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	G0500		$ 83.42	not contracted	$ 108.14	not contracted	$ 112.00	not contracted	$ 77.24	not contracted	$ 92.69	$ 64.62	$ 118.18	not contracted	$ 118.18	$ 64.62	$ 77.24	$ 64.62
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	PRIMARY PROCEDURE	20206		$ 102.09	not contracted	$ 132.34	not contracted	$ 137.07	not contracted	$ 94.53	not contracted	$ 113.44	$ 79.08	$ 144.63	not contracted	$ 144.63	$ 79.08	$ 94.53	$ 79.08
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		$ 78.42	not contracted	$ 101.65	not contracted	$ 105.28	not contracted	$ 72.61	not contracted	$ 87.13	$ 60.74	$ 111.09	not contracted	$ 111.09	$ 60.74	$ 72.61	$ 60.74
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88341		$ 93.91	not contracted	$ 121.73	not contracted	$ 126.08	not contracted	$ 86.95	not contracted	$ 104.34	$ 72.74	$ 133.03	not contracted	$ 133.03	$ 72.74	$ 86.95	$ 72.74
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		$ 80.52	not contracted	$ 104.38	not contracted	$ 108.11	not contracted	$ 74.56	not contracted	$ 89.47	$ 62.38	$ 114.08	not contracted	$ 114.08	$ 62.38	$ 74.56	$ 62.38
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID,	76536		$ 92.55	not contracted	$ 119.97	not contracted	$ 124.25	not contracted	$ 85.69	not contracted	$ 102.83	$ 71.69	$ 131.11	not contracted	$ 131.11	$ 71.69	$ 85.69	$ 71.69
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 83.33	not contracted	$ 108.02	not contracted	$ 111.88	not contracted	$ 77.16	not contracted	$ 92.59	$ 64.55	$ 118.05	not contracted	$ 118.05	$ 64.55	$ 77.16	$ 64.55

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), P	PRIMARY PROCEDURE	J1950		$ 2,448.55	not contracted	$ 3,174.05	not contracted	$ 3,287.41	not contracted	$ 2,267.18	not contracted	$ 2,720.62	$ 1,896.70	$ 3,468.79	not contracted	$ 3,468.79	$ 1,896.70	$ 2,267.18	$ 1,896.70
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		$ 29.05	not contracted	$ 37.66	not contracted	$ 39.01	not contracted	$ 26.90	not contracted	$ 32.28	$ 22.50	$ 41.16	not contracted	$ 41.16	$ 22.50	$ 26.90	$ 22.50
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	PRIMARY PROCEDURE	D0230		$ 3.24	not contracted	$ 4.20	not contracted	$ 4.35	not contracted	$ 3.00	not contracted	$ 3.60	INCLUDED IN M-CAL OP DENTAL RATE	$ 4.59	not contracted	$ 4.59	INCLUDED IN M-CAL OP DENTAL RATE	$ 3.00	INCLUDED IN M-CAL OP DENTAL RATE
		BITEWINGS-TWO FILMS	D0272		$ 10.80	not contracted	$ 14.00	not contracted	$ 14.50	not contracted	$ 10.00	not contracted	$ 12.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 15.30	not contracted	$ 15.30	INCLUDED IN M-CAL OP DENTAL RATE	$ 10.00	INCLUDED IN M-CAL OP DENTAL RATE
		CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	D0603		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
		PROPHYLAXIS-CHILD	D1120		$ 32.40	not contracted	$ 42.00	not contracted	$ 43.50	not contracted	$ 30.00	not contracted	$ 36.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 45.90	not contracted	$ 45.90	INCLUDED IN M-CAL OP DENTAL RATE	$ 30.00	INCLUDED IN M-CAL OP DENTAL RATE
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	D1206		child 0 to 5: $19.44 child 6 to 20: $8.64	not contracted	child 0 to 5: $25.20 child 6 to 20: $11.20	not contracted	child 0 to 5: $26.10 child 6 to 20: $11.60	not contracted	child 0 to 5: $18.00 child 6 to 20: $8.00	not contracted	child 0 to 5: $21.60 child 6 to 20: $9.60	INCLUDED IN M-CAL OP DENTAL RATE	child 0 to 5: $27.54 child 6 to 20: $12.24	not contracted	child 0 to 5: $27.54 child 6 to 20: $12.24	INCLUDED IN M-CAL OP DENTAL RATE	child 0 to 5: $18.00 child 6 to 20: $8.00	INCLUDED IN M-CAL OP DENTAL RATE
		ORAL HYGIENE INSTRUCTION	D1330		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		$ 16.20	not contracted	$ 21.00	not contracted	$ 21.75	not contracted	$ 15.00	not contracted	$ 18.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 22.95	not contracted	$ 22.95	INCLUDED IN M-CAL OP DENTAL RATE	$ 15.00	INCLUDED IN M-CAL OP DENTAL RATE
29075	APPLICATION, CAST; ELBOW TO FINGER (SHORT ARM)	PRIMARY PROCEDURE	29075		$ 128.03	not contracted	$ 165.97	not contracted	$ 171.90	not contracted	$ 118.55	not contracted	$ 142.26	$ 99.18	$ 181.38	not contracted	$ 181.38	$ 99.18	$ 118.55	$ 99.18
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
		RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF 3 V	73110		$ 38.94	not contracted	$ 50.48	not contracted	$ 52.29	not contracted	$ 36.06	not contracted	$ 43.27	$ 30.17	$ 55.17	not contracted	$ 55.17	$ 30.17	$ 36.06	$ 30.17

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
49593	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC,	PRIMARY PROCEDURE	49593		$ 718.05	not contracted	$ 930.80	not contracted	$ 964.05	not contracted	$ 664.86	not contracted	$ 797.83	$ 556.21	$ 1,017.24	not contracted	$ 1,017.24	$ 556.21	$ 664.86	$ 556.21
		ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTH	00750		$ 78.35	not contracted	$ 101.57	not contracted	$ 105.20	not contracted	$ 72.55	not contracted	$ 87.06	$ 60.70	$ 111.00	not contracted	$ 111.00	$ 60.70	$ 72.55	$ 60.70
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		$ 32.44	not contracted	$ 42.06	not contracted	$ 43.56	not contracted	$ 30.04	not contracted	$ 36.05	$ 25.13	$ 45.96	not contracted	$ 45.96	$ 25.13	$ 30.04	$ 25.13
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	PRIMARY PROCEDURE	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
38221	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	PRIMARY PROCEDURE	38221		$ 303.37	not contracted	$ 393.26	not contracted	$ 407.31	not contracted	$ 280.90	not contracted	$ 337.08	$ 235.00	$ 429.78	not contracted	$ 429.78	$ 235.00	$ 280.90	$ 235.00
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, W	88262		$ 167.01	not contracted	$ 216.50	not contracted	$ 224.23	not contracted	$ 154.64	not contracted	$ 185.57	$ 129.37	$ 236.60	not contracted	$ 236.60	$ 129.37	$ 154.64	$ 129.37
		FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	88189		$ 107.17	not contracted	$ 138.92	not contracted	$ 143.88	not contracted	$ 99.23	not contracted	$ 119.08	$ 83.02	$ 151.82	not contracted	$ 151.82	$ 83.02	$ 99.23	$ 83.02

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR M	88184		$ 65.34	not contracted	$ 84.70	not contracted	$ 87.73	not contracted	$ 60.50	not contracted	$ 72.60	$ 50.62	$ 92.57	not contracted	$ 92.57	$ 50.62	$ 60.50	$ 50.62
		BONE MARROW, SMEAR INTERPRETATION	85097		$ 54.60	not contracted	$ 70.78	not contracted	$ 73.31	not contracted	$ 50.56	not contracted	$ 60.67	$ 42.30	$ 77.36	not contracted	$ 77.36	$ 42.30	$ 50.56	$ 42.30
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 83.33	not contracted	$ 108.02	not contracted	$ 111.88	not contracted	$ 77.16	not contracted	$ 92.59	$ 64.55	$ 118.05	not contracted	$ 118.05	$ 64.55	$ 77.16	$ 64.55
		FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR M	88185		$ 32.03	not contracted	$ 41.52	not contracted	$ 43.01	not contracted	$ 29.66	not contracted	$ 35.59	$ 24.82	$ 45.38	not contracted	$ 45.38	$ 24.82	$ 29.66	$ 24.82
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION	88311		$ 12.24	not contracted	$ 15.86	not contracted	$ 16.43	not contracted	$ 11.33	not contracted	$ 13.60	$ 9.48	$ 17.33	not contracted	$ 17.33	$ 9.48	$ 11.33	$ 9.48
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88313		$ 53.07	not contracted	$ 68.80	not contracted	$ 71.25	not contracted	$ 49.14	not contracted	$ 58.97	$ 41.11	$ 75.18	not contracted	$ 75.18	$ 41.11	$ 49.14	$ 41.11
		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10	J1642		$ 6.94	not contracted	$ 9.00	not contracted	$ 9.32	not contracted	$ 6.43	not contracted	$ 7.72	$ 5.38	$ 9.84	not contracted	$ 9.84	$ 5.38	$ 6.43	$ 5.38
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		$ 6.96	not contracted	$ 9.02	not contracted	$ 9.34	not contracted	$ 6.44	not contracted	$ 7.73	$ 5.39	$ 9.85	not contracted	$ 9.85	$ 5.39	$ 6.44	$ 5.39
68200	SUBCONJUNCTIVAL INJECTION	PRIMARY PROCEDURE	68200		$ 171.29	not contracted	$ 222.04	not contracted	$ 229.97	not contracted	$ 158.60	not contracted	$ 190.32	$ 132.68	$ 242.66	not contracted	$ 242.66	$ 132.68	$ 158.60	$ 132.68
		INJECTION, BEVACIZUMAB, 10 MG	J9035		$ 114.89	not contracted	$ 148.93	not contracted	$ 154.25	not contracted	$ 106.38	not contracted	$ 127.66	$ 88.99	$ 162.76	not contracted	$ 162.76	$ 88.99	$ 106.38	$ 88.99
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99396		$ 170.25	not contracted	$ 220.70	not contracted	$ 228.58	not contracted	$ 157.64	not contracted	$ 189.17	$ 131.88	$ 241.19	not contracted	$ 241.19	$ 131.88	$ 157.64	$ 131.88
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92014		$ 59.53	not contracted	$ 77.17	not contracted	$ 79.92	not contracted	$ 55.12	not contracted	$ 66.14	$ 46.12	$ 84.33	not contracted	$ 84.33	$ 46.12	$ 55.12	$ 46.12
		INJECTION, BEVACIZUMAB, 0.25 MG	C9257		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
87624	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	PRIMARY PROCEDURE	87624		$ 48.32	not contracted	$ 62.64	not contracted	$ 64.87	not contracted	$ 44.74	not contracted	$ 53.69	$ 37.43	$ 68.45	not contracted	$ 68.45	$ 37.43	$ 44.74	$ 37.43

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
87661	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	PRIMARY PROCEDURE	87661		$ 47.31	not contracted	$ 61.33	not contracted	$ 63.52	not contracted	$ 43.81	not contracted	$ 52.57	$ 36.65	$ 67.03	not contracted	$ 67.03	$ 36.65	$ 43.81	$ 36.65
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFI	PRIMARY PROCEDURE	38505		$ 109.59	not contracted	$ 142.06	not contracted	$ 147.13	not contracted	$ 101.47	not contracted	$ 121.76	$ 84.89	$ 155.25	not contracted	$ 155.25	$ 84.89	$ 101.47	$ 84.89
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		$ 78.42	not contracted	$ 101.65	not contracted	$ 105.28	not contracted	$ 72.61	not contracted	$ 87.13	$ 60.74	$ 111.09	not contracted	$ 111.09	$ 60.74	$ 72.61	$ 60.74
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88341		$ 93.91	not contracted	$ 121.73	not contracted	$ 126.08	not contracted	$ 86.95	not contracted	$ 104.34	$ 72.74	$ 133.03	not contracted	$ 133.03	$ 72.74	$ 86.95	$ 72.74
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		$ 80.52	not contracted	$ 104.38	not contracted	$ 108.11	not contracted	$ 74.56	not contracted	$ 89.47	$ 62.38	$ 114.08	not contracted	$ 114.08	$ 62.38	$ 74.56	$ 62.38
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 83.33	not contracted	$ 108.02	not contracted	$ 111.88	not contracted	$ 77.16	not contracted	$ 92.59	$ 64.55	$ 118.05	not contracted	$ 118.05	$ 64.55	$ 77.16	$ 64.55
		INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICAT	38792		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PL	PRIMARY PROCEDURE	19125		$ 372.59	not contracted	$ 482.99	not contracted	$ 500.24	not contracted	$ 344.99	not contracted	$ 413.99	$ 288.61	$ 527.83	not contracted	$ 527.83	$ 288.61	$ 344.99	$ 288.61
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		$ 135.77	not contracted	$ 175.99	not contracted	$ 182.28	not contracted	$ 125.71	not contracted	$ 150.85	$ 105.17	$ 192.34	not contracted	$ 192.34	$ 105.17	$ 125.71	$ 105.17
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 83.33	not contracted	$ 108.02	not contracted	$ 111.88	not contracted	$ 77.16	not contracted	$ 92.59	$ 64.55	$ 118.05	not contracted	$ 118.05	$ 64.55	$ 77.16	$ 64.55

