LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE[1]
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

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

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42820	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE 12	PRIMARY PROCEDURE	42820		$ 320.16	$ 520.26	$ 520.26	$ 320.16
		ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY;	00170		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87635		not available	not available	not available	not available
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		$ 11.84	$ 19.24	$ 19.24	$ 11.84
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, MORPHINE SULFATE, UP TO 10 MG EFFECTIVE DAT	J2270		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		not available	not available	not available	not available
		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT	J7642		not available	not available	not available	not available
43235	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; DIAGNO	PRIMARY PROCEDURE	43235		$ 129.34	$ 210.18	$ 210.18	$ 129.34
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
43239	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH B	PRIMARY PROCEDURE	43239		$ 145.83	$ 236.97	$ 236.97	$ 145.83
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

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45378	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION	PRIMARY PROCEDURE	45378		$ 193.07	$ 313.74	$ 313.74	$ 193.07
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
45380	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	PRIMARY PROCEDURE	45380		$ 209.90	$ 341.09	$ 341.09	$ 209.90
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
45385	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(	PRIMARY PROCEDURE	45385		$ 265.17	$ 430.90	$ 430.90	$ 265.17
		ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES,	00811		not available	not available	not available	not available
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
45391	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMI	PRIMARY PROCEDURE	45391		$ 269.13	$ 437.34	$ 437.34	$ 269.13
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	PRIMARY PROCEDURE	47562		$ 694.46	$ 1,128.50	$ 1,128.50	$ 694.46
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		$ 11.84	$ 19.24	$ 19.24	$ 11.84
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available

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		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		not available	not available	not available	not available
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; R	PRIMARY PROCEDURE	49505		$ 554.77	$ 901.50	$ 901.50	$ 554.77
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE,	PRIMARY PROCEDURE	55700		$ 135.57	$ 220.30	$ 220.30	$ 135.57
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		$ 102.80	$ 167.05	$ 167.05	$ 102.80
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	J1580		not available	not available	not available	not available

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		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGIN	PRIMARY PROCEDURE	59400		$ 2,543.07	$ 4,132.49	$ 4,132.49	$ 2,543.07
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	81000		not available	not available	not available	not available
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)	PRIMARY PROCEDURE	62322		$ 83.10	$ 135.04	$ 135.04	$ 83.10
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 15.47	$ 25.14	$ 25.14	$ 15.47
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		not available	not available	not available	not available
		INJECTION, BUPIVICAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	J0665		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECI	J3301		not available	not available	not available	not available
62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)	PRIMARY PROCEDURE	62323		$ 105.52	$ 171.47	$ 171.47	$ 105.52
64483	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRANS	PRIMARY PROCEDURE	64483		$ 119.32	$ 193.90	$ 193.90	$ 119.32
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED	PRIMARY PROCEDURE	66821		$ 347.74	$ 565.08	$ 565.08	$ 347.74
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAO	PRIMARY PROCEDURE	66984		$ 595.07	$ 966.99	$ 966.99	$ 595.07
		POSTERIOR CHAMBER INTRAOCULAR LENS	V2632		not available	not available	not available	not available
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MA	PRIMARY PROCEDURE	70450		$ 42.33	$ 68.79	$ 68.79	$ 42.33

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70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDI	PRIMARY PROCEDURE	70553		$ 113.98	$ 185.22	$ 185.22	$ 113.98
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF	PRIMARY PROCEDURE	72110		$ 13.22	$ 21.48	$ 21.48	$ 13.22
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST	PRIMARY PROCEDURE	74177		$ 90.63	$ 147.27	$ 147.27	$ 90.63
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	J9217		not available	not available	not available	not available
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATI	PRIMARY PROCEDURE	76700		$ 40.14	$ 65.23	$ 65.23	$ 40.14
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76805		$ 49.96	$ 81.19	$ 81.19	$ 49.96
		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	76811		$ 95.84	$ 155.74	$ 155.74	$ 95.84
76830	ULTRASOUND, TRANSVAGINAL	PRIMARY PROCEDURE	76830		$ 34.56	$ 56.16	$ 56.16	$ 34.56
		ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVI	58100		$ 65.64	$ 106.67	$ 106.67	$ 65.64
		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY	88147		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		not available	not available	not available	not available
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87522		not available	not available	not available	not available
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	88142		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	86703		not available	not available	not available	not available

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		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHN	87340		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), P	J1950		not available	not available	not available	not available
		INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	J2175		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECT	PRIMARY PROCEDURE	77066		$ 49.74	$ 80.83	$ 80.83	$ 49.74
		DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL OR	G0279		$ 29.85	$ 48.51	$ 48.51	$ 29.85
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH	PRIMARY PROCEDURE	77067		$ 38.01	$ 61.77	$ 61.77	$ 38.01
80048	BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	PRIMARY PROCEDURE	80048		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
80053	COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE T	PRIMARY PROCEDURE	80053		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
80061	LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOL	PRIMARY PROCEDURE	80061		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		HEMOGLOBIN; GLYCOSYLATED (A1C)	83036		not available	not available	not available	not available

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		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81000		not available	not available	not available	not available
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81001		not available	not available	not available	not available
84443	THYROID STIMULATING HORMONE (TSH)	PRIMARY PROCEDURE	84443		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	PRIMARY PROCEDURE	85025		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
85027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	PRIMARY PROCEDURE	85027		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90832		$ 71.63	$ 116.40	$ 116.40	$ 71.63
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90834		$ 94.81	$ 154.07	$ 154.07	$ 94.81
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90837		$ 139.91	$ 227.35	$ 227.35	$ 139.91
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50	PRIMARY PROCEDURE	90846		$ 102.18	$ 166.04	$ 166.04	$ 102.18
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99204		$ 140.61	$ 228.49	$ 228.49	$ 140.61
		TELEHEALTH TRANSMISSION, PER MINUTE, PROFESSIONAL SERVI	T1014		not available	not available	not available	not available
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PAT	PRIMARY PROCEDURE	90847		$ 106.79	$ 173.53	$ 173.53	$ 106.79
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GR	PRIMARY PROCEDURE	90853		$ 25.14	$ 40.85	$ 40.85	$ 25.14
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	PRIMARY PROCEDURE	93000		$ 15.89	$ 25.82	$ 25.82	$ 15.89

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		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		$ 102.80	$ 167.05	$ 167.05	$ 102.80
		WEIGHT RECORDED (PAG)	2001F		not available	not available	not available	not available
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		$ 7.38	$ 11.99	$ 11.99	$ 7.38
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL IN	PRIMARY PROCEDURE	93452		$ 236.82	$ 384.83	$ 384.83	$ 236.82
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME	85610		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WI	PRIMARY PROCEDURE	95810		$ 123.76	$ 201.11	$ 201.11	$ 123.76
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 37.18	$ 60.42	$ 60.42	$ 37.18

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					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES	PRIMARY PROCEDURE	97110		$ 32.53	$ 52.86	$ 52.86	$ 32.53
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99203		$ 86.20	$ 140.08	$ 140.08	$ 86.20
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99204		$ 140.61	$ 228.49	$ 228.49	$ 140.61
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99205		$ 191.38	$ 310.99	$ 310.99	$ 191.38
99243	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ES	PRIMARY PROCEDURE	99243		$ 93.18	$ 151.42	$ 151.42	$ 93.18
99244	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ES	PRIMARY PROCEDURE	99244		$ 142.29	$ 231.22	$ 231.22	$ 142.29
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99385		$ 98.76	$ 160.49	$ 160.49	$ 98.76
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99386		$ 119.80	$ 194.68	$ 194.68	$ 119.80
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
		DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECT	77065		$ 40.54	$ 65.88	$ 65.88	$ 40.54
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99212		$ 37.18	$ 60.42	$ 60.42	$ 37.18
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99214		$ 102.80	$ 167.05	$ 167.05	$ 102.80
G0463	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	PRIMARY PROCEDURE	G0463		not available	not available	not available	not available
99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99442		$ 69.42	$ 112.81	$ 112.81	$ 69.42

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	BLUE SHIELD TRIWEST (Commerical) Professional[2,4]	ANTHEM BLUE CROSS (Commercial) Professional[3,4]	Maximum Negotiated Rate Professional[2,3,4]	Minimum Negotiated Rate Professional[2,3,4]
99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99441		$ 36.95	$ 60.04	$ 60.04	$ 36.95
99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99443		$ 102.80	$ 167.05	$ 167.05	$ 102.80
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92012		$ 53.66	$ 87.20	$ 87.20	$ 53.66
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99202		$ 49.99	$ 81.23	$ 81.23	$ 49.99
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99215		$ 152.65	$ 248.06	$ 248.06	$ 152.65
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	PRIMARY PROCEDURE	D0140		not available	not available	not available	not available
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	PRIMARY PROCEDURE	96413		$ 151.62	$ 246.38	$ 246.38	$ 151.62
		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	96415		$ 31.69	$ 51.50	$ 51.50	$ 31.69
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVE	Q0163		not available	not available	not available	not available
		INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10	Q5103		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		not available	not available	not available	not available
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARA	PRIMARY PROCEDURE	67028		$ 98.58	$ 160.19	$ 160.19	$ 98.58
		INJECTION, BEVACIZUMAB, 0.25 MG	C9257		not available	not available	not available	not available
99392	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99392		not available	not available	not available	not available
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92014		$ 80.78	$ 131.27	$ 131.27	$ 80.78
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	PRIMARY PROCEDURE	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	BLUE SHIELD TRIWEST (Commerical) Professional[2,4]	ANTHEM BLUE CROSS (Commercial) Professional[3,4]	Maximum Negotiated Rate Professional[2,3,4]	Minimum Negotiated Rate Professional[2,3,4]
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		not available	not available	not available	not available
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99391		not available	not available	not available	not available
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	PRIMARY PROCEDURE	96372		$ 16.06	$ 26.10	$ 26.10	$ 16.06
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
98966	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY	PRIMARY PROCEDURE	98966		$ 12.08	$ 19.63	$ 19.63	$ 12.08
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAG	PRIMARY PROCEDURE	96365		$ 72.99	$ 118.61	$ 118.61	$ 72.99
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE I	J2916		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		not available	not available	not available	not available
99024	POSTOPERATIVE FOLLOW-UP VISIT, NORMALLY INCLUDED IN THE	PRIMARY PROCEDURE	99024		not available	not available	not available	not available
99393	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99393		not available	not available	not available	not available
98967	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY	PRIMARY PROCEDURE	98967		$ 23.37	$ 37.98	$ 37.98	$ 23.37
D0120	PERIODIC ORAL EVALUATION ESTABLISHED PATIENT	PRIMARY PROCEDURE	D0120		not available	not available	not available	not available
99394	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99394		not available	not available	not available	not available

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92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, PO	PRIMARY PROCEDURE	92134		$ 26.57	$ 43.18	$ 43.18	$ 26.57
99396	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99396		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WIT	PRIMARY PROCEDURE	49083		$ 110.53	$ 179.61	$ 179.61	$ 110.53
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	PRIMARY PROCEDURE	96900		$ 29.64	$ 48.17	$ 48.17	$ 29.64
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	PRIMARY PROCEDURE	92250		$ 22.05	$ 35.83	$ 35.83	$ 22.05
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99381		not available	not available	not available	not available
99606	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A	PRIMARY PROCEDURE	99606		not available	not available	not available	not available
99395	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99395		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AN	PRIMARY PROCEDURE	D7140		not available	not available	not available	not available
90694	INFLUENZA VIRUS VACCINE, QUADRIVALENT (AIIV4), INACTIVA	PRIMARY PROCEDURE	90694		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61

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		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		not available	not available	not available	not available
67228	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG,	PRIMARY PROCEDURE	67228		$ 328.83	$ 534.35	$ 534.35	$ 328.83
98968	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY	PRIMARY PROCEDURE	98968		$ 32.44	$ 52.72	$ 52.72	$ 32.44
92227	IMAGING OF RETINA FOR DETECTION OR MONITORING OF DISEAS	PRIMARY PROCEDURE	92227		$ 20.90	$ 33.96	$ 33.96	$ 20.90
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
3074F	MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	PRIMARY PROCEDURE	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	PRIMARY PROCEDURE	90686		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
1220F	PATIENT SCREENED FOR DEPRESSION (SUD)	PRIMARY PROCEDURE	1220F		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	52000		$ 83.66	$ 135.95	$ 135.95	$ 83.66
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	PRIMARY PROCEDURE	92083		$ 28.70	$ 46.64	$ 46.64	$ 28.70
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADD	PRIMARY PROCEDURE	51798		$ 13.35	$ 21.69	$ 21.69	$ 13.35

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					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIM	PRIMARY PROCEDURE	51702		$ 26.27	$ 42.69	$ 42.69	$ 26.27
95806	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF, HEA	PRIMARY PROCEDURE	95806		$ 46.06	$ 74.85	$ 74.85	$ 46.06
		EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A	98960		$ 36.23	$ 58.87	$ 58.87	$ 36.23
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECT	PRIMARY PROCEDURE	97602		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
99605	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A	PRIMARY PROCEDURE	99605		not available	not available	not available	not available
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	PRIMARY PROCEDURE	51705		$ 54.81	$ 89.07	$ 89.07	$ 54.81
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		not available	not available	not available	not available
D0330	PANORAMIC FILM	PRIMARY PROCEDURE	D0330		not available	not available	not available	not available
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		not available	not available	not available	not available
59025	FETAL NON-STRESS TEST	PRIMARY PROCEDURE	59025		$ 29.72	$ 48.30	$ 48.30	$ 29.72
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	PRIMARY PROCEDURE	90792		$ 178.01	$ 289.27	$ 289.27	$ 178.01
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		$ 102.80	$ 167.05	$ 167.05	$ 102.80
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99383		not available	not available	not available	not available
93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE D	PRIMARY PROCEDURE	93306		$ 72.06	$ 117.10	$ 117.10	$ 72.06

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90653	INFLUENZA VACCINE, INACTIVATED (IIV), SUBUNIT, ADJUVANT	PRIMARY PROCEDURE	90653		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		not available	not available	not available	not available
90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUBUNIT,	PRIMARY PROCEDURE	90750		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92002		$ 48.47	$ 78.76	$ 78.76	$ 48.47
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99382		not available	not available	not available	not available
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOIN	PRIMARY PROCEDURE	20610		$ 47.88	$ 77.81	$ 77.81	$ 47.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
90715	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VAC	PRIMARY PROCEDURE	90715		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		not available	not available	not available	not available
92015	DETERMINATION OF REFRACTIVE STATE	PRIMARY PROCEDURE	92015		not available	not available	not available	not available
99397	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99397		not available	not available	not available	not available

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		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		not available	not available	not available	not available
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99384		not available	not available	not available	not available
90677	PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR	PRIMARY PROCEDURE	90677		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) W	PRIMARY PROCEDURE	92235		$ 45.32	$ 73.65	$ 73.65	$ 45.32
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEEC	PRIMARY PROCEDURE	92557		$ 33.99	$ 55.23	$ 55.23	$ 33.99
		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550		$ 23.90	$ 38.84	$ 38.84	$ 23.90
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVI	PRIMARY PROCEDURE	58100		$ 65.64	$ 106.67	$ 106.67	$ 65.64
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	PRIMARY PROCEDURE	51700		$ 31.00	$ 50.38	$ 50.38	$ 31.00
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	PRIMARY PROCEDURE	96374		$ 42.47	$ 69.01	$ 69.01	$ 42.47
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		INJECTION, ZOLEDRONIC ACID, 1 MG	J3489		not available	not available	not available	not available