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	76098		$ 22.43	not contracted	$ 29.08	not contracted	$ 30.12	not contracted	$ 20.77	not contracted	$ 24.92	$ 17.38	$ 31.78	not contracted	$ 31.78	$ 17.38	$ 20.77	$ 17.38
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		$ 14.29	not contracted	$ 18.52	not contracted	$ 19.18	not contracted	$ 13.23	not contracted	$ 15.88	$ 11.06	$ 20.24	not contracted	$ 20.24	$ 11.06	$ 13.23	$ 11.06
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH	PRIMARY PROCEDURE	57520		$ 399.55	not contracted	$ 517.93	not contracted	$ 536.43	not contracted	$ 369.95	not contracted	$ 443.94	$ 309.49	$ 566.02	not contracted	$ 566.02	$ 309.49	$ 369.95	$ 309.49
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		$ 135.77	not contracted	$ 175.99	not contracted	$ 182.28	not contracted	$ 125.71	not contracted	$ 150.85	$ 105.17	$ 192.34	not contracted	$ 192.34	$ 105.17	$ 125.71	$ 105.17
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 83.33	not contracted	$ 108.02	not contracted	$ 111.88	not contracted	$ 77.16	not contracted	$ 92.59	$ 64.55	$ 118.05	not contracted	$ 118.05	$ 64.55	$ 77.16	$ 64.55
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		$ 10.45	not contracted	$ 13.55	not contracted	$ 14.04	not contracted	$ 9.68	not contracted	$ 11.62	$ 8.10	$ 14.81	not contracted	$ 14.81	$ 8.10	$ 9.68	$ 8.10
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		$ 7.99	not contracted	$ 10.36	not contracted	$ 10.73	not contracted	$ 7.40	not contracted	$ 8.88	$ 6.19	$ 11.32	not contracted	$ 11.32	$ 6.19	$ 7.40	$ 6.19
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		$ 4.03	not contracted	$ 5.22	not contracted	$ 5.41	not contracted	$ 3.73	not contracted	$ 4.48	$ 3.12	$ 5.71	not contracted	$ 5.71	$ 3.12	$ 3.73	$ 3.12
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		$ 3.81	not contracted	$ 4.94	not contracted	$ 5.12	not contracted	$ 3.53	not contracted	$ 4.24	$ 2.95	$ 5.40	not contracted	$ 5.40	$ 2.95	$ 3.53	$ 2.95
		BLOOD TYPING, SEROLOGIC; ABO	86900		$ 3.68	not contracted	$ 4.77	not contracted	$ 4.94	not contracted	$ 3.41	not contracted	$ 4.09	$ 2.86	$ 5.22	not contracted	$ 5.22	$ 2.86	$ 3.41	$ 2.86
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
H1001	PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MAN	PRIMARY PROCEDURE	H1001		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	81000		$ 4.00	not contracted	$ 5.18	not contracted	$ 5.37	not contracted	$ 3.70	not contracted	$ 4.44	$ 3.10	$ 5.66	not contracted	$ 5.66	$ 3.10	$ 3.70	$ 3.10
32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS,	PRIMARY PROCEDURE	32408		$ 1,361.13	not contracted	$ 1,764.43	not contracted	$ 1,827.45	not contracted	$ 1,260.31	not contracted	$ 1,512.37	$ 1,054.36	$ 1,928.27	not contracted	$ 1,928.27	$ 1,054.36	$ 1,260.31	$ 1,054.36
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG,	77012		$ 172.03	not contracted	$ 223.01	not contracted	$ 230.97	not contracted	$ 159.29	not contracted	$ 191.15	$ 133.26	$ 243.71	not contracted	$ 243.71	$ 133.26	$ 159.29	$ 133.26
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88341		$ 93.91	not contracted	$ 121.73	not contracted	$ 126.08	not contracted	$ 86.95	not contracted	$ 104.34	$ 72.74	$ 133.03	not contracted	$ 133.03	$ 72.74	$ 86.95	$ 72.74

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 83.33	not contracted	$ 108.02	not contracted	$ 111.88	not contracted	$ 77.16	not contracted	$ 92.59	$ 64.55	$ 118.05	not contracted	$ 118.05	$ 64.55	$ 77.16	$ 64.55
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		$ 27.38	not contracted	$ 35.49	not contracted	$ 36.76	not contracted	$ 25.35	not contracted	$ 30.42	$ 21.20	$ 38.79	not contracted	$ 38.79	$ 21.20	$ 25.35	$ 21.20
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN	PRIMARY PROCEDURE	57455		$ 123.24	not contracted	$ 159.75	not contracted	$ 165.46	not contracted	$ 114.11	not contracted	$ 136.93	$ 95.46	$ 174.59	not contracted	$ 174.59	$ 95.46	$ 114.11	$ 95.46
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REP	PRIMARY PROCEDURE	33228		$ 448.92	not contracted	$ 581.94	not contracted	$ 602.72	not contracted	$ 415.67	not contracted	$ 498.80	$ 347.75	$ 635.98	not contracted	$ 635.98	$ 347.75	$ 415.67	$ 347.75
		INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPL	33270		$ 788.41	not contracted	$ 1,022.01	not contracted	$ 1,058.51	not contracted	$ 730.01	not contracted	$ 876.01	$ 610.72	$ 1,116.92	not contracted	$ 1,116.92	$ 610.72	$ 730.01	$ 610.72
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		$ 6.96	not contracted	$ 9.02	not contracted	$ 9.34	not contracted	$ 6.44	not contracted	$ 7.73	$ 5.39	$ 9.85	not contracted	$ 9.85	$ 5.39	$ 6.44	$ 5.39
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
1034F	CURRENT TOBACCO SMOKER (CAD, CAP, COPD, PV) (DM)	PRIMARY PROCEDURE	1034F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR VENA CAVA FILTER,	PRIMARY PROCEDURE	37193		$ 469.63	not contracted	$ 608.78	not contracted	$ 630.52	not contracted	$ 434.84	not contracted	$ 521.81	$ 363.78	$ 665.31	not contracted	$ 665.31	$ 363.78	$ 434.84	$ 363.78
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		$ 0.26	not contracted	$ 0.34	not contracted	$ 0.35	not contracted	$ 0.24	not contracted	$ 0.29	$ 0.20	$ 0.37	not contracted	$ 0.37	$ 0.20	$ 0.24	$ 0.20
		INSERTION OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCUL	37191		$ 304.05	not contracted	$ 394.14	not contracted	$ 408.22	not contracted	$ 281.53	not contracted	$ 337.84	$ 235.52	$ 430.74	not contracted	$ 430.74	$ 235.52	$ 281.53	$ 235.52
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
92551	SCREENING TEST, PURE TONE, AIR ONLY	PRIMARY PROCEDURE	92551		$ 15.80	not contracted	$ 20.48	not contracted	$ 21.21	not contracted	$ 14.63	not contracted	$ 17.56	$ 12.24	$ 22.38	not contracted	$ 22.38	$ 12.24	$ 14.63	$ 12.24
		SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERA	99173		$ 6.24	not contracted	$ 8.09	not contracted	$ 8.38	not contracted	$ 5.78	not contracted	$ 6.94	$ 4.84	$ 8.84	not contracted	$ 8.84	$ 4.84	$ 5.78	$ 4.84
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
38500	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	PRIMARY PROCEDURE	38500		$ 148.79	not contracted	$ 192.88	not contracted	$ 199.77	not contracted	$ 137.77	not contracted	$ 165.32	$ 115.26	$ 210.79	not contracted	$ 210.79	$ 115.26	$ 137.77	$ 115.26
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		$ 78.42	not contracted	$ 101.65	not contracted	$ 105.28	not contracted	$ 72.61	not contracted	$ 87.13	$ 60.74	$ 111.09	not contracted	$ 111.09	$ 60.74	$ 72.61	$ 60.74
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88341		$ 93.91	not contracted	$ 121.73	not contracted	$ 126.08	not contracted	$ 86.95	not contracted	$ 104.34	$ 72.74	$ 133.03	not contracted	$ 133.03	$ 72.74	$ 86.95	$ 72.74
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 83.33	not contracted	$ 108.02	not contracted	$ 111.88	not contracted	$ 77.16	not contracted	$ 92.59	$ 64.55	$ 118.05	not contracted	$ 118.05	$ 64.55	$ 77.16	$ 64.55
		INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICAT	38792		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
97804	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(	PRIMARY PROCEDURE	97804		$ 21.55	not contracted	$ 27.93	not contracted	$ 28.93	not contracted	$ 19.95	not contracted	$ 23.94	$ 16.69	$ 30.52	not contracted	$ 30.52	$ 16.69	$ 19.95	$ 16.69
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED W	PRIMARY PROCEDURE	90836		$ 86.79	not contracted	$ 112.50	not contracted	$ 116.52	not contracted	$ 80.36	not contracted	$ 96.43	$ 67.22	$ 122.95	not contracted	$ 122.95	$ 67.22	$ 80.36	$ 67.22
J0741	INJ, CABOTE RILPIVIR 2MG 3MG INJECTION, CABOTEGRAVIR AN	PRIMARY PROCEDURE	J0741		$ 41.95	not contracted	$ 54.38	not contracted	$ 56.32	not contracted	$ 38.84	not contracted	$ 46.61	$ 32.50	$ 59.43	not contracted	$ 59.43	$ 32.50	$ 38.84	$ 32.50
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		$ 29.05	not contracted	$ 37.66	not contracted	$ 39.01	not contracted	$ 26.90	not contracted	$ 32.28	$ 22.50	$ 41.16	not contracted	$ 41.16	$ 22.50	$ 26.90	$ 22.50
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
37224	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS,	PRIMARY PROCEDURE	37224		$ 603.37	not contracted	$ 782.15	not contracted	$ 810.09	not contracted	$ 558.68	not contracted	$ 670.42	$ 467.39	$ 854.78	not contracted	$ 854.78	$ 467.39	$ 558.68	$ 467.39
		INTRODUCTION OF NEEDLE OR INTRACATHETER, UPPER OR LOWER	36140		$ 130.92	not contracted	$ 169.71	not contracted	$ 175.77	not contracted	$ 121.22	not contracted	$ 145.46	$ 101.41	$ 185.47	not contracted	$ 185.47	$ 101.41	$ 121.22	$ 101.41
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		$ 7.32	not contracted	$ 9.49	not contracted	$ 9.83	not contracted	$ 6.78	not contracted	$ 8.14	$ 5.68	$ 10.37	not contracted	$ 10.37	$ 5.68	$ 6.78	$ 5.68
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSE	PRIMARY PROCEDURE	D0160		$ 108.00	not contracted	$ 140.00	not contracted	$ 145.00	not contracted	$ 100.00	not contracted	$ 120.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 153.00	not contracted	$ 153.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 100.00	INCLUDED IN M-CAL OP DENTAL RATE
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR	PRIMARY PROCEDURE	95957		$ 180.24	not contracted	$ 233.65	not contracted	$ 241.99	not contracted	$ 166.89	not contracted	$ 200.27	$ 139.62	$ 255.34	not contracted	$ 255.34	$ 139.62	$ 166.89	$ 139.62
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN	PRIMARY PROCEDURE	57452		$ 80.06	not contracted	$ 103.78	not contracted	$ 107.49	not contracted	$ 74.13	not contracted	$ 88.96	$ 62.02	$ 113.42	not contracted	$ 113.42	$ 62.02	$ 74.13	$ 62.02
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 28.04	not contracted	$ 36.34	not contracted	$ 37.64	not contracted	$ 25.96	not contracted	$ 31.15	$ 21.72	$ 39.72	not contracted	$ 39.72	$ 21.72	$ 25.96	$ 21.72

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	PRIMARY PROCEDURE	11982		$ 174.17	not contracted	$ 225.78	not contracted	$ 233.84	not contracted	$ 161.27	not contracted	$ 193.52	$ 134.92	$ 246.74	not contracted	$ 246.74	$ 134.92	$ 161.27	$ 134.92
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 28.04	not contracted	$ 36.34	not contracted	$ 37.64	not contracted	$ 25.96	not contracted	$ 31.15	$ 21.72	$ 39.72	not contracted	$ 39.72	$ 21.72	$ 25.96	$ 21.72
49406	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG,	PRIMARY PROCEDURE	49406		$ 285.50	not contracted	$ 370.09	not contracted	$ 383.31	not contracted	$ 264.35	not contracted	$ 317.22	$ 221.15	$ 404.46	not contracted	$ 404.46	$ 221.15	$ 264.35	$ 221.15
90632	HEPATITIS A VACCINE (HEPA), ADULT DOSAGE, FOR INTRAMUSC	PRIMARY PROCEDURE	90632		$ 116.19	not contracted	$ 150.61	not contracted	$ 155.99	not contracted	$ 107.58	not contracted	$ 129.10	$ 90.00	$ 164.60	not contracted	$ 164.60	$ 90.00	$ 107.58	$ 90.00
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	PRIMARY PROCEDURE	59840		$ 388.61	not contracted	$ 503.75	not contracted	$ 521.74	not contracted	$ 359.82	not contracted	$ 431.78	$ 301.02	$ 550.52	not contracted	$ 550.52	$ 301.02	$ 359.82	$ 301.02
		ANESTHESIA FOR INDUCED ABORTION PROCEDURES	01966		$ 95.41	not contracted	$ 123.68	not contracted	$ 128.09	not contracted	$ 88.34	not contracted	$ 106.01	$ 73.91	$ 135.16	not contracted	$ 135.16	$ 73.91	$ 88.34	$ 73.91
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87635		$ 79.49	not contracted	$ 103.04	not contracted	$ 106.72	not contracted	$ 73.60	not contracted	$ 88.32	$ 61.57	$ 112.61	not contracted	$ 112.61	$ 61.57	$ 73.60	$ 61.57
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87661		$ 47.31	not contracted	$ 61.33	not contracted	$ 63.52	not contracted	$ 43.81	not contracted	$ 52.57	$ 36.65	$ 67.03	not contracted	$ 67.03	$ 36.65	$ 43.81	$ 36.65
		ULTRASOUND, TRANSVAGINAL	76830		$ 104.80	not contracted	$ 135.86	not contracted	$ 140.71	not contracted	$ 97.04	not contracted	$ 116.45	$ 81.18	$ 148.47	not contracted	$ 148.47	$ 81.18	$ 97.04	$ 81.18
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	76815		$ 97.52	not contracted	$ 126.42	not contracted	$ 130.94	not contracted	$ 90.30	not contracted	$ 108.36	$ 75.54	$ 138.16	not contracted	$ 138.16	$ 75.54	$ 90.30	$ 75.54
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87491		$ 39.65	not contracted	$ 51.39	not contracted	$ 53.23	not contracted	$ 36.71	not contracted	$ 44.05	$ 30.71	$ 56.17	not contracted	$ 56.17	$ 30.71	$ 36.71	$ 30.71

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87591		$ 39.29	not contracted	$ 50.93	not contracted	$ 52.75	not contracted	$ 36.38	not contracted	$ 43.66	$ 30.43	$ 55.66	not contracted	$ 55.66	$ 30.43	$ 36.38	$ 30.43
		GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE	84702		$ 20.51	not contracted	$ 26.59	not contracted	$ 27.54	not contracted	$ 18.99	not contracted	$ 22.79	$ 15.89	$ 29.05	not contracted	$ 29.05	$ 15.89	$ 18.99	$ 15.89
		ANTIBODY; TREPONEMA PALLIDUM	86780		$ 17.66	not contracted	$ 22.89	not contracted	$ 23.71	not contracted	$ 16.35	not contracted	$ 19.62	$ 13.68	$ 25.02	not contracted	$ 25.02	$ 13.68	$ 16.35	$ 13.68
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		$ 11.26	not contracted	$ 14.60	not contracted	$ 15.12	not contracted	$ 10.43	not contracted	$ 12.52	$ 8.72	$ 15.96	not contracted	$ 15.96	$ 8.72	$ 10.43	$ 8.72
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		$ 10.45	not contracted	$ 13.55	not contracted	$ 14.04	not contracted	$ 9.68	not contracted	$ 11.62	$ 8.10	$ 14.81	not contracted	$ 14.81	$ 8.10	$ 9.68	$ 8.10
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG EFFECTIVE DA	J0696		$ 7.60	not contracted	$ 9.86	not contracted	$ 10.21	not contracted	$ 7.04	not contracted	$ 8.45	$ 5.89	$ 10.77	not contracted	$ 10.77	$ 5.89	$ 7.04	$ 5.89
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		$ 14.29	not contracted	$ 18.52	not contracted	$ 19.18	not contracted	$ 13.23	not contracted	$ 15.88	$ 11.06	$ 20.24	not contracted	$ 20.24	$ 11.06	$ 13.23	$ 11.06
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSI	PRIMARY PROCEDURE	27829		$ 846.68	not contracted	$ 1,097.54	not contracted	$ 1,136.74	not contracted	$ 783.96	not contracted	$ 940.75	$ 655.85	$ 1,199.46	not contracted	$ 1,199.46	$ 655.85	$ 783.96	$ 655.85
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 V	73610		$ 38.94	not contracted	$ 50.48	not contracted	$ 52.29	not contracted	$ 36.06	not contracted	$ 43.27	$ 30.17	$ 55.17	not contracted	$ 55.17	$ 30.17	$ 36.06	$ 30.17
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	PRIMARY PROCEDURE	30420		$ 1,306.34	not contracted	$ 1,693.40	not contracted	$ 1,753.88	not contracted	$ 1,209.57	not contracted	$ 1,451.48	$ 1,011.91	$ 1,850.64	not contracted	$ 1,850.64	$ 1,011.91	$ 1,209.57	$ 1,011.91
		CARTILAGE GRAFT; NASAL SEPTUM	20912		$ 692.10	not contracted	$ 897.16	not contracted	$ 929.20	not contracted	$ 640.83	not contracted	$ 769.00	$ 536.11	$ 980.47	not contracted	$ 980.47	$ 536.11	$ 640.83	$ 536.11
		ALLOGRAFT, INCLUDES TEMPLATING, CUTTING, PLACEMENT AND	20932		$ 940.68	not contracted	$ 1,219.40	not contracted	$ 1,262.95	not contracted	$ 871.00	not contracted	$ 1,045.20	$ 728.66	$ 1,332.63	not contracted	$ 1,332.63	$ 728.66	$ 871.00	$ 728.66
		FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	30930		$ 117.66	not contracted	$ 152.52	not contracted	$ 157.96	not contracted	$ 108.94	not contracted	$ 130.73	$ 91.14	$ 166.68	not contracted	$ 166.68	$ 91.14	$ 108.94	$ 91.14
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		$ 14.29	not contracted	$ 18.52	not contracted	$ 19.18	not contracted	$ 13.23	not contracted	$ 15.88	$ 11.06	$ 20.24	not contracted	$ 20.24	$ 11.06	$ 13.23	$ 11.06
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		$ 6.92	not contracted	$ 8.97	not contracted	$ 9.29	not contracted	$ 6.41	not contracted	$ 7.69	$ 5.36	$ 9.81	not contracted	$ 9.81	$ 5.36	$ 6.41	$ 5.36
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	PRIMARY PROCEDURE	31653		$ 1,360.56	not contracted	$ 1,763.69	not contracted	$ 1,826.68	not contracted	$ 1,259.78	not contracted	$ 1,511.74	$ 1,053.91	$ 1,927.46	not contracted	$ 1,927.46	$ 1,053.91	$ 1,259.78	$ 1,053.91
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	31624		$ 330.48	not contracted	$ 428.40	not contracted	$ 443.70	not contracted	$ 306.00	not contracted	$ 367.20	$ 256.00	$ 468.18	not contracted	$ 468.18	$ 256.00	$ 306.00	$ 256.00
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	31625		$ 312.01	not contracted	$ 404.46	not contracted	$ 418.91	not contracted	$ 288.90	not contracted	$ 346.68	$ 241.69	$ 442.02	not contracted	$ 442.02	$ 241.69	$ 288.90	$ 241.69

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		$ 80.52	not contracted	$ 104.38	not contracted	$ 108.11	not contracted	$ 74.56	not contracted	$ 89.47	$ 62.38	$ 114.08	not contracted	$ 114.08	$ 62.38	$ 74.56	$ 62.38
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTE	88108		$ 44.80	not contracted	$ 58.07	not contracted	$ 60.15	not contracted	$ 41.48	not contracted	$ 49.78	$ 34.70	$ 63.46	not contracted	$ 63.46	$ 34.70	$ 41.48	$ 34.70
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CE	88104		$ 40.00	not contracted	$ 51.86	not contracted	$ 53.71	not contracted	$ 37.04	not contracted	$ 44.45	$ 30.98	$ 56.67	not contracted	$ 56.67	$ 30.98	$ 37.04	$ 30.98
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 83.33	not contracted	$ 108.02	not contracted	$ 111.88	not contracted	$ 77.16	not contracted	$ 92.59	$ 64.55	$ 118.05	not contracted	$ 118.05	$ 64.55	$ 77.16	$ 64.55
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		$ 27.38	not contracted	$ 35.49	not contracted	$ 36.76	not contracted	$ 25.35	not contracted	$ 30.42	$ 21.20	$ 38.79	not contracted	$ 38.79	$ 21.20	$ 25.35	$ 21.20
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, A	87116		$ 14.13	not contracted	$ 18.31	not contracted	$ 18.97	not contracted	$ 13.08	not contracted	$ 15.70	$ 10.94	$ 20.01	not contracted	$ 20.01	$ 10.94	$ 13.08	$ 10.94
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76817		$ 127.29	not contracted	$ 165.00	not contracted	$ 170.90	not contracted	$ 117.86	not contracted	$ 141.43	$ 98.60	$ 180.33	not contracted	$ 180.33	$ 98.60	$ 117.86	$ 98.60
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSS	PRIMARY PROCEDURE	66710		$ 385.28	not contracted	$ 499.44	not contracted	$ 517.27	not contracted	$ 356.74	not contracted	$ 428.09	$ 298.44	$ 545.81	not contracted	$ 545.81	$ 298.44	$ 356.74	$ 298.44
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL	PRIMARY PROCEDURE	57160		$ 58.09	not contracted	$ 75.31	not contracted	$ 78.00	not contracted	$ 53.79	not contracted	$ 64.55	$ 45.00	$ 82.30	not contracted	$ 82.30	$ 45.00	$ 53.79	$ 45.00

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
86480	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPO	PRIMARY PROCEDURE	86480		$ 67.22	not contracted	$ 87.14	not contracted	$ 90.25	not contracted	$ 62.24	not contracted	$ 74.69	$ 52.07	$ 95.23	not contracted	$ 95.23	$ 52.07	$ 62.24	$ 52.07
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL)	PRIMARY PROCEDURE	96450		$ 202.38	not contracted	$ 262.35	not contracted	$ 271.72	not contracted	$ 187.39	not contracted	$ 224.87	$ 156.77	$ 286.71	not contracted	$ 286.71	$ 156.77	$ 187.39	$ 156.77
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTE	88108		$ 44.80	not contracted	$ 58.07	not contracted	$ 60.15	not contracted	$ 41.48	not contracted	$ 49.78	$ 34.70	$ 63.46	not contracted	$ 63.46	$ 34.70	$ 41.48	$ 34.70
		STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 1	A4216		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 M	J1720		$ 35.51	not contracted	$ 46.03	not contracted	$ 47.68	not contracted	$ 32.88	not contracted	$ 39.46	$ 27.50	$ 50.31	not contracted	$ 50.31	$ 27.50	$ 32.88	$ 27.50
		INJECTION, METHOTREXATE SODIUM, 50 MG EFFECTIVE DATE:	J9260		$ 10.89	not contracted	$ 14.11	not contracted	$ 14.62	not contracted	$ 10.08	not contracted	$ 12.10	$ 8.44	$ 15.42	not contracted	$ 15.42	$ 8.44	$ 10.08	$ 8.44
		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PLASMA	84155		$ 4.59	not contracted	$ 5.95	not contracted	$ 6.16	not contracted	$ 4.25	not contracted	$ 5.10	$ 3.55	$ 6.50	not contracted	$ 6.50	$ 3.55	$ 4.25	$ 3.55
		CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINA	89050		$ 8.09	not contracted	$ 10.49	not contracted	$ 10.86	not contracted	$ 7.49	not contracted	$ 8.99	$ 6.26	$ 11.46	not contracted	$ 11.46	$ 6.26	$ 7.49	$ 6.26
		GLUCOSE, BODY FLUID, OTHER THAN BLOOD	82945		$ 5.10	not contracted	$ 6.61	not contracted	$ 6.84	not contracted	$ 4.72	not contracted	$ 5.66	$ 3.95	$ 7.22	not contracted	$ 7.22	$ 3.95	$ 4.72	$ 3.95
46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, 2 OR MORE COLU	PRIMARY PROCEDURE	46260		$ 592.32	not contracted	$ 767.82	not contracted	$ 795.24	not contracted	$ 548.44	not contracted	$ 658.13	$ 458.82	$ 839.11	not contracted	$ 839.11	$ 458.82	$ 548.44	$ 458.82
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		$ 47.22	not contracted	$ 61.21	not contracted	$ 63.39	not contracted	$ 43.72	not contracted	$ 52.46	$ 36.58	$ 66.89	not contracted	$ 66.89	$ 36.58	$ 43.72	$ 36.58
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		$ 14.29	not contracted	$ 18.52	not contracted	$ 19.18	not contracted	$ 13.23	not contracted	$ 15.88	$ 11.06	$ 20.24	not contracted	$ 20.24	$ 11.06	$ 13.23	$ 11.06