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	BLUE SHIELD TRIWEST (Commerical) Professional[2,4]	ANTHEM BLUE CROSS (Commercial) Professional[3,4]	Maximum Negotiated Rate Professional[2,3,4]	Minimum Negotiated Rate Professional[2,3,4]
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	PRIMARY PROCEDURE	90791		$ 154.96	$ 251.81	$ 251.81	$ 154.96
		PREPARATION OF REPORT OF PATIENT'S PSYCHIATRIC STATUS,	90889		not available	not available	not available	not available
		PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	90837		$ 139.91	$ 227.35	$ 227.35	$ 139.91
		PSYCHIATRIC EVALUATION OF HOSPITAL RECORDS, OTHER PSYCH	90885		$ 50.13	$ 81.46	$ 81.46	$ 50.13
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTER	PRIMARY PROCEDURE	97802		$ 34.91	$ 56.73	$ 56.73	$ 34.91
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATI	PRIMARY PROCEDURE	D0150		not available	not available	not available	not available
93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYS	PRIMARY PROCEDURE	93288		$ 21.50	$ 34.94	$ 34.94	$ 21.50
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOM	PRIMARY PROCEDURE	58558		$ 242.03	$ 393.30	$ 393.30	$ 242.03
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 37.18	$ 60.42	$ 60.42	$ 37.18
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERA	PRIMARY PROCEDURE	92025		$ 20.72	$ 33.67	$ 33.67	$ 20.72
		OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; W	76519		$ 32.47	$ 52.76	$ 52.76	$ 32.47
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
93770	DETERMINATION OF VENOUS PRESSURE	PRIMARY PROCEDURE	93770		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
91320	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-C	PRIMARY PROCEDURE	91320		not available	not available	not available	not available

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		IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION	90480		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
98960	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A	PRIMARY PROCEDURE	98960		$ 36.23	$ 58.87	$ 58.87	$ 36.23
96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQU	PRIMARY PROCEDURE	96409		$ 117.01	$ 190.14	$ 190.14	$ 117.01
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-	Q0162		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		not available	not available	not available	not available
		INJECTION, AZACITIDINE, 1 MG	J9025		not available	not available	not available	not available
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCU	PRIMARY PROCEDURE	96402		$ 40.83	$ 66.35	$ 66.35	$ 40.83
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		GOSERELIN ACETATE IMPLANT, PER 3.6 MG	J9202		not available	not available	not available	not available
4450F	SELF-CARE EDUCATION PROVIDED TO PATIENT (HF)	PRIMARY PROCEDURE	4450F		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCU	PRIMARY PROCEDURE	96401		$ 83.72	$ 136.05	$ 136.05	$ 83.72
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-	Q0162		not available	not available	not available	not available
		DEXAMETHASONE, ORAL, 0.25 MG	J8540		not available	not available	not available	not available
		INJECTION, BORTEZOMIB (VELCADE), 0.1 MG	J9041		not available	not available	not available	not available
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTI	PRIMARY PROCEDURE	45330		$ 60.91	$ 98.98	$ 98.98	$ 60.91

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		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93454		$ 239.23	$ 388.75	$ 388.75	$ 239.23
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76815		$ 32.38	$ 52.62	$ 52.62	$ 32.38
90736	ZOSTER (SHINGLES) VACCINE (HZV), LIVE, FOR SUBCUTANEOUS	PRIMARY PROCEDURE	90736		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CON	PRIMARY PROCEDURE	76827		$ 29.32	$ 47.65	$ 47.65	$ 29.32
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
90739	HEPATITIS B VACCINE (HEPB), CPG-ADJUVANTED, ADULT DOSAG	PRIMARY PROCEDURE	90739		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCUL	PRIMARY PROCEDURE	52310		$ 157.97	$ 256.70	$ 256.70	$ 157.97

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99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERA	PRIMARY PROCEDURE	99173		not available	not available	not available	not available
		VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	92083		$ 28.70	$ 46.64	$ 46.64	$ 28.70
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92012		$ 53.66	$ 87.20	$ 87.20	$ 53.66
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92004		$ 100.05	$ 162.58	$ 162.58	$ 100.05
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOL	PRIMARY PROCEDURE	67040		$ 1,126.56	$ 1,830.66	$ 1,830.66	$ 1,126.56
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	PRIMARY PROCEDURE	88175		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99202		$ 49.99	$ 81.23	$ 81.23	$ 49.99
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		not available	not available	not available	not available
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	88142		not available	not available	not available	not available
43244	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH B	PRIMARY PROCEDURE	43244		$ 256.14	$ 416.23	$ 416.23	$ 256.14
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	PRIMARY PROCEDURE	90688		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		not available	not available	not available	not available
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		not available	not available	not available	not available

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90460	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	PRIMARY PROCEDURE	90460		$ 25.87	$ 42.04	$ 42.04	$ 25.87
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		not available	not available	not available	not available
D1110	PROPHYLAXIS-ADULT	PRIMARY PROCEDURE	D1110		not available	not available	not available	not available
		DENTAL PROPHYLAXIS AND TOPICAL FLUORIDE TREATMENT	D1208		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		not available	not available	not available	not available
93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC A	PRIMARY PROCEDURE	93303		$ 64.29	$ 104.47	$ 104.47	$ 64.29
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99215		$ 152.65	$ 248.06	$ 248.06	$ 152.65
		ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE D	93308		$ 26.00	$ 42.25	$ 42.25	$ 26.00
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	PRIMARY PROCEDURE	D0220		not available	not available	not available	not available
		INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	D0230		not available	not available	not available	not available
		CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	D0603		not available	not available	not available	not available
		PROPHYLAXIS-CHILD	D1120		not available	not available	not available	not available
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	D1206		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		not available	not available	not available	not available
69209	REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILA	PRIMARY PROCEDURE	69209		$ 18.91	$ 30.73	$ 30.73	$ 18.91
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26

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					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
3077F	MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	PRIMARY PROCEDURE	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
50435	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING	PRIMARY PROCEDURE	50435		$ 103.66	$ 168.45	$ 168.45	$ 103.66
		CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH C	75984		$ 39.31	$ 63.88	$ 63.88	$ 39.31
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 U	J7040		not available	not available	not available	not available
52356	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY;	PRIMARY PROCEDURE	52356		$ 429.56	$ 698.04	$ 698.04	$ 429.56
		CALCULUS; INFRARED SPECTROSCOPY	82365		not available	not available	not available	not available
		STENT, NON-CORONARY, TEMPORARY, WITHOUT DELIVERY SYSTEM	C2617		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED V	PRIMARY PROCEDURE	94010		$ 8.51	$ 13.83	$ 13.83	$ 8.51
		PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND,	94726		$ 12.43	$ 20.20	$ 20.20	$ 12.43
		DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE) (LIS	94729		$ 9.20	$ 14.95	$ 14.95	$ 9.20
		MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATI	94200		$ 2.76	$ 4.49	$ 4.49	$ 2.76
64644	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLES	PRIMARY PROCEDURE	64644		$ 122.39	$ 198.88	$ 198.88	$ 122.39
		INJECTION, ONABOTULINUMTOXINA, 1 UNIT	J0585		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76811		$ 95.84	$ 155.74	$ 155.74	$ 95.84
91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS	PRIMARY PROCEDURE	91010		$ 68.03	$ 110.55	$ 110.55	$ 68.03
3075F	MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	PRIMARY PROCEDURE	3075F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
90746	HEPATITIS B VACCINE (HEPB), ADULT DOSAGE, 3 DOSE SCHEDU	PRIMARY PROCEDURE	90746		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTI	PRIMARY PROCEDURE	97803		$ 29.75	$ 48.34	$ 48.34	$ 29.75
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERA	PRIMARY PROCEDURE	52332		$ 162.69	$ 264.37	$ 264.37	$ 162.69