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR	PRIMARY PROCEDURE	66852		$ 783.81	not contracted	$ 1,016.05	not contracted	$ 1,052.34	not contracted	$ 725.75	not contracted	$ 870.90	$ 607.15	$ 1,110.40	not contracted	$ 1,110.40	$ 607.15	$ 725.75	$ 607.15
		ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY	00142		$ 117.62	not contracted	$ 152.47	not contracted	$ 157.92	not contracted	$ 108.91	not contracted	$ 130.69	$ 91.12	$ 166.63	not contracted	$ 166.63	$ 91.12	$ 108.91	$ 91.12
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		$ 6.92	not contracted	$ 8.97	not contracted	$ 9.29	not contracted	$ 6.41	not contracted	$ 7.69	$ 5.36	$ 9.81	not contracted	$ 9.81	$ 5.36	$ 6.41	$ 5.36
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		$ 4.04	not contracted	$ 5.24	not contracted	$ 5.42	not contracted	$ 3.74	not contracted	$ 4.49	$ 3.13	$ 5.72	not contracted	$ 5.72	$ 3.13	$ 3.74	$ 3.13
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO	PRIMARY PROCEDURE	96360		$ 79.47	not contracted	$ 103.01	not contracted	$ 106.69	not contracted	$ 73.58	not contracted	$ 88.30	$ 61.56	$ 112.58	not contracted	$ 112.58	$ 61.56	$ 73.58	$ 61.56

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
99078	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL Q	PRIMARY PROCEDURE	99078		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL JOIN	PRIMARY PROCEDURE	20600		$ 50.18	not contracted	$ 65.04	not contracted	$ 67.37	not contracted	$ 46.46	not contracted	$ 55.75	$ 38.87	$ 71.08	not contracted	$ 71.08	$ 38.87	$ 46.46	$ 38.87
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
43277	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	PRIMARY PROCEDURE	43277		$ 532.93	not contracted	$ 690.83	not contracted	$ 715.50	not contracted	$ 493.45	not contracted	$ 592.14	$ 412.81	$ 754.98	not contracted	$ 754.98	$ 412.81	$ 493.45	$ 412.81
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		$ 108.52	not contracted	$ 140.67	not contracted	$ 145.70	not contracted	$ 100.48	not contracted	$ 120.58	$ 84.06	$ 153.73	not contracted	$ 153.73	$ 84.06	$ 100.48	$ 84.06
		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	43264		$ 594.63	not contracted	$ 770.81	not contracted	$ 798.34	not contracted	$ 550.58	not contracted	$ 660.70	$ 460.61	$ 842.39	not contracted	$ 842.39	$ 460.61	$ 550.58	$ 460.61
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 43.32	not contracted	$ 56.15	not contracted	$ 58.16	not contracted	$ 40.11	not contracted	$ 48.13	$ 33.55	$ 61.37	not contracted	$ 61.37	$ 33.55	$ 40.11	$ 33.55
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
		URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHOD	81025		$ 4.34	not contracted	$ 5.63	not contracted	$ 5.83	not contracted	$ 4.02	not contracted	$ 4.82	$ 3.36	$ 6.15	not contracted	$ 6.15	$ 3.36	$ 4.02	$ 3.36
77427	RADIATION TREATMENT MANAGEMENT, 5 TREATMENTS	PRIMARY PROCEDURE	77427		$ 177.17	not contracted	$ 229.67	not contracted	$ 237.87	not contracted	$ 164.05	not contracted	$ 196.86	$ 137.24	$ 251.00	not contracted	$ 251.00	$ 137.24	$ 164.05	$ 137.24
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 28.04	not contracted	$ 36.34	not contracted	$ 37.64	not contracted	$ 25.96	not contracted	$ 31.15	$ 21.72	$ 39.72	not contracted	$ 39.72	$ 21.72	$ 25.96	$ 21.72
10005	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUI	PRIMARY PROCEDURE	10005		$ 173.03	not contracted	$ 224.29	not contracted	$ 232.30	not contracted	$ 160.21	not contracted	$ 192.25	$ 134.03	$ 245.12	not contracted	$ 245.12	$ 134.03	$ 160.21	$ 134.03
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		$ 80.52	not contracted	$ 104.38	not contracted	$ 108.11	not contracted	$ 74.56	not contracted	$ 89.47	$ 62.38	$ 114.08	not contracted	$ 114.08	$ 62.38	$ 74.56	$ 62.38
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
21931	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTAN	PRIMARY PROCEDURE	21931		$ 598.09	not contracted	$ 775.31	not contracted	$ 803.00	not contracted	$ 553.79	not contracted	$ 664.55	$ 463.30	$ 847.30	not contracted	$ 847.30	$ 463.30	$ 553.79	$ 463.30
		ANESTHESIA FOR ALL PROCEDURES ON THE INTEGUMENTARY SYST	00300		$ 98.11	not contracted	$ 127.18	not contracted	$ 131.72	not contracted	$ 90.84	not contracted	$ 109.01	$ 76.00	$ 138.99	not contracted	$ 138.99	$ 76.00	$ 90.84	$ 76.00
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		$ 47.22	not contracted	$ 61.21	not contracted	$ 63.39	not contracted	$ 43.72	not contracted	$ 52.46	$ 36.58	$ 66.89	not contracted	$ 66.89	$ 36.58	$ 43.72	$ 36.58
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJ	PRIMARY PROCEDURE	J2353		$ 333.09	not contracted	$ 431.79	not contracted	$ 447.21	not contracted	$ 308.42	not contracted	$ 370.10	$ 258.02	$ 471.88	not contracted	$ 471.88	$ 258.02	$ 308.42	$ 258.02
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		$ 29.05	not contracted	$ 37.66	not contracted	$ 39.01	not contracted	$ 26.90	not contracted	$ 32.28	$ 22.50	$ 41.16	not contracted	$ 41.16	$ 22.50	$ 26.90	$ 22.50
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
92555	SPEECH AUDIOMETRY THRESHOLD;	PRIMARY PROCEDURE	92555		$ 17.36	not contracted	$ 22.50	not contracted	$ 23.30	not contracted	$ 16.07	not contracted	$ 19.28	$ 13.44	$ 24.59	not contracted	$ 24.59	$ 13.44	$ 16.07	$ 13.44
		VISUAL REINFORCEMENT AUDIOMETRY (VRA)	92579		$ 39.40	not contracted	$ 51.07	not contracted	$ 52.90	not contracted	$ 36.48	not contracted	$ 43.78	$ 30.52	$ 55.81	not contracted	$ 55.81	$ 30.52	$ 36.48	$ 30.52
		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550		$ 27.38	not contracted	$ 35.49	not contracted	$ 36.76	not contracted	$ 25.35	not contracted	$ 30.42	$ 21.20	$ 38.79	not contracted	$ 38.79	$ 21.20	$ 25.35	$ 21.20
		DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; LIMITE	92587		$ 63.51	not contracted	$ 82.33	not contracted	$ 85.27	not contracted	$ 58.81	not contracted	$ 70.57	$ 49.20	$ 89.98	not contracted	$ 89.98	$ 49.20	$ 58.81	$ 49.20
51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIP	PRIMARY PROCEDURE	51728		$ 406.04	not contracted	$ 526.34	not contracted	$ 545.14	not contracted	$ 375.96	not contracted	$ 451.15	$ 314.52	$ 575.22	not contracted	$ 575.22	$ 314.52	$ 375.96	$ 314.52
		VOIDING PRESSURE STUDIES, INTRA-ABDOMINAL (IE, RECTAL,	51797		$ 91.71	not contracted	$ 118.89	not contracted	$ 123.13	not contracted	$ 84.92	not contracted	$ 101.90	$ 71.04	$ 129.93	not contracted	$ 129.93	$ 71.04	$ 84.92	$ 71.04
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
96379	UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRA	PRIMARY PROCEDURE	96379		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
		INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	J1050		$ 7.80	not contracted	$ 10.11	not contracted	$ 10.47	not contracted	$ 7.22	not contracted	$ 8.66	$ 6.04	$ 11.05	not contracted	$ 11.05	$ 6.04	$ 7.22	$ 6.04
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTUR	PRIMARY PROCEDURE	25608		$ 1,022.25	not contracted	$ 1,325.14	not contracted	$ 1,372.47	not contracted	$ 946.53	not contracted	$ 1,135.84	$ 791.86	$ 1,448.19	not contracted	$ 1,448.19	$ 791.86	$ 946.53	$ 791.86

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 43.32	not contracted	$ 56.15	not contracted	$ 58.16	not contracted	$ 40.11	not contracted	$ 48.13	$ 33.55	$ 61.37	not contracted	$ 61.37	$ 33.55	$ 40.11	$ 33.55
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	55250		$ 403.73	not contracted	$ 523.35	not contracted	$ 542.04	not contracted	$ 373.82	not contracted	$ 448.58	$ 312.73	$ 571.94	not contracted	$ 571.94	$ 312.73	$ 373.82	$ 312.73
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		$ 32.44	not contracted	$ 42.06	not contracted	$ 43.56	not contracted	$ 30.04	not contracted	$ 36.05	$ 25.13	$ 45.96	not contracted	$ 45.96	$ 25.13	$ 30.04	$ 25.13
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		$ 6.96	not contracted	$ 9.02	not contracted	$ 9.34	not contracted	$ 6.44	not contracted	$ 7.73	$ 5.39	$ 9.85	not contracted	$ 9.85	$ 5.39	$ 6.44	$ 5.39
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALL	PRIMARY PROCEDURE	27792		$ 587.70	not contracted	$ 761.84	not contracted	$ 789.05	not contracted	$ 544.17	not contracted	$ 653.00	$ 455.24	$ 832.58	not contracted	$ 832.58	$ 455.24	$ 544.17	$ 455.24
		OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSI	27829		$ 846.68	not contracted	$ 1,097.54	not contracted	$ 1,136.74	not contracted	$ 783.96	not contracted	$ 940.75	$ 655.85	$ 1,199.46	not contracted	$ 1,199.46	$ 655.85	$ 783.96	$ 655.85
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 43.32	not contracted	$ 56.15	not contracted	$ 58.16	not contracted	$ 40.11	not contracted	$ 48.13	$ 33.55	$ 61.37	not contracted	$ 61.37	$ 33.55	$ 40.11	$ 33.55
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 V	73610		$ 38.94	not contracted	$ 50.48	not contracted	$ 52.29	not contracted	$ 36.06	not contracted	$ 43.27	$ 30.17	$ 55.17	not contracted	$ 55.17	$ 30.17	$ 36.06	$ 30.17

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
33263	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WI	PRIMARY PROCEDURE	33263		$ 485.55	not contracted	$ 629.41	not contracted	$ 651.89	not contracted	$ 449.58	not contracted	$ 539.50	$ 376.12	$ 687.86	not contracted	$ 687.86	$ 376.12	$ 449.58	$ 376.12
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		$ 25.40	not contracted	$ 32.93	not contracted	$ 34.10	not contracted	$ 23.52	not contracted	$ 28.22	$ 19.68	$ 35.99	not contracted	$ 35.99	$ 19.68	$ 23.52	$ 19.68