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		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		$ 102.80	$ 167.05	$ 167.05	$ 102.80
		UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	74420		$ 25.65	$ 41.68	$ 41.68	$ 25.65
		INJECTION, MORPHINE SULFATE, UP TO 10 MG EFFECTIVE DAT	J2270		not available	not available	not available	not available
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG,	PRIMARY PROCEDURE	11055		$ 16.01	$ 26.02	$ 26.02	$ 16.01
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 37.18	$ 60.42	$ 60.42	$ 37.18
90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 3	PRIMARY PROCEDURE	90651		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
99242	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ES	PRIMARY PROCEDURE	99242		not available	not available	not available	not available
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 3 OR	PRIMARY PROCEDURE	20553		$ 44.38	$ 72.12	$ 72.12	$ 44.38
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		$ 31.48	$ 51.16	$ 51.16	$ 31.48
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEE	PRIMARY PROCEDURE	D4341		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WIT	PRIMARY PROCEDURE	49082		$ 77.18	$ 125.42	$ 125.42	$ 77.18
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTUR	PRIMARY PROCEDURE	58661		$ 691.36	$ 1,123.46	$ 1,123.46	$ 691.36
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	BLUE SHIELD TRIWEST (Commerical) Professional[2,4]	ANTHEM BLUE CROSS (Commercial) Professional[3,4]	Maximum Negotiated Rate Professional[2,3,4]	Minimum Negotiated Rate Professional[2,3,4]
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; ABO	86900		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
96110	DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTONE SU	PRIMARY PROCEDURE	96110		not available	not available	not available	not available
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99391		not available	not available	not available	not available
93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF	PRIMARY PROCEDURE	93451		$ 131.72	$ 214.05	$ 214.05	$ 131.72
		INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG,	93503		$ 89.01	$ 144.64	$ 144.64	$ 89.01
		GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HC	82803		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TI	PRIMARY PROCEDURE	76825		$ 83.88	$ 136.31	$ 136.31	$ 83.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99205		$ 191.38	$ 310.99	$ 310.99	$ 191.38
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	PRIMARY PROCEDURE	96416		$ 149.59	$ 243.08	$ 243.08	$ 149.59

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	BLUE SHIELD TRIWEST (Commerical) Professional[2,4]	ANTHEM BLUE CROSS (Commercial) Professional[3,4]	Maximum Negotiated Rate Professional[2,3,4]	Minimum Negotiated Rate Professional[2,3,4]
		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	96413		$ 151.62	$ 246.38	$ 246.38	$ 151.62
		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	96415		$ 31.69	$ 51.50	$ 51.50	$ 31.69
		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	96417		$ 74.18	$ 120.54	$ 120.54	$ 74.18
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96375		$ 17.61	$ 28.62	$ 28.62	$ 17.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	J0640		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		not available	not available	not available	not available
		5% DEXTROSE/WATER (500 ML = 1 UNIT)	J7060		not available	not available	not available	not available
		INJECTION, FLUOROURACIL, 500 MG	J9190		not available	not available	not available	not available
		INJECTION, OXALIPLATIN, 0.5 MG	J9263		not available	not available	not available	not available
92133	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, PO	PRIMARY PROCEDURE	92133		$ 22.85	$ 37.13	$ 37.13	$ 22.85
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY	PRIMARY PROCEDURE	92136		$ 32.47	$ 52.76	$ 52.76	$ 32.47
D9215	LOCAL ANESTHESIA	PRIMARY PROCEDURE	D9215		not available	not available	not available	not available
		EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AN	D7140		not available	not available	not available	not available
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		not available	not available	not available	not available
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 1 OR	PRIMARY PROCEDURE	20552		$ 39.04	$ 63.44	$ 63.44	$ 39.04
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65

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66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAO	PRIMARY PROCEDURE	66982		$ 813.65	$ 1,322.18	$ 1,322.18	$ 813.65
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		POSTERIOR CHAMBER INTRAOCULAR LENS	V2632		not available	not available	not available	not available
93247	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7	PRIMARY PROCEDURE	93247		$ 279.64	$ 454.42	$ 454.42	$ 279.64
99245	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ES	PRIMARY PROCEDURE	99245		not available	not available	not available	not available
43237	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH E	PRIMARY PROCEDURE	43237		$ 205.06	$ 333.22	$ 333.22	$ 205.06
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		not available	not available	not available	not available
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
D1330	ORAL HYGIENE INSTRUCTION	PRIMARY PROCEDURE	D1330		not available	not available	not available	not available
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		not available	not available	not available	not available
96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TR	PRIMARY PROCEDURE	96910		$ 141.16	$ 229.39	$ 229.39	$ 141.16
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010,	PRIMARY PROCEDURE	94060		$ 10.64	$ 17.29	$ 17.29	$ 10.64
		PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND,	94726		$ 12.43	$ 20.20	$ 20.20	$ 12.43
		DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE) (LIS	94729		$ 9.20	$ 14.95	$ 14.95	$ 9.20

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					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
		SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED V	94010		$ 8.51	$ 13.83	$ 13.83	$ 8.51
		MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATI	94200		$ 2.76	$ 4.49	$ 4.49	$ 2.76
		PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR	94640		$ 9.37	$ 15.23	$ 15.23	$ 9.37
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REP	PRIMARY PROCEDURE	92285		$ 3.16	$ 5.14	$ 5.14	$ 3.16
		FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	92250		$ 22.05	$ 35.83	$ 35.83	$ 22.05
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92012		$ 53.66	$ 87.20	$ 87.20	$ 53.66
52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATI	PRIMARY PROCEDURE	52287		$ 175.26	$ 284.80	$ 284.80	$ 175.26
		INJECTION, ONABOTULINUMTOXINA, 1 UNIT	J0585		not available	not available	not available	not available
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
88152	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL	PRIMARY PROCEDURE	88152		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 37.18	$ 60.42	$ 60.42	$ 37.18
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	88175		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		not available	not available	not available	not available
1111F	DISCHARGE MEDICATIONS RECONCILED WITH THE CURRENT MEDIC	PRIMARY PROCEDURE	1111F		not available	not available	not available	not available
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	PRIMARY PROCEDURE	41899		not available	not available	not available	not available

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		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
88150	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL SCRE	PRIMARY PROCEDURE	88150		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 37.18	$ 60.42	$ 60.42	$ 37.18
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		not available	not available	not available	not available
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	88142		not available	not available	not available	not available
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE	PRIMARY PROCEDURE	D0145		not available	not available	not available	not available
		CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	D0603		not available	not available	not available	not available
		PROPHYLAXIS-CHILD	D1120		not available	not available	not available	not available
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	D1206		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTUR	PRIMARY PROCEDURE	25607		$ 818.50	$ 1,330.06	$ 1,330.06	$ 818.50
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 15.47	$ 25.14	$ 25.14	$ 15.47
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not available