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		$ 6.96	not contracted	$ 9.02	not contracted	$ 9.34	not contracted	$ 6.44	not contracted	$ 7.73	$ 5.39	$ 9.85	not contracted	$ 9.85	$ 5.39	$ 6.44	$ 5.39
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	PRIMARY PROCEDURE	43260		$ 478.70	not contracted	$ 620.54	not contracted	$ 642.70	not contracted	$ 443.24	not contracted	$ 531.89	$ 370.81	$ 678.16	not contracted	$ 678.16	$ 370.81	$ 443.24	$ 370.81
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		$ 108.52	not contracted	$ 140.67	not contracted	$ 145.70	not contracted	$ 100.48	not contracted	$ 120.58	$ 84.06	$ 153.73	not contracted	$ 153.73	$ 84.06	$ 100.48	$ 84.06
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 43.32	not contracted	$ 56.15	not contracted	$ 58.16	not contracted	$ 40.11	not contracted	$ 48.13	$ 33.55	$ 61.37	not contracted	$ 61.37	$ 33.55	$ 40.11	$ 33.55
		INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200	J0744		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISH	PRIMARY PROCEDURE	D0180		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
D2330	RESIN-ONE SURFACE, ANTERIOR	PRIMARY PROCEDURE	D2330		$ 61.79	not contracted	$ 80.09	not contracted	$ 82.95	not contracted	$ 57.21	not contracted	$ 68.65	INCLUDED IN M-CAL OP DENTAL RATE	$ 87.53	not contracted	$ 87.53	INCLUDED IN M-CAL OP DENTAL RATE	$ 57.21	INCLUDED IN M-CAL OP DENTAL RATE
		ORAL HYGIENE INSTRUCTION	D1330		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		$ 37.80	not contracted	$ 49.00	not contracted	$ 50.75	not contracted	$ 35.00	not contracted	$ 42.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 53.55	not contracted	$ 53.55	INCLUDED IN M-CAL OP DENTAL RATE	$ 35.00	INCLUDED IN M-CAL OP DENTAL RATE
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH	PRIMARY PROCEDURE	36590		$ 248.00	not contracted	$ 321.48	not contracted	$ 332.96	not contracted	$ 229.63	not contracted	$ 275.56	$ 192.11	$ 351.33	not contracted	$ 351.33	$ 192.11	$ 229.63	$ 192.11
		REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	49422		$ 487.35	not contracted	$ 631.75	not contracted	$ 654.31	not contracted	$ 451.25	not contracted	$ 541.50	$ 377.51	$ 690.41	not contracted	$ 690.41	$ 377.51	$ 451.25	$ 377.51
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
67311	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; 1	PRIMARY PROCEDURE	67311		$ 807.45	not contracted	$ 1,046.70	not contracted	$ 1,084.08	not contracted	$ 747.64	not contracted	$ 897.17	$ 625.46	$ 1,143.89	not contracted	$ 1,143.89	$ 625.46	$ 747.64	$ 625.46
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMU	PRIMARY PROCEDURE	51715		$ 253.20	not contracted	$ 328.22	not contracted	$ 339.94	not contracted	$ 234.44	not contracted	$ 281.33	$ 196.13	$ 358.69	not contracted	$ 358.69	$ 196.13	$ 234.44	$ 196.13
		ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URET	00910		$ 58.82	not contracted	$ 76.24	not contracted	$ 78.97	not contracted	$ 54.46	not contracted	$ 65.35	$ 45.56	$ 83.32	not contracted	$ 83.32	$ 45.56	$ 54.46	$ 45.56
		IMPLANTABLE/INSERTABLE DEVICE, NOT OTHERWISE CLASSIFIED	C1889		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		$ 10.45	not contracted	$ 13.55	not contracted	$ 14.04	not contracted	$ 9.68	not contracted	$ 11.62	$ 8.10	$ 14.81	not contracted	$ 14.81	$ 8.10	$ 9.68	$ 8.10
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		$ 4.03	not contracted	$ 5.22	not contracted	$ 5.41	not contracted	$ 3.73	not contracted	$ 4.48	$ 3.12	$ 5.71	not contracted	$ 5.71	$ 3.12	$ 3.73	$ 3.12
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		$ 3.81	not contracted	$ 4.94	not contracted	$ 5.12	not contracted	$ 3.53	not contracted	$ 4.24	$ 2.95	$ 5.40	not contracted	$ 5.40	$ 2.95	$ 3.53	$ 2.95
		BLOOD TYPING, SEROLOGIC; ABO	86900		$ 3.68	not contracted	$ 4.77	not contracted	$ 4.94	not contracted	$ 3.41	not contracted	$ 4.09	$ 2.86	$ 5.22	not contracted	$ 5.22	$ 2.86	$ 3.41	$ 2.86
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TI	PRIMARY PROCEDURE	76826		$ 92.25	not contracted	$ 119.59	not contracted	$ 123.86	not contracted	$ 85.42	not contracted	$ 102.50	$ 71.46	$ 130.69	not contracted	$ 130.69	$ 71.46	$ 85.42	$ 71.46
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99215		$ 88.61	not contracted	$ 114.87	not contracted	$ 118.97	not contracted	$ 82.05	not contracted	$ 98.46	$ 68.64	$ 125.54	not contracted	$ 125.54	$ 68.64	$ 82.05	$ 68.64
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPOR	PRIMARY PROCEDURE	D5899		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		$ 37.80	not contracted	$ 49.00	not contracted	$ 50.75	not contracted	$ 35.00	not contracted	$ 42.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 53.55	not contracted	$ 53.55	INCLUDED IN M-CAL OP DENTAL RATE	$ 35.00	INCLUDED IN M-CAL OP DENTAL RATE
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TO	PRIMARY PROCEDURE	11765		$ 81.91	not contracted	$ 106.18	not contracted	$ 109.97	not contracted	$ 75.84	not contracted	$ 91.01	$ 63.44	$ 116.04	not contracted	$ 116.04	$ 63.44	$ 75.84	$ 63.44
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99202		$ 53.14	not contracted	$ 68.88	not contracted	$ 71.34	not contracted	$ 49.20	not contracted	$ 59.04	$ 41.16	$ 75.28	not contracted	$ 75.28	$ 41.16	$ 49.20	$ 41.16
46280	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTUL	PRIMARY PROCEDURE	46280		$ 602.69	not contracted	$ 781.27	not contracted	$ 809.17	not contracted	$ 558.05	not contracted	$ 669.66	$ 466.86	$ 853.82	not contracted	$ 853.82	$ 466.86	$ 558.05	$ 466.86
		ANESTHESIA FOR; ANORECTAL PROCEDURE	00902		$ 78.35	not contracted	$ 101.57	not contracted	$ 105.20	not contracted	$ 72.55	not contracted	$ 87.06	$ 60.70	$ 111.00	not contracted	$ 111.00	$ 60.70	$ 72.55	$ 60.70
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
66991	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAO	PRIMARY PROCEDURE	66991		$ 920.49	not contracted	$ 1,193.23	not contracted	$ 1,235.85	not contracted	$ 852.31	not contracted	$ 1,022.77	$ 713.03	$ 1,304.03	not contracted	$ 1,304.03	$ 713.03	$ 852.31	$ 713.03
		OCULAR IMPLANT, AQUEOUS DRAINAGE ASSIST DEVICE	C1783		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		$ 4.04	not contracted	$ 5.24	not contracted	$ 5.42	not contracted	$ 3.74	not contracted	$ 4.49	$ 3.13	$ 5.72	not contracted	$ 5.72	$ 3.13	$ 3.74	$ 3.13
90472	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	PRIMARY PROCEDURE	90472		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		$ 58.09	not contracted	$ 75.31	not contracted	$ 78.00	not contracted	$ 53.79	not contracted	$ 64.55	$ 45.00	$ 82.30	not contracted	$ 82.30	$ 45.00	$ 53.79	$ 45.00

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
87522	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	PRIMARY PROCEDURE	87522		$ 48.82	not contracted	$ 63.28	not contracted	$ 65.54	not contracted	$ 45.20	not contracted	$ 54.24	$ 37.81	$ 69.16	not contracted	$ 69.16	$ 37.81	$ 45.20	$ 37.81
		MOST RECENT HEMOGLOBIN A1C (HBA1C) LEVEL LESS THAN 7.0%	3044F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE T	80053		$ 14.23	not contracted	$ 18.45	not contracted	$ 19.11	not contracted	$ 13.18	not contracted	$ 15.82	$ 11.03	$ 20.17	not contracted	$ 20.17	$ 11.03	$ 13.18	$ 11.03
		LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOL	80061		$ 17.87	not contracted	$ 23.17	not contracted	$ 24.00	not contracted	$ 16.55	not contracted	$ 19.86	$ 13.85	$ 25.32	not contracted	$ 25.32	$ 13.85	$ 16.55	$ 13.85
		ANTIBODY; TREPONEMA PALLIDUM	86780		$ 17.66	not contracted	$ 22.89	not contracted	$ 23.71	not contracted	$ 16.35	not contracted	$ 19.62	$ 13.68	$ 25.02	not contracted	$ 25.02	$ 13.68	$ 16.35	$ 13.68
		ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	86703		$ 18.53	not contracted	$ 24.02	not contracted	$ 24.88	not contracted	$ 17.16	not contracted	$ 20.59	$ 14.35	$ 26.25	not contracted	$ 26.25	$ 14.35	$ 17.16	$ 14.35
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		$ 10.45	not contracted	$ 13.55	not contracted	$ 14.04	not contracted	$ 9.68	not contracted	$ 11.62	$ 8.10	$ 14.81	not contracted	$ 14.81	$ 8.10	$ 9.68	$ 8.10
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHN	87340		$ 14.13	not contracted	$ 18.31	not contracted	$ 18.97	not contracted	$ 13.08	not contracted	$ 15.70	$ 10.94	$ 20.01	not contracted	$ 20.01	$ 10.94	$ 13.08	$ 10.94
		HEMOGLOBIN; GLYCOSYLATED (A1C)	83036		$ 13.23	not contracted	$ 17.15	not contracted	$ 17.76	not contracted	$ 12.25	not contracted	$ 14.70	$ 10.25	$ 18.74	not contracted	$ 18.74	$ 10.25	$ 12.25	$ 10.25
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
55040	EXCISION OF HYDROCELE; UNILATERAL	PRIMARY PROCEDURE	55040		$ 461.40	not contracted	$ 598.11	not contracted	$ 619.47	not contracted	$ 427.22	not contracted	$ 512.66	$ 357.41	$ 653.65	not contracted	$ 653.65	$ 357.41	$ 427.22	$ 357.41
		ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING	00920		$ 58.82	not contracted	$ 76.24	not contracted	$ 78.97	not contracted	$ 54.46	not contracted	$ 65.35	$ 45.56	$ 83.32	not contracted	$ 83.32	$ 45.56	$ 54.46	$ 45.56
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		$ 32.44	not contracted	$ 42.06	not contracted	$ 43.56	not contracted	$ 30.04	not contracted	$ 36.05	$ 25.13	$ 45.96	not contracted	$ 45.96	$ 25.13	$ 30.04	$ 25.13