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		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE	PRIMARY PROCEDURE	64566		$ 31.39	$ 51.01	$ 51.01	$ 31.39
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
95907	NERVE CONDUCTION STUDIES; 1-2 STUDIES	PRIMARY PROCEDURE	95907		$ 55.87	$ 90.79	$ 90.79	$ 55.87
		NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED P	95885		$ 19.52	$ 31.72	$ 31.72	$ 19.52
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		$ 102.80	$ 167.05	$ 167.05	$ 102.80
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	PRIMARY PROCEDURE	31624		$ 138.47	$ 225.01	$ 225.01	$ 138.47
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTE	88108		$ 23.44	$ 38.09	$ 38.09	$ 23.44
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT	87281		not available	not available	not available	not available
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHN	87305		not available	not available	not available	not available
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, A	87116		not available	not available	not available	not available
		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPT	87102		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS	87015		not available	not available	not available	not available
		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; FLUORESCENT	87206		not available	not available	not available	not available

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		CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOO	87070		not available	not available	not available	not available
		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEM	87205		not available	not available	not available	not available
		CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINA	89050		not available	not available	not available	not available
T1014	TELEHEALTH TRANSMISSION, PER MINUTE, PROFESSIONAL SERVI	PRIMARY PROCEDURE	T1014		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
92928	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY S	PRIMARY PROCEDURE	92928		$ 586.16	$ 952.51	$ 952.51	$ 586.16
		ENDOLUMINAL IMAGING OF CORONARY VESSEL OR GRAFT USING I	92978		$ 94.89	$ 154.20	$ 154.20	$ 94.89
		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	93454		$ 239.23	$ 388.75	$ 388.75	$ 239.23
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	PRIMARY PROCEDURE	E0202		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY	PRIMARY PROCEDURE	64612		$ 130.92	$ 212.75	$ 212.75	$ 130.92
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65

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					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93458		$ 295.13	$ 479.59	$ 479.59	$ 295.13
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
90650	HUMAN PAPILLOMAVIRUS VACCINE, TYPES 16, 18, BIVALENT (2	PRIMARY PROCEDURE	90650		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 3	90651		not available	not available	not available	not available
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	PRIMARY PROCEDURE	49650		$ 462.27	$ 751.19	$ 751.19	$ 462.27
		MESH (IMPLANTABLE)	C1781		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		not available	not available	not available	not available

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	BLUE SHIELD TRIWEST (Commerical) Professional[2,4]	ANTHEM BLUE CROSS (Commercial) Professional[3,4]	Maximum Negotiated Rate Professional[2,3,4]	Minimum Negotiated Rate Professional[2,3,4]
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
69210	REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION, UNI	PRIMARY PROCEDURE	69210		$ 34.12	$ 55.45	$ 55.45	$ 34.12
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		not available	not available	not available	not available
95800	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART	PRIMARY PROCEDURE	95800		$ 41.30	$ 67.11	$ 67.11	$ 41.30
		HOME SLEEP STUDY TEST (HST) WITH TYPE II PORTABLE MONIT	G0398		not available	not available	not available	not available
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SU	PRIMARY PROCEDURE	36589		$ 142.93	$ 232.26	$ 232.26	$ 142.93
		REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	49422		$ 225.35	$ 366.19	$ 366.19	$ 225.35
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION O	PRIMARY PROCEDURE	D7210		not available	not available	not available	not available
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	PRIMARY PROCEDURE	36430		$ 49.97	$ 81.20	$ 81.20	$ 49.97
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVE	Q0163		not available	not available	not available	not available
		RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, EACH U	P9040		not available	not available	not available	not available
91318	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-C	PRIMARY PROCEDURE	91318		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION	90480		not available	not available	not available	not available

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	BLUE SHIELD TRIWEST (Commerical) Professional[2,4]	ANTHEM BLUE CROSS (Commercial) Professional[3,4]	Maximum Negotiated Rate Professional[2,3,4]	Minimum Negotiated Rate Professional[2,3,4]
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPL	PRIMARY PROCEDURE	45331		$ 77.17	$ 125.40	$ 125.40	$ 77.17
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	G0500		$ 5.75	$ 9.34	$ 9.34	$ 5.75
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
95816	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE A	PRIMARY PROCEDURE	95816		$ 60.07	$ 97.61	$ 97.61	$ 60.07
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		$ 102.80	$ 167.05	$ 167.05	$ 102.80
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN	PRIMARY PROCEDURE	57454		$ 141.05	$ 229.21	$ 229.21	$ 141.05
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 37.18	$ 60.42	$ 60.42	$ 37.18
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	PRIMARY PROCEDURE	96999		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
43762	REPLACEMENT OF GASTROSTOMY TUBE, PERCUTANEOUS, INCLUDES	PRIMARY PROCEDURE	43762		$ 37.97	$ 61.70	$ 61.70	$ 37.97
90633	HEPATITIS A VACCINE (HEPA), PEDIATRIC/ADOLESCENT DOSAGE	PRIMARY PROCEDURE	90633		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26

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					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7	PRIMARY PROCEDURE	93248		$ 26.69	$ 43.37	$ 43.37	$ 26.69
		EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7	93247		$ 279.64	$ 454.42	$ 454.42	$ 279.64
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW,	PRIMARY PROCEDURE	20680		$ 457.22	$ 742.98	$ 742.98	$ 457.22
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 15.47	$ 25.14	$ 25.14	$ 15.47
		LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY	88300		$ 4.59	$ 7.46	$ 7.46	$ 4.59
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)	PRIMARY PROCEDURE	96912		$ 120.09	$ 195.15	$ 195.15	$ 120.09
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99396		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
99406	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INT	PRIMARY PROCEDURE	99406		$ 12.36	$ 20.09	$ 20.09	$ 12.36
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	PRIMARY PROCEDURE	59841		$ 392.08	$ 637.13	$ 637.13	$ 392.08

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		LEVEL VI - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88309		$ 151.13	$ 245.59	$ 245.59	$ 151.13
		AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	Q0144		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT	J7642		not available	not available	not available	not available
		MISOPROSTOL, ORAL, 200 MCG	S0191		not available	not available	not available	not available
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; ABO	86900		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
90697	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	PRIMARY PROCEDURE	90697		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		HEPATITIS B VACCINE (HEPB), PEDIATRIC/ADOLESCENT DOSAGE	90744		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		$ 16.56	$ 26.91	$ 26.91	$ 16.56
		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13), FOR	90670		not available	not available	not available	not available
		ROTAVIRUS VACCINE, HUMAN, ATTENUATED (RV1), 2 DOSE SCHE	90681		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE	90473		$ 18.84	$ 30.62	$ 30.62	$ 18.84

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					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	90698		not available	not available	not available	not available
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC	PRIMARY PROCEDURE	36818		$ 691.38	$ 1,123.49	$ 1,123.49	$ 691.38
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available
90723	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	PRIMARY PROCEDURE	90723		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	90460		$ 25.87	$ 42.04	$ 42.04	$ 25.87
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T CONJ	90648		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	90461		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13), FOR	90670		not available	not available	not available	not available
		ROTAVIRUS VACCINE, PENTAVALENT (RV5), 3 DOSE SCHEDULE,	90680		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE	90473		$ 18.84	$ 30.62	$ 30.62	$ 18.84
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99391		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61

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		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		$ 16.56	$ 26.91	$ 26.91	$ 16.56
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDI	PRIMARY PROCEDURE	51720		$ 45.02	$ 73.16	$ 73.16	$ 45.02
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		$ 102.80	$ 167.05	$ 167.05	$ 102.80
		BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	J9030		not available	not available	not available	not available
		BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	51700		$ 31.00	$ 50.38	$ 50.38	$ 31.00
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTE	PRIMARY PROCEDURE	58571		$ 971.70	$ 1,579.01	$ 1,579.01	$ 971.70
		UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND	49329		not available	not available	not available	not available
		CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	52000		$ 83.66	$ 135.95	$ 135.95	$ 83.66
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		$ 85.65	$ 139.18	$ 139.18	$ 85.65
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		$ 7.12	$ 11.57	$ 11.57	$ 7.12
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, METRONIDAZOLE, 10 MG EFF. DATE: 7/1/2023	J1836		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available

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		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, L	PRIMARY PROCEDURE	67145		$ 240.20	$ 390.33	$ 390.33	$ 240.20
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCL	PRIMARY PROCEDURE	78452		$ 79.43	$ 129.07	$ 129.07	$ 79.43
		INJECTION, REGADENOSON, 0.1 MG	J2785		not available	not available	not available	not available
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHOD	PRIMARY PROCEDURE	81025		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
64642	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)	PRIMARY PROCEDURE	64642		$ 112.92	$ 183.50	$ 183.50	$ 112.92
		CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTR	64643		$ 72.87	$ 118.41	$ 118.41	$ 72.87
		INJECTION, ONABOTULINUMTOXINA, 1 UNIT	J0585		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-ASSESSMENT (IE, HEALT	PRIMARY PROCEDURE	96156		$ 92.22	$ 149.86	$ 149.86	$ 92.22
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT 1	PRIMARY PROCEDURE	D0171		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S)	PRIMARY PROCEDURE	38222		$ 78.94	$ 128.28	$ 128.28	$ 78.94
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88341		$ 29.19	$ 47.43	$ 47.43	$ 29.19
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96

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		BONE MARROW, SMEAR INTERPRETATION	85097		$ 50.45	$ 81.98	$ 81.98	$ 50.45
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 36.43	$ 59.20	$ 59.20	$ 36.43
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION	88311		$ 12.53	$ 20.36	$ 20.36	$ 12.53
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88313		$ 12.53	$ 20.36	$ 20.36	$ 12.53
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUC	PRIMARY PROCEDURE	99401		not available	not available	not available	not available
		MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH	96040		not available	not available	not available	not available
90700	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VA	PRIMARY PROCEDURE	90700		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	90460		$ 25.87	$ 42.04	$ 42.04	$ 25.87
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99392		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		DISCHARGE MEDICATIONS RECONCILED WITH THE CURRENT MEDIC	1111F		not available	not available	not available	not available
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRAN	PRIMARY PROCEDURE	19301		$ 697.92	$ 1,134.12	$ 1,134.12	$ 697.92
		BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	38500		$ 271.76	$ 441.61	$ 441.61	$ 271.76
		INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICAT	38792		$ 33.13	$ 53.84	$ 53.84	$ 33.13
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		$ 85.65	$ 139.18	$ 139.18	$ 85.65
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88341		$ 29.19	$ 47.43	$ 47.43	$ 29.19

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		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 36.43	$ 59.20	$ 59.20	$ 36.43
		RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	76098		$ 15.98	$ 25.97	$ 25.97	$ 15.98
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	PRIMARY PROCEDURE	43264		$ 379.04	$ 615.94	$ 615.94	$ 379.04
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00732		not available	not available	not available	not available
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 15.47	$ 25.14	$ 25.14	$ 15.47
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
90648	HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T CONJ	PRIMARY PROCEDURE	90648		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR	90677		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		$ 16.56	$ 26.91	$ 26.91	$ 16.56

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	BLUE SHIELD TRIWEST (Commerical) Professional[2,4]	ANTHEM BLUE CROSS (Commercial) Professional[3,4]	Maximum Negotiated Rate Professional[2,3,4]	Minimum Negotiated Rate Professional[2,3,4]
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
93793	ANTICOAGULANT MANAGEMENT FOR A PATIENT TAKING WARFARIN,	PRIMARY PROCEDURE	93793		$ 12.43	$ 20.20	$ 20.20	$ 12.43
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
90649	HUMAN PAPILLOMAVIRUS VACCINE, TYPES 6, 11, 16, 18, QUAD	PRIMARY PROCEDURE	90649		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 3	90651		not available	not available	not available	not available
43249	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH T	PRIMARY PROCEDURE	43249		$ 161.23	$ 262.00	$ 262.00	$ 161.23
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
37243	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RA	PRIMARY PROCEDURE	37243		$ 566.22	$ 920.11	$ 920.11	$ 566.22
		CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHN	96420		$ 119.75	$ 194.59	$ 194.59	$ 119.75
		ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE (WIT	75726		$ 96.81	$ 157.32	$ 157.32	$ 96.81
		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRA	76937		$ 14.27	$ 23.19	$ 23.19	$ 14.27
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 15.47	$ 25.14	$ 25.14	$ 15.47
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		not available	not available	not available	not available

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		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG EFFECTIVE DA	J0696		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10	J1642		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE	PRIMARY PROCEDURE	67113		$ 1,441.88	$ 2,343.06	$ 2,343.06	$ 1,441.88
		INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL	67025		$ 693.22	$ 1,126.48	$ 1,126.48	$ 693.22
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
43275	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	PRIMARY PROCEDURE	43275		$ 391.68	$ 636.48	$ 636.48	$ 391.68
		ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM	74328		$ 24.31	$ 39.50	$ 39.50	$ 24.31
		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	74330		$ 28.46	$ 46.25	$ 46.25	$ 28.46

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		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, LEVOFLOXACIN, 250 MG	J1956		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
32555	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PL	PRIMARY PROCEDURE	32555		$ 112.01	$ 182.02	$ 182.02	$ 112.01
15853	REMOVAL OF SUTURES OR STAPLES NOT REQUIRING ANESTHESIA	PRIMARY PROCEDURE	15853		$ 13.74	$ 22.33	$ 22.33	$ 13.74
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	PRIMARY PROCEDURE	36415		not available	not available	not available	not available
J2357	INJECTION, OMALIZUMAB, 5 MG	PRIMARY PROCEDURE	J2357		not available	not available	not available	not available
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		$ 16.06	$ 26.10	$ 26.10	$ 16.06
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
43238	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH T	PRIMARY PROCEDURE	43238		$ 242.76	$ 394.49	$ 394.49	$ 242.76
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		not available	not available	not available	not available
		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	74330		$ 28.46	$ 46.25	$ 46.25	$ 28.46
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96

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		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		not available	not available	not available	not available
		INJECTION, GLYCOPYRROLATE, 0.1 MG EFF. DATE: 01/01/202	J1596		not available	not available	not available	not available
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
96040	MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH	PRIMARY PROCEDURE	96040		not available	not available	not available	not available
67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOV	PRIMARY PROCEDURE	67043		$ 1,306.06	$ 2,122.35	$ 2,122.35	$ 1,306.06
		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	00145		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available
92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHY	PRIMARY PROCEDURE	92960		$ 113.75	$ 184.84	$ 184.84	$ 113.75

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	BLUE SHIELD TRIWEST (Commerical) Professional[2,4]	ANTHEM BLUE CROSS (Commercial) Professional[3,4]	Maximum Negotiated Rate Professional[2,3,4]	Minimum Negotiated Rate Professional[2,3,4]
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		$ 7.38	$ 11.99	$ 11.99	$ 7.38
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	PRIMARY PROCEDURE	58300		$ 52.83	$ 85.85	$ 85.85	$ 52.83
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
		LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYS	J7297		not available	not available	not available	not available
45381	COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTI	PRIMARY PROCEDURE	45381		$ 209.50	$ 340.44	$ 340.44	$ 209.50
		COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380		$ 209.90	$ 341.09	$ 341.09	$ 209.90
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	G0500		$ 5.75	$ 9.34	$ 9.34	$ 5.75
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
43276	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	PRIMARY PROCEDURE	43276		$ 500.68	$ 813.61	$ 813.61	$ 500.68
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		not available	not available	not available	not available
		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	74330		$ 28.46	$ 46.25	$ 46.25	$ 28.46
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available