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY	88300		$ 12.97	not contracted	$ 16.81	not contracted	$ 17.41	not contracted	$ 12.01	not contracted	$ 14.41	$ 10.04	$ 18.38	not contracted	$ 18.38	$ 10.04	$ 12.01	$ 10.04
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
58260	VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	PRIMARY PROCEDURE	58260		$ 1,255.93	not contracted	$ 1,628.06	not contracted	$ 1,686.21	not contracted	$ 1,162.90	not contracted	$ 1,395.48	$ 972.86	$ 1,779.24	not contracted	$ 1,779.24	$ 972.86	$ 1,162.90	$ 972.86
		CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	52000		$ 134.38	not contracted	$ 174.20	not contracted	$ 180.42	not contracted	$ 124.43	not contracted	$ 149.32	$ 104.10	$ 190.38	not contracted	$ 190.38	$ 104.10	$ 124.43	$ 104.10
		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF	00944		$ 117.62	not contracted	$ 152.47	not contracted	$ 157.92	not contracted	$ 108.91	not contracted	$ 130.69	$ 91.12	$ 166.63	not contracted	$ 166.63	$ 91.12	$ 108.91	$ 91.12
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		$ 135.77	not contracted	$ 175.99	not contracted	$ 182.28	not contracted	$ 125.71	not contracted	$ 150.85	$ 105.17	$ 192.34	not contracted	$ 192.34	$ 105.17	$ 125.71	$ 105.17
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		INJECTION, ACETAMINOPHEN, 10 MG	J0131		$ 6.99	not contracted	$ 9.06	not contracted	$ 9.38	not contracted	$ 6.47	not contracted	$ 7.76	$ 5.41	$ 9.90	not contracted	$ 9.90	$ 5.41	$ 6.47	$ 5.41
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		$ 14.29	not contracted	$ 18.52	not contracted	$ 19.18	not contracted	$ 13.23	not contracted	$ 15.88	$ 11.06	$ 20.24	not contracted	$ 20.24	$ 11.06	$ 13.23	$ 11.06
		INJECTION, METRONIDAZOLE, 10 MG EFF. DATE: 7/1/2023	J1836		$ 0.04	not contracted	$ 0.06	not contracted	$ 0.06	not contracted	$ 0.04	not contracted	$ 0.05	$ 0.04	$ 0.06	not contracted	$ 0.06	$ 0.04	$ 0.04	$ 0.04
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		$ 7.99	not contracted	$ 10.36	not contracted	$ 10.73	not contracted	$ 7.40	not contracted	$ 8.88	$ 6.19	$ 11.32	not contracted	$ 11.32	$ 6.19	$ 7.40	$ 6.19
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
31575	LARYNGOSCOPY, FLEXIBLE; DIAGNOSTIC	PRIMARY PROCEDURE	31575		$ 119.39	not contracted	$ 154.77	not contracted	$ 160.30	not contracted	$ 110.55	not contracted	$ 132.66	$ 92.48	$ 169.14	not contracted	$ 169.14	$ 92.48	$ 110.55	$ 92.48
93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERA	PRIMARY PROCEDURE	93580		$ 935.56	not contracted	$ 1,212.76	not contracted	$ 1,256.08	not contracted	$ 866.26	not contracted	$ 1,039.51	$ 724.70	$ 1,325.38	not contracted	$ 1,325.38	$ 724.70	$ 866.26	$ 724.70
		GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE	84702		$ 20.51	not contracted	$ 26.59	not contracted	$ 27.54	not contracted	$ 18.99	not contracted	$ 22.79	$ 15.89	$ 29.05	not contracted	$ 29.05	$ 15.89	$ 18.99	$ 15.89
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		$ 11.26	not contracted	$ 14.60	not contracted	$ 15.12	not contracted	$ 10.43	not contracted	$ 12.52	$ 8.72	$ 15.96	not contracted	$ 15.96	$ 8.72	$ 10.43	$ 8.72
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		$ 7.32	not contracted	$ 9.49	not contracted	$ 9.83	not contracted	$ 6.78	not contracted	$ 8.14	$ 5.68	$ 10.37	not contracted	$ 10.37	$ 5.68	$ 6.78	$ 5.68
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		$ 8.85	not contracted	$ 11.47	not contracted	$ 11.88	not contracted	$ 8.19	not contracted	$ 9.83	$ 6.85	$ 12.53	not contracted	$ 12.53	$ 6.85	$ 8.19	$ 6.85
		PROTHROMBIN TIME;	85610		$ 5.41	not contracted	$ 7.01	not contracted	$ 7.26	not contracted	$ 5.01	not contracted	$ 6.01	$ 4.19	$ 7.67	not contracted	$ 7.67	$ 4.19	$ 5.01	$ 4.19
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECI	PRIMARY PROCEDURE	J3301		$ 8.59	not contracted	$ 11.13	not contracted	$ 11.53	not contracted	$ 7.95	not contracted	$ 9.54	$ 6.65	$ 12.16	not contracted	$ 12.16	$ 6.65	$ 7.95	$ 6.65
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		$ 29.05	not contracted	$ 37.66	not contracted	$ 39.01	not contracted	$ 26.90	not contracted	$ 32.28	$ 22.50	$ 41.16	not contracted	$ 41.16	$ 22.50	$ 26.90	$ 22.50
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99396		$ 170.25	not contracted	$ 220.70	not contracted	$ 228.58	not contracted	$ 157.64	not contracted	$ 189.17	$ 131.88	$ 241.19	not contracted	$ 241.19	$ 131.88	$ 157.64	$ 131.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
15822	BLEPHAROPLASTY, UPPER EYELID;	PRIMARY PROCEDURE	15822		$ 522.53	not contracted	$ 677.35	not contracted	$ 701.54	not contracted	$ 483.82	not contracted	$ 580.58	$ 404.76	$ 740.24	not contracted	$ 740.24	$ 404.76	$ 483.82	$ 404.76
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92014		$ 59.53	not contracted	$ 77.17	not contracted	$ 79.92	not contracted	$ 55.12	not contracted	$ 66.14	$ 46.12	$ 84.33	not contracted	$ 84.33	$ 46.12	$ 55.12	$ 46.12
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	PRIMARY PROCEDURE	D1206		child 0 to 5: $19.44 child 6 to 20: $8.64	not contracted	child 0 to 5: $25.20 child 6 to 20: $11.20	not contracted	child 0 to 5: $26.10 child 6 to 20: $11.60	not contracted	child 0 to 5: $18.00 child 6 to 20: $8.00	not contracted	child 0 to 5: $21.60 child 6 to 20: $9.60	INCLUDED IN M-CAL OP DENTAL RATE	child 0 to 5: $27.54 child 6 to 20: $12.24	not contracted	child 0 to 5: $27.54 child 6 to 20: $12.24	INCLUDED IN M-CAL OP DENTAL RATE	child 0 to 5: $18.00 child 6 to 20: $8.00	INCLUDED IN M-CAL OP DENTAL RATE
		PROPHYLAXIS-CHILD	D1120		$ 32.40	not contracted	$ 42.00	not contracted	$ 43.50	not contracted	$ 30.00	not contracted	$ 36.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 45.90	not contracted	$ 45.90	INCLUDED IN M-CAL OP DENTAL RATE	$ 30.00	INCLUDED IN M-CAL OP DENTAL RATE
		CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	D0603		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	not contracted	$ -	INCLUDED IN M-CAL OP DENTAL RATE	$ -	INCLUDED IN M-CAL OP DENTAL RATE
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		$ 16.20	not contracted	$ 21.00	not contracted	$ 21.75	not contracted	$ 15.00	not contracted	$ 18.00	INCLUDED IN M-CAL OP DENTAL RATE	$ 22.95	not contracted	$ 22.95	INCLUDED IN M-CAL OP DENTAL RATE	$ 15.00	INCLUDED IN M-CAL OP DENTAL RATE
52204	CYSTOURETHROSCOPY, WITH BIOPSY(S)	PRIMARY PROCEDURE	52204		$ 211.66	not contracted	$ 274.37	not contracted	$ 284.17	not contracted	$ 195.98	not contracted	$ 235.18	$ 163.96	$ 299.85	not contracted	$ 299.85	$ 163.96	$ 195.98	$ 163.96
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE	88112		$ 94.37	not contracted	$ 122.33	not contracted	$ 126.70	not contracted	$ 87.38	not contracted	$ 104.86	$ 73.10	$ 133.69	not contracted	$ 133.69	$ 73.10	$ 87.38	$ 73.10
		CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	52000		$ 134.38	not contracted	$ 174.20	not contracted	$ 180.42	not contracted	$ 124.43	not contracted	$ 149.32	$ 104.10	$ 190.38	not contracted	$ 190.38	$ 104.10	$ 124.43	$ 104.10
57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN	PRIMARY PROCEDURE	57460		$ 289.65	not contracted	$ 375.47	not contracted	$ 388.88	not contracted	$ 268.19	not contracted	$ 321.83	$ 224.36	$ 410.33	not contracted	$ 410.33	$ 224.36	$ 268.19	$ 224.36
		COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN	57456		$ 116.18	not contracted	$ 150.60	not contracted	$ 155.98	not contracted	$ 107.57	not contracted	$ 129.08	$ 89.99	$ 164.58	not contracted	$ 164.58	$ 89.99	$ 107.57	$ 89.99
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 28.04	not contracted	$ 36.34	not contracted	$ 37.64	not contracted	$ 25.96	not contracted	$ 31.15	$ 21.72	$ 39.72	not contracted	$ 39.72	$ 21.72	$ 25.96	$ 21.72
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		$ 135.77	not contracted	$ 175.99	not contracted	$ 182.28	not contracted	$ 125.71	not contracted	$ 150.85	$ 105.17	$ 192.34	not contracted	$ 192.34	$ 105.17	$ 125.71	$ 105.17
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		$ 6.96	not contracted	$ 9.02	not contracted	$ 9.34	not contracted	$ 6.44	not contracted	$ 7.73	$ 5.39	$ 9.85	not contracted	$ 9.85	$ 5.39	$ 6.44	$ 5.39
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (S	PRIMARY PROCEDURE	31231		$ 76.13	not contracted	$ 98.69	not contracted	$ 102.21	not contracted	$ 70.49	not contracted	$ 84.59	$ 58.97	$ 107.85	not contracted	$ 107.85	$ 58.97	$ 70.49	$ 58.97
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY	PRIMARY PROCEDURE	11200		$ 49.03	not contracted	$ 63.56	not contracted	$ 65.83	not contracted	$ 45.40	not contracted	$ 54.48	$ 37.98	$ 69.46	not contracted	$ 69.46	$ 37.98	$ 45.40	$ 37.98
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
46020	PLACEMENT OF SETON	PRIMARY PROCEDURE	46020		$ 298.18	not contracted	$ 386.53	not contracted	$ 400.33	not contracted	$ 276.09	not contracted	$ 331.31	$ 230.98	$ 422.42	not contracted	$ 422.42	$ 230.98	$ 276.09	$ 230.98
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	PRIMARY PROCEDURE	92700		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		BASIC VESTIBULAR EVALUATION, INCLUDES SPONTANEOUS NYSTA	92540		$ 127.23	not contracted	$ 164.93	not contracted	$ 170.82	not contracted	$ 117.81	not contracted	$ 141.37	$ 98.56	$ 180.25	not contracted	$ 180.25	$ 98.56	$ 117.81	$ 98.56
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN	PRIMARY PROCEDURE	11406		$ 299.32	not contracted	$ 388.01	not contracted	$ 401.87	not contracted	$ 277.15	not contracted	$ 332.58	$ 231.86	$ 424.04	not contracted	$ 424.04	$ 231.86	$ 277.15	$ 231.86
		REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK A	12032		$ 141.89	not contracted	$ 183.93	not contracted	$ 190.50	not contracted	$ 131.38	not contracted	$ 157.66	$ 109.91	$ 201.01	not contracted	$ 201.01	$ 109.91	$ 131.38	$ 109.91
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 28.04	not contracted	$ 36.34	not contracted	$ 37.64	not contracted	$ 25.96	not contracted	$ 31.15	$ 21.72	$ 39.72	not contracted	$ 39.72	$ 21.72	$ 25.96	$ 21.72
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	PRIMARY PROCEDURE	76819		$ 119.13	not contracted	$ 154.43	not contracted	$ 159.95	not contracted	$ 110.31	not contracted	$ 132.37	$ 92.28	$ 168.77	not contracted	$ 168.77	$ 92.28	$ 110.31	$ 92.28
		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	76811		$ 245.82	not contracted	$ 318.65	not contracted	$ 330.03	not contracted	$ 227.61	not contracted	$ 273.13	$ 190.42	$ 348.24	not contracted	$ 348.24	$ 190.42	$ 227.61	$ 190.42
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPUR	PRIMARY PROCEDURE	10060		$ 65.75	not contracted	$ 85.23	not contracted	$ 88.28	not contracted	$ 60.88	not contracted	$ 73.06	$ 50.93	$ 93.15	not contracted	$ 93.15	$ 50.93	$ 60.88	$ 50.93
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
J0897	INJECTION, DENOSUMAB, 1 MG	PRIMARY PROCEDURE	J0897		$ 45.93	not contracted	$ 59.54	not contracted	$ 61.67	not contracted	$ 42.53	not contracted	$ 51.04	$ 35.58	$ 65.07	not contracted	$ 65.07	$ 35.58	$ 42.53	$ 35.58
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		$ 29.05	not contracted	$ 37.66	not contracted	$ 39.01	not contracted	$ 26.90	not contracted	$ 32.28	$ 22.50	$ 41.16	not contracted	$ 41.16	$ 22.50	$ 26.90	$ 22.50
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
90611	SMALLPOX AND MONKEYPOX VACCINE, ATTENUATED VACCINIA VIR	PRIMARY PROCEDURE	90611		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 6.91	not contracted	$ 8.96	not contracted	$ 9.28	not contracted	$ 6.40	not contracted	$ 7.68	$ 5.35	$ 9.79	not contracted	$ 9.79	$ 5.35	$ 6.40	$ 5.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 18.59	not contracted	$ 24.09	not contracted	$ 24.95	not contracted	$ 17.21	not contracted	$ 20.65	$ 14.40	$ 26.33	not contracted	$ 26.33	$ 14.40	$ 17.21	$ 14.40
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCE	PRIMARY PROCEDURE	65800		$ 121.71	not contracted	$ 157.77	not contracted	$ 163.40	not contracted	$ 112.69	not contracted	$ 135.23	$ 94.27	$ 172.42	not contracted	$ 172.42	$ 94.27	$ 112.69	$ 94.27
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS	PRIMARY PROCEDURE	11900		$ 32.88	not contracted	$ 42.62	not contracted	$ 44.14	not contracted	$ 30.44	not contracted	$ 36.53	$ 25.46	$ 46.57	not contracted	$ 46.57	$ 25.46	$ 30.44	$ 25.46
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEU	PRIMARY PROCEDURE	20550		$ 70.93	not contracted	$ 91.95	not contracted	$ 95.24	not contracted	$ 65.68	not contracted	$ 78.82	$ 54.95	$ 100.49	not contracted	$ 100.49	$ 54.95	$ 65.68	$ 54.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 28.04	not contracted	$ 36.34	not contracted	$ 37.64	not contracted	$ 25.96	not contracted	$ 31.15	$ 21.72	$ 39.72	not contracted	$ 39.72	$ 21.72	$ 25.96	$ 21.72
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTUR	PRIMARY PROCEDURE	25609		$ 1,302.85	not contracted	$ 1,688.88	not contracted	$ 1,749.19	not contracted	$ 1,206.34	not contracted	$ 1,447.61	$ 1,009.21	$ 1,845.70	not contracted	$ 1,845.70	$ 1,009.21	$ 1,206.34	$ 1,009.21
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC	01830		$ 58.82	not contracted	$ 76.24	not contracted	$ 78.97	not contracted	$ 54.46	not contracted	$ 65.35	$ 45.56	$ 83.32	not contracted	$ 83.32	$ 45.56	$ 54.46	$ 45.56
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 43.32	not contracted	$ 56.15	not contracted	$ 58.16	not contracted	$ 40.11	not contracted	$ 48.13	$ 33.55	$ 61.37	not contracted	$ 61.37	$ 33.55	$ 40.11	$ 33.55
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPL	PRIMARY PROCEDURE	33270		$ 788.41	not contracted	$ 1,022.01	not contracted	$ 1,058.51	not contracted	$ 730.01	not contracted	$ 876.01	$ 610.72	$ 1,116.92	not contracted	$ 1,116.92	$ 610.72	$ 730.01	$ 610.72
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		$ 25.40	not contracted	$ 32.93	not contracted	$ 34.10	not contracted	$ 23.52	not contracted	$ 28.22	$ 19.68	$ 35.99	not contracted	$ 35.99	$ 19.68	$ 23.52	$ 19.68
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		$ 27.38	not contracted	$ 35.49	not contracted	$ 36.76	not contracted	$ 25.35	not contracted	$ 30.42	$ 21.20	$ 38.79	not contracted	$ 38.79	$ 21.20	$ 25.35	$ 21.20
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		$ 11.26	not contracted	$ 14.60	not contracted	$ 15.12	not contracted	$ 10.43	not contracted	$ 12.52	$ 8.72	$ 15.96	not contracted	$ 15.96	$ 8.72	$ 10.43	$ 8.72
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		$ 8.85	not contracted	$ 11.47	not contracted	$ 11.88	not contracted	$ 8.19	not contracted	$ 9.83	$ 6.85	$ 12.53	not contracted	$ 12.53	$ 6.85	$ 8.19	$ 6.85
		PROTHROMBIN TIME;	85610		$ 5.41	not contracted	$ 7.01	not contracted	$ 7.26	not contracted	$ 5.01	not contracted	$ 6.01	$ 4.19	$ 7.67	not contracted	$ 7.67	$ 4.19	$ 5.01	$ 4.19
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER	PRIMARY PROCEDURE	75630		$ 220.32	not contracted	$ 285.60	not contracted	$ 295.80	not contracted	$ 204.00	not contracted	$ 244.80	$ 170.66	$ 312.12	not contracted	$ 312.12	$ 170.66	$ 204.00	$ 170.66