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					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVIC	PRIMARY PROCEDURE	54161		$ 211.78	$ 344.14	$ 344.14	$ 211.78
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		$ 11.84	$ 19.24	$ 19.24	$ 11.84
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93456		$ 311.68	$ 506.48	$ 506.48	$ 311.68
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available

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					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
52001	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MUL	PRIMARY PROCEDURE	52001		$ 297.88	$ 484.06	$ 484.06	$ 297.88
		CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE	88112		$ 28.80	$ 46.80	$ 46.80	$ 28.80
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	PRIMARY PROCEDURE	36561		$ 344.50	$ 559.81	$ 559.81	$ 344.50
		INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAV	36010		$ 108.25	$ 175.91	$ 175.91	$ 108.25
		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRA	76937		$ 14.27	$ 23.19	$ 23.19	$ 14.27
		FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE	77001		$ 18.47	$ 30.01	$ 30.01	$ 18.47
		TELETHERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIED POR	77306		$ 78.95	$ 128.29	$ 128.29	$ 78.95
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REGIONAL	PRIMARY PROCEDURE	54150		$ 99.63	$ 161.90	$ 161.90	$ 99.63
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA	PRIMARY PROCEDURE	66761		$ 260.20	$ 422.83	$ 422.83	$ 260.20
99426	PRINCIPAL CARE MANAGEMENT SERVICES, FOR A SINGLE HIGH-R	PRIMARY PROCEDURE	99426		$ 52.02	$ 84.53	$ 84.53	$ 52.02
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 1 TO 5	PRIMARY PROCEDURE	11720		$ 14.57	$ 23.68	$ 23.68	$ 14.57
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26

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95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED P	PRIMARY PROCEDURE	95886		$ 47.61	$ 77.37	$ 77.37	$ 47.61
		NERVE CONDUCTION STUDIES; 1-2 STUDIES	95907		$ 55.87	$ 90.79	$ 90.79	$ 55.87
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
90679	RESPIRATORY SYNCYTIAL VIRUS VACCINE, PREF, RECOMBINANT,	PRIMARY PROCEDURE	90679		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	PRIMARY PROCEDURE	D0210		not available	not available	not available	not available
		PROPHYLAXIS-ADULT	D1110		not available	not available	not available	not available
		DENTAL PROPHYLAXIS AND TOPICAL FLUORIDE TREATMENT	D1208		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		not available	not available	not available	not available
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPA	PRIMARY PROCEDURE	64721		$ 489.30	$ 795.11	$ 795.11	$ 489.30
93653	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH INSERT	PRIMARY PROCEDURE	93653		$ 837.31	$ 1,360.63	$ 1,360.63	$ 837.31
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available

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					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAI	PRIMARY PROCEDURE	29888		$ 1,050.48	$ 1,707.03	$ 1,707.03	$ 1,050.48
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES	01400		not available	not available	not available	not available
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 15.47	$ 25.14	$ 25.14	$ 15.47
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		not available	not available	not available	not available
		CONNECTIVE TISSUE, HUMAN (INCLUDES FASCIA LATA)	C1762		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, LABETALOL HYDROCHLORIDE, 5 MG EFF. DATE: 7/	J1920		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
65855	TRABECULOPLASTY BY LASER SURGERY	PRIMARY PROCEDURE	65855		$ 222.84	$ 362.12	$ 362.12	$ 222.84
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SI	PRIMARY PROCEDURE	11730		$ 56.77	$ 92.25	$ 92.25	$ 56.77
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99202		$ 49.99	$ 81.23	$ 81.23	$ 49.99

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	BLUE SHIELD TRIWEST (Commerical) Professional[2,4]	ANTHEM BLUE CROSS (Commercial) Professional[3,4]	Maximum Negotiated Rate Professional[2,3,4]	Minimum Negotiated Rate Professional[2,3,4]
93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL	PRIMARY PROCEDURE	93017		$ 44.58	$ 72.44	$ 72.44	$ 44.58
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	PRIMARY PROCEDURE	D0603		not available	not available	not available	not available
		PROPHYLAXIS-CHILD	D1120		not available	not available	not available	not available
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	D1206		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
		ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE	D0145		not available	not available	not available	not available
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	PRIMARY PROCEDURE	86580		$ 12.15	$ 19.74	$ 19.74	$ 12.15
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	PRIMARY PROCEDURE	29705		$ 47.00	$ 76.38	$ 76.38	$ 47.00
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
		RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF 3 V	73110		$ 8.91	$ 14.48	$ 14.48	$ 8.91
90696	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	PRIMARY PROCEDURE	90696		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV),	90710		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		$ 16.56	$ 26.91	$ 26.91	$ 16.56
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHE	PRIMARY PROCEDURE	36569		$ 96.41	$ 156.67	$ 156.67	$ 96.41
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26

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		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		$ 8.86	$ 14.40	$ 14.40	$ 8.86
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	PRIMARY PROCEDURE	J1050		not available	not available	not available	not available
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		$ 16.06	$ 26.10	$ 26.10	$ 16.06
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	PRIMARY PROCEDURE	92082		$ 22.05	$ 35.83	$ 35.83	$ 22.05
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
2028F	FOOT EXAMINATION PERFORMED (INCLUDES EXAMINATION THROUG	PRIMARY PROCEDURE	2028F		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 37.18	$ 60.42	$ 60.42	$ 37.18
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	PRIMARY PROCEDURE	58301		$ 68.75	$ 111.72	$ 111.72	$ 68.75
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG D	PRIMARY PROCEDURE	96523		$ 29.44	$ 47.84	$ 47.84	$ 29.44
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10	J1642		not available	not available	not available	not available
93656	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING T	PRIMARY PROCEDURE	93656		$ 949.61	$ 1,543.12	$ 1,543.12	$ 949.61
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available

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		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
93289	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYS	PRIMARY PROCEDURE	93289		$ 37.83	$ 61.47	$ 61.47	$ 37.83
64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY	PRIMARY PROCEDURE	64615		$ 127.13	$ 206.59	$ 206.59	$ 127.13
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 37.18	$ 60.42	$ 60.42	$ 37.18
		INJECTION, ONABOTULINUMTOXINA, 1 UNIT	J0585		not available	not available	not available	not available
D0274	BITEWINGS-FOUR FILMS	PRIMARY PROCEDURE	D0274		not available	not available	not available	not available
		PROPHYLAXIS-ADULT	D1110		not available	not available	not available	not available
		DENTAL PROPHYLAXIS AND TOPICAL FLUORIDE TREATMENT	D1208		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		not available	not available	not available	not available
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	PRIMARY PROCEDURE	D2391		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		not available	not available	not available	not available
11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE,	PRIMARY PROCEDURE	11102		$ 40.00	$ 65.00	$ 65.00	$ 40.00

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					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
99358	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/	PRIMARY PROCEDURE	99358		not available	not available	not available	not available
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	PRIMARY PROCEDURE	93005		$ 7.38	$ 11.99	$ 11.99	$ 7.38
90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13), FOR	PRIMARY PROCEDURE	90670		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	90460		$ 25.87	$ 42.04	$ 42.04	$ 25.87
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
		PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR	90677		not available	not available	not available	not available
93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL-TIME WITH IMAGE	PRIMARY PROCEDURE	93312		$ 110.63	$ 179.77	$ 179.77	$ 110.63
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		not available	not available	not available	not available
99423	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR A	PRIMARY PROCEDURE	99423		$ 42.64	$ 69.29	$ 69.29	$ 42.64
90674	INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIIV4), DERIVED	PRIMARY PROCEDURE	90674		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65