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE SERVICES BY PROCEDURE[1]
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRA	76937		$ 43.61	not contracted	$ 56.53	not contracted	$ 58.55	not contracted	$ 40.38	not contracted	$ 48.46	$ 33.78	$ 61.78	not contracted	$ 61.78	$ 33.78	$ 40.38	$ 33.78
		SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL	36247		$ 448.71	not contracted	$ 581.66	not contracted	$ 602.43	not contracted	$ 415.47	not contracted	$ 498.56	$ 347.58	$ 635.67	not contracted	$ 635.67	$ 347.58	$ 415.47	$ 347.58
		GUIDE WIRE	C1769		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		$ 7.32	not contracted	$ 9.49	not contracted	$ 9.83	not contracted	$ 6.78	not contracted	$ 8.14	$ 5.68	$ 10.37	not contracted	$ 10.37	$ 5.68	$ 6.78	$ 5.68
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDIN	PRIMARY PROCEDURE	64616		$ 140.15	not contracted	$ 181.68	not contracted	$ 188.17	not contracted	$ 129.77	not contracted	$ 155.72	$ 108.56	$ 198.55	not contracted	$ 198.55	$ 108.56	$ 129.77	$ 108.56
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 37.18	not contracted	$ 48.20	not contracted	$ 49.92	not contracted	$ 34.43	not contracted	$ 41.32	$ 28.80	$ 52.68	not contracted	$ 52.68	$ 28.80	$ 34.43	$ 28.80
36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT	PRIMARY PROCEDURE	36830		$ 901.45	not contracted	$ 1,168.55	not contracted	$ 1,210.29	not contracted	$ 834.68	not contracted	$ 1,001.62	$ 698.28	$ 1,277.06	not contracted	$ 1,277.06	$ 698.28	$ 834.68	$ 698.28
		ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY T	01844		$ 117.62	not contracted	$ 152.47	not contracted	$ 157.92	not contracted	$ 108.91	not contracted	$ 130.69	$ 91.12	$ 166.63	not contracted	$ 166.63	$ 91.12	$ 108.91	$ 91.12
		BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANEL MUS	80047		$ 12.66	not contracted	$ 16.41	not contracted	$ 16.99	not contracted	$ 11.72	not contracted	$ 14.06	$ 9.80	$ 17.93	not contracted	$ 17.93	$ 9.80	$ 11.72	$ 9.80
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		$ 11.26	not contracted	$ 14.60	not contracted	$ 15.12	not contracted	$ 10.43	not contracted	$ 12.52	$ 8.72	$ 15.96	not contracted	$ 15.96	$ 8.72	$ 10.43	$ 8.72
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		$ 7.32	not contracted	$ 9.49	not contracted	$ 9.83	not contracted	$ 6.78	not contracted	$ 8.14	$ 5.68	$ 10.37	not contracted	$ 10.37	$ 5.68	$ 6.78	$ 5.68

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE SERVICES BY PROCEDURE[1]
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, LABETALOL HYDROCHLORIDE, 5 MG EFF. DATE: 7/	J1920		$ 0.26	not contracted	$ 0.34	not contracted	$ 0.35	not contracted	$ 0.24	not contracted	$ 0.29	$ 0.20	$ 0.37	not contracted	$ 0.37	$ 0.20	$ 0.24	$ 0.20
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		$ 4.04	not contracted	$ 5.24	not contracted	$ 5.42	not contracted	$ 3.74	not contracted	$ 4.49	$ 3.13	$ 5.72	not contracted	$ 5.72	$ 3.13	$ 3.74	$ 3.13
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		$ 4.03	not contracted	$ 5.22	not contracted	$ 5.41	not contracted	$ 3.73	not contracted	$ 4.48	$ 3.12	$ 5.71	not contracted	$ 5.71	$ 3.12	$ 3.73	$ 3.12
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		$ 3.81	not contracted	$ 4.94	not contracted	$ 5.12	not contracted	$ 3.53	not contracted	$ 4.24	$ 2.95	$ 5.40	not contracted	$ 5.40	$ 2.95	$ 3.53	$ 2.95
		BLOOD TYPING, SEROLOGIC; ABO	86900		$ 3.68	not contracted	$ 4.77	not contracted	$ 4.94	not contracted	$ 3.41	not contracted	$ 4.09	$ 2.86	$ 5.22	not contracted	$ 5.22	$ 2.86	$ 3.41	$ 2.86
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
37228	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS,	PRIMARY PROCEDURE	37228		$ 736.24	not contracted	$ 954.38	not contracted	$ 988.47	not contracted	$ 681.70	not contracted	$ 818.04	$ 570.30	$ 1,043.00	not contracted	$ 1,043.00	$ 570.30	$ 681.70	$ 570.30
		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS,	37224		$ 603.37	not contracted	$ 782.15	not contracted	$ 810.09	not contracted	$ 558.68	not contracted	$ 670.42	$ 467.39	$ 854.78	not contracted	$ 854.78	$ 467.39	$ 558.68	$ 467.39
		AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER	75630		$ 220.32	not contracted	$ 285.60	not contracted	$ 295.80	not contracted	$ 204.00	not contracted	$ 244.80	$ 170.66	$ 312.12	not contracted	$ 312.12	$ 170.66	$ 204.00	$ 170.66
		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRA	76937		$ 43.61	not contracted	$ 56.53	not contracted	$ 58.55	not contracted	$ 40.38	not contracted	$ 48.46	$ 33.78	$ 61.78	not contracted	$ 61.78	$ 33.78	$ 40.38	$ 33.78
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
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UPDATED AS OF 12/19/2024

					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		DISCHARGE MEDICATIONS RECONCILED WITH THE CURRENT MEDIC	1111F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		$ 7.32	not contracted	$ 9.49	not contracted	$ 9.83	not contracted	$ 6.78	not contracted	$ 8.14	$ 5.68	$ 10.37	not contracted	$ 10.37	$ 5.68	$ 6.78	$ 5.68
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF TUNNELED INTRA	PRIMARY PROCEDURE	49324		$ 482.64	not contracted	$ 625.65	not contracted	$ 647.99	not contracted	$ 446.89	not contracted	$ 536.27	$ 373.86	$ 683.74	not contracted	$ 683.74	$ 373.86	$ 446.89	$ 373.86
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDO	00790		$ 137.16	not contracted	$ 177.80	not contracted	$ 184.15	not contracted	$ 127.00	not contracted	$ 152.40	$ 106.25	$ 194.31	not contracted	$ 194.31	$ 106.25	$ 127.00	$ 106.25
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		$ 14.29	not contracted	$ 18.52	not contracted	$ 19.18	not contracted	$ 13.23	not contracted	$ 15.88	$ 11.06	$ 20.24	not contracted	$ 20.24	$ 11.06	$ 13.23	$ 11.06
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		$ 7.32	not contracted	$ 9.49	not contracted	$ 9.83	not contracted	$ 6.78	not contracted	$ 8.14	$ 5.68	$ 10.37	not contracted	$ 10.37	$ 5.68	$ 6.78	$ 5.68
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		$ 6.92	not contracted	$ 8.97	not contracted	$ 9.29	not contracted	$ 6.41	not contracted	$ 7.69	$ 5.36	$ 9.81	not contracted	$ 9.81	$ 5.36	$ 6.41	$ 5.36
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		$ 4.04	not contracted	$ 5.24	not contracted	$ 5.42	not contracted	$ 3.74	not contracted	$ 4.49	$ 3.13	$ 5.72	not contracted	$ 5.72	$ 3.13	$ 3.74	$ 3.13
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		$ 4.03	not contracted	$ 5.22	not contracted	$ 5.41	not contracted	$ 3.73	not contracted	$ 4.48	$ 3.12	$ 5.71	not contracted	$ 5.71	$ 3.12	$ 3.73	$ 3.12
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		$ 3.81	not contracted	$ 4.94	not contracted	$ 5.12	not contracted	$ 3.53	not contracted	$ 4.24	$ 2.95	$ 5.40	not contracted	$ 5.40	$ 2.95	$ 3.53	$ 2.95
93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG,	PRIMARY PROCEDURE	93503		$ 196.71	not contracted	$ 255.00	not contracted	$ 264.10	not contracted	$ 182.14	not contracted	$ 218.57	$ 152.38	$ 278.67	not contracted	$ 278.67	$ 152.38	$ 182.14	$ 152.38
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		$ 11.26	not contracted	$ 14.60	not contracted	$ 15.12	not contracted	$ 10.43	not contracted	$ 12.52	$ 8.72	$ 15.96	not contracted	$ 15.96	$ 8.72	$ 10.43	$ 8.72
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		$ 8.85	not contracted	$ 11.47	not contracted	$ 11.88	not contracted	$ 8.19	not contracted	$ 9.83	$ 6.85	$ 12.53	not contracted	$ 12.53	$ 6.85	$ 8.19	$ 6.85
		PROTHROMBIN TIME;	85610		$ 5.41	not contracted	$ 7.01	not contracted	$ 7.26	not contracted	$ 5.01	not contracted	$ 6.01	$ 4.19	$ 7.67	not contracted	$ 7.67	$ 4.19	$ 5.01	$ 4.19
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
49180	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS	PRIMARY PROCEDURE	49180		$ 387.00	not contracted	$ 501.66	not contracted	$ 519.58	not contracted	$ 358.33	not contracted	$ 430.00	$ 299.77	$ 548.24	not contracted	$ 548.24	$ 299.77	$ 358.33	$ 299.77
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG,	77012		$ 172.03	not contracted	$ 223.01	not contracted	$ 230.97	not contracted	$ 159.29	not contracted	$ 191.15	$ 133.26	$ 243.71	not contracted	$ 243.71	$ 133.26	$ 159.29	$ 133.26

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE SERVICES BY PROCEDURE[1]
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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 63.50	not contracted	$ 82.32	not contracted	$ 85.26	not contracted	$ 58.80	not contracted	$ 70.56	$ 49.19	$ 89.96	not contracted	$ 89.96	$ 49.19	$ 58.80	$ 49.19
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 83.33	not contracted	$ 108.02	not contracted	$ 111.88	not contracted	$ 77.16	not contracted	$ 92.59	$ 64.55	$ 118.05	not contracted	$ 118.05	$ 64.55	$ 77.16	$ 64.55
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY A	PRIMARY PROCEDURE	52317		$ 799.96	not contracted	$ 1,036.98	not contracted	$ 1,074.02	not contracted	$ 740.70	not contracted	$ 888.84	$ 619.66	$ 1,133.27	not contracted	$ 1,133.27	$ 619.66	$ 740.70	$ 619.66
		ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URET	00910		$ 58.82	not contracted	$ 76.24	not contracted	$ 78.97	not contracted	$ 54.46	not contracted	$ 65.35	$ 45.56	$ 83.32	not contracted	$ 83.32	$ 45.56	$ 54.46	$ 45.56
		CALCULUS; INFRARED SPECTROSCOPY	82365		$ 17.76	not contracted	$ 23.02	not contracted	$ 23.84	not contracted	$ 16.44	not contracted	$ 19.73	$ 13.75	$ 25.15	not contracted	$ 25.15	$ 13.75	$ 16.44	$ 13.75
		INJECTION, HYDRALAZINE HCL, UP TO 20 MG	J0360		$ 15.52	not contracted	$ 20.12	not contracted	$ 20.84	not contracted	$ 14.37	not contracted	$ 17.24	$ 12.02	$ 21.99	not contracted	$ 21.99	$ 12.02	$ 14.37	$ 12.02
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG EFFECTIVE DA	J0696		$ 7.60	not contracted	$ 9.86	not contracted	$ 10.21	not contracted	$ 7.04	not contracted	$ 8.45	$ 5.89	$ 10.77	not contracted	$ 10.77	$ 5.89	$ 7.04	$ 5.89
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		$ 14.29	not contracted	$ 18.52	not contracted	$ 19.18	not contracted	$ 13.23	not contracted	$ 15.88	$ 11.06	$ 20.24	not contracted	$ 20.24	$ 11.06	$ 13.23	$ 11.06
		INJECTION, LABETALOL HYDROCHLORIDE, 5 MG EFF. DATE: 7/	J1920		$ 0.26	not contracted	$ 0.34	not contracted	$ 0.35	not contracted	$ 0.24	not contracted	$ 0.29	$ 0.20	$ 0.37	not contracted	$ 0.37	$ 0.20	$ 0.24	$ 0.20
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, NITROGLYCERIN, 5 MG EFF. DATE: 7/1/2023	J2305		$ 2.24	not contracted	$ 2.90	not contracted	$ 3.00	not contracted	$ 2.07	not contracted	$ 2.48	$ 1.73	$ 3.17	not contracted	$ 3.17	$ 1.73	$ 2.07	$ 1.73
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOV	PRIMARY PROCEDURE	67042		$ 1,458.01	not contracted	$ 1,890.01	not contracted	$ 1,957.51	not contracted	$ 1,350.01	not contracted	$ 1,620.01	$ 1,129.40	$ 2,065.52	not contracted	$ 2,065.52	$ 1,129.40	$ 1,350.01	$ 1,129.40
		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	00145		$ 117.62	not contracted	$ 152.47	not contracted	$ 157.92	not contracted	$ 108.91	not contracted	$ 130.69	$ 91.12	$ 166.63	not contracted	$ 166.63	$ 91.12	$ 108.91	$ 91.12
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
87491	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	PRIMARY PROCEDURE	87491		$ 39.65	not contracted	$ 51.39	not contracted	$ 53.23	not contracted	$ 36.71	not contracted	$ 44.05	$ 30.71	$ 56.17	not contracted	$ 56.17	$ 30.71	$ 36.71	$ 30.71
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87591		$ 39.29	not contracted	$ 50.93	not contracted	$ 52.75	not contracted	$ 36.38	not contracted	$ 43.66	$ 30.43	$ 55.66	not contracted	$ 55.66	$ 30.43	$ 36.38	$ 30.43
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		ANTIBODY; TREPONEMA PALLIDUM	86780		$ 17.66	not contracted	$ 22.89	not contracted	$ 23.71	not contracted	$ 16.35	not contracted	$ 19.62	$ 13.68	$ 25.02	not contracted	$ 25.02	$ 13.68	$ 16.35	$ 13.68
		ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	86703		$ 18.53	not contracted	$ 24.02	not contracted	$ 24.88	not contracted	$ 17.16	not contracted	$ 20.59	$ 14.35	$ 26.25	not contracted	$ 26.25	$ 14.35	$ 17.16	$ 14.35
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		$ 10.45	not contracted	$ 13.55	not contracted	$ 14.04	not contracted	$ 9.68	not contracted	$ 11.62	$ 8.10	$ 14.81	not contracted	$ 14.81	$ 8.10	$ 9.68	$ 8.10

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					ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, INCLUDES INTERNA	PRIMARY PROCEDURE	23515		$ 587.70	not contracted	$ 761.84	not contracted	$ 789.05	not contracted	$ 544.17	not contracted	$ 653.00	$ 455.24	$ 832.58	not contracted	$ 832.58	$ 455.24	$ 544.17	$ 455.24
		ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; NOT	00450		$ 98.11	not contracted	$ 127.18	not contracted	$ 131.72	not contracted	$ 90.84	not contracted	$ 109.01	$ 76.00	$ 138.99	not contracted	$ 138.99	$ 76.00	$ 90.84	$ 76.00
		RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	73000		$ 32.19	not contracted	$ 41.73	not contracted	$ 43.22	not contracted	$ 29.81	not contracted	$ 35.77	$ 24.94	$ 45.61	not contracted	$ 45.61	$ 24.94	$ 29.81	$ 24.94
		RADIOLOGIC EXAMINATION, SHOULDER; 1 VIEW	73020		$ 26.81	not contracted	$ 34.75	not contracted	$ 35.99	not contracted	$ 24.82	not contracted	$ 29.78	$ 20.76	$ 37.97	not contracted	$ 37.97	$ 20.76	$ 24.82	$ 20.76
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		$ 8.18	not contracted	$ 10.60	not contracted	$ 10.98	not contracted	$ 7.57	not contracted	$ 9.08	$ 6.34	$ 11.58	not contracted	$ 11.58	$ 6.34	$ 7.57	$ 6.34
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		$ 7.10	not contracted	$ 9.20	not contracted	$ 9.53	not contracted	$ 6.57	not contracted	$ 7.88	$ 5.50	$ 10.05	not contracted	$ 10.05	$ 5.50	$ 6.57	$ 5.50
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		$ 7.13	not contracted	$ 9.24	not contracted	$ 9.57	not contracted	$ 6.60	not contracted	$ 7.92	$ 5.52	$ 10.10	not contracted	$ 10.10	$ 5.52	$ 6.60	$ 5.52
		INJECTION, NITROGLYCERIN, 5 MG EFF. DATE: 7/1/2023	J2305		$ 2.24	not contracted	$ 2.90	not contracted	$ 3.00	not contracted	$ 2.07	not contracted	$ 2.48	$ 1.73	$ 3.17	not contracted	$ 3.17	$ 1.73	$ 2.07	$ 1.73
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		$ 6.92	not contracted	$ 8.97	not contracted	$ 9.29	not contracted	$ 6.41	not contracted	$ 7.69	$ 5.36	$ 9.81	not contracted	$ 9.81	$ 5.36	$ 6.41	$ 5.36
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		$ 7.06	not contracted	$ 9.16	not contracted	$ 9.48	not contracted	$ 6.54	not contracted	$ 7.85	$ 5.47	$ 10.01	not contracted	$ 10.01	$ 5.47	$ 6.54	$ 5.47
		INJECTION, PROPOFOL, 10 MG	J2704		$ 0.18	not contracted	$ 0.24	not contracted	$ 0.25	not contracted	$ 0.17	not contracted	$ 0.20	$ 0.14	$ 0.26	not contracted	$ 0.26	$ 0.14	$ 0.17	$ 0.14
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		$ 8.45	not contracted	$ 10.95	not contracted	$ 11.34	not contracted	$ 7.82	not contracted	$ 9.38	$ 6.54	$ 11.96	not contracted	$ 11.96	$ 6.54	$ 7.82	$ 6.54
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	not contracted	$ -	$ -	$ -	not contracted	$ -	$ -	$ -	$ -

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		$ 3.77	not contracted	$ 4.89	not contracted	$ 5.06	not contracted	$ 3.49	not contracted	$ 4.19	$ 2.92	$ 5.34	not contracted	$ 5.34	$ 2.92	$ 3.49	$ 2.92
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBAC			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
55866	SURGICAL REMOVAL OF PROSTATE AND SURROUNDING LYMPH NODES USING AN ENDOSCOPE			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
59510	ROUTINE OBSTETRIC CARE FOR CESAREAN DELIVERY, INCLUDING PRE-AND POST-DELIVERY CARE			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
59610	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY AFTER PRIOR CESAREAN DELIVERY INCLUDING PRE-AND POST-			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
72148	MRI SCAN OF LOWER SPINAL CANAL			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
72193	CT SCAN, PELVIS, WITH CONTRAST			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
73721	MRI SCAN OF LEG JOINT			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
80069	RENAL FUNCTION PANEL			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
80076	HEPATIC FUNCTION PANEL			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	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	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
81003	URINALYSIS AUTO W/O SCOPE			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
84153	ASSAY OF PSA TOTAL			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
85730	THROMBOPLASTIN TIME PARTIAL			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
80055	OBSTETRIC PANEL			not performed	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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Primary Code	Service Category	Procedure Description	CPT Code	Note	Facility[2]	Professional[3]	Facility[2,4]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[3]	Facility[2]	Professional[5]	Facility[2,6]	Professional[3]	Facility[2,7]	Professional[5]	Facility[2]	Professional[5]
84154	ASSAY OF PSA FREE			not performed	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Footnotes:
1. Outpatient services presented are commonly provided by Health Services hospitals, excluding services which are not considered "shoppable".
2. Facility rates are based on the contract terms, using Medi-Cal Hospital Outpatient Fee Schedule published on September 15, 2024.
   Dental services' rates use Medi-Cal Dental Schedule of Maximum Allowances published on February 1, 2024, excluding supplemental payments.
3. Professional services are not contracted.
4. If the service is performed in an outpatient surgery setting, the facility rate will be 150.70% of Medi-Cal Hospital Outpatient Fee Schedule published on September 15, 2024 instead of current display rate at 140%.
5. Professional services are applied to Inpatient and Outpatient setting.
6. If the service is performed in an outpatient surgery setting, the facility rate will be 204% of Medi-Cal Hospital Outpatient Fee Schedule published on September 15, 2024 instead of current display rate at 153%.
7. Maximum facility rate: the highest rate for the service is performed in an outpatient surgery setting.