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		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		not available	not available	not available	not available
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		not available	not available	not available	not available
93308	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE D	PRIMARY PROCEDURE	93308		$ 26.00	$ 42.25	$ 42.25	$ 26.00
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	PRIMARY PROCEDURE	54200		$ 96.96	$ 157.56	$ 157.56	$ 96.96
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
		INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01	J0775		not available	not available	not available	not available
90656	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	PRIMARY PROCEDURE	90656		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		not available	not available	not available	not available
93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93460		$ 374.02	$ 607.78	$ 607.78	$ 374.02
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER T	PRIMARY PROCEDURE	D1354		not available	not available	not available	not available
45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTIO	PRIMARY PROCEDURE	45390		$ 346.47	$ 563.01	$ 563.01	$ 346.47
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	BLUE SHIELD TRIWEST (Commerical) Professional[2,4]	ANTHEM BLUE CROSS (Commercial) Professional[3,4]	Maximum Negotiated Rate Professional[2,3,4]	Minimum Negotiated Rate Professional[2,3,4]
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
90714	TETANUS AND DIPHTHERIA TOXOIDS ADSORBED (TD), PRESERVAT	PRIMARY PROCEDURE	90714		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT (EG, DEPRESSION I	96127		$ 5.40	$ 8.78	$ 8.78	$ 5.40
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		$ 102.80	$ 167.05	$ 167.05	$ 102.80
		TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VAC	90715		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
90619	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, W, Y,	PRIMARY PROCEDURE	90619		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
		SCREENING PERFORMED AND NEGATIVE	G9920		not available	not available	not available	not available
		MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, W, Y,	90734		not available	not available	not available	not available
		ADMINISTRATION OF PATIENT-FOCUSED HEALTH RISK ASSESSMEN	96160		$ 3.58	$ 5.82	$ 5.82	$ 3.58
D0190	SCREENING OF A PATIENT	PRIMARY PROCEDURE	D0190		not available	not available	not available	not available
D0170	RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PAT	PRIMARY PROCEDURE	D0170		not available	not available	not available	not available
J1071	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	PRIMARY PROCEDURE	J1071		not available	not available	not available	not available

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	BLUE SHIELD TRIWEST (Commerical) Professional[2,4]	ANTHEM BLUE CROSS (Commercial) Professional[3,4]	Maximum Negotiated Rate Professional[2,3,4]	Minimum Negotiated Rate Professional[2,3,4]
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		$ 16.06	$ 26.10	$ 26.10	$ 16.06
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	PRIMARY PROCEDURE	93010		$ 8.51	$ 13.83	$ 13.83	$ 8.51
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		$ 102.80	$ 167.05	$ 167.05	$ 102.80
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		$ 7.38	$ 11.99	$ 11.99	$ 7.38
66030	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	66030		$ 123.70	$ 201.01	$ 201.01	$ 123.70
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92012		$ 53.66	$ 87.20	$ 87.20	$ 53.66
		INJECTION, BEVACIZUMAB, 0.25 MG	C9257		not available	not available	not available	not available
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AN	PRIMARY PROCEDURE	11042		$ 64.65	$ 105.06	$ 105.06	$ 64.65
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 37.18	$ 60.42	$ 60.42	$ 37.18
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, IN	PRIMARY PROCEDURE	47536		$ 134.49	$ 218.55	$ 218.55	$ 134.49
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		not available	not available	not available	not available
		INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS,	47532		$ 214.65	$ 348.81	$ 348.81	$ 214.65
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG EFFECTIVE DA	J0696		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		not available	not available	not available	not available

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	BLUE SHIELD TRIWEST (Commerical) Professional[2,4]	ANTHEM BLUE CROSS (Commercial) Professional[3,4]	Maximum Negotiated Rate Professional[2,3,4]	Minimum Negotiated Rate Professional[2,3,4]
43242	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH T	PRIMARY PROCEDURE	43242		$ 274.47	$ 446.01	$ 446.01	$ 274.47
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		not available	not available	not available	not available
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		$ 72.92	$ 118.50	$ 118.50	$ 72.92
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 36.43	$ 59.20	$ 59.20	$ 36.43
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		$ 7.38	$ 11.99	$ 11.99	$ 7.38
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERT	PRIMARY PROCEDURE	64493		$ 97.10	$ 157.79	$ 157.79	$ 97.10
		LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CON	Q9965		not available	not available	not available	not available
		DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JO	64635		$ 206.37	$ 335.35	$ 335.35	$ 206.37
		INJECTION, BUPIVICAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	J0665		not available	not available	not available	not available
		INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	J1040		not available	not available	not available	not available
90744	HEPATITIS B VACCINE (HEPB), PEDIATRIC/ADOLESCENT DOSAGE	PRIMARY PROCEDURE	90744		not available	not available	not available	not available

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		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CAR	PRIMARY PROCEDURE	30520		$ 759.08	$ 1,233.51	$ 1,233.51	$ 759.08
		ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERA	30802		$ 227.68	$ 369.98	$ 369.98	$ 227.68
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG,	PRIMARY PROCEDURE	36821		$ 661.29	$ 1,074.60	$ 1,074.60	$ 661.29
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

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		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available
45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL	PRIMARY PROCEDURE	45990		$ 111.12	$ 180.57	$ 180.57	$ 111.12
99387	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99387		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99202		$ 49.99	$ 81.23	$ 81.23	$ 49.99
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		not available	not available	not available	not available
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	PRIMARY PROCEDURE	92550		$ 23.90	$ 38.84	$ 38.84	$ 23.90
		COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEEC	92557		$ 33.99	$ 55.23	$ 55.23	$ 33.99
33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIB	PRIMARY PROCEDURE	33249		$ 934.63	$ 1,518.77	$ 1,518.77	$ 934.63
		INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, F	33225		$ 463.10	$ 752.54	$ 752.54	$ 463.10
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		$ 7.38	$ 11.99	$ 11.99	$ 7.38
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		$ 8.86	$ 14.40	$ 14.40	$ 8.86
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available

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					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	PRIMARY PROCEDURE	92081		$ 16.99	$ 27.61	$ 27.61	$ 16.99
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	PRIMARY PROCEDURE	D2392		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		not available	not available	not available	not available
20611	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOIN	PRIMARY PROCEDURE	20611		$ 61.87	$ 100.54	$ 100.54	$ 61.87
90480	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION	PRIMARY PROCEDURE	90480		not available	not available	not available	not available
		SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-C	91320		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
43247	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH R	PRIMARY PROCEDURE	43247		$ 185.02	$ 300.66	$ 300.66	$ 185.02
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	PRIMARY PROCEDURE	62270		$ 64.81	$ 105.32	$ 105.32	$ 64.81
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		$ 31.48	$ 51.16	$ 51.16	$ 31.48
		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PLASMA	84155		not available	not available	not available	not available
		SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUANTITATIVE	86593		not available	not available	not available	not available
		CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINA	89050		not available	not available	not available	not available
		GLUCOSE, BODY FLUID, OTHER THAN BLOOD	82945		not available	not available	not available	not available
43251	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH R	PRIMARY PROCEDURE	43251		$ 205.12	$ 333.32	$ 333.32	$ 205.12

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		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		not available	not available	not available	not available
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 36.43	$ 59.20	$ 59.20	$ 36.43
		ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH B	43239		$ 145.83	$ 236.97	$ 236.97	$ 145.83
		DISCHARGE MEDICATIONS RECONCILED WITH THE CURRENT MEDIC	1111F		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
49591	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC,	PRIMARY PROCEDURE	49591		$ 352.24	$ 572.39	$ 572.39	$ 352.24
		ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTH	00750		not available	not available	not available	not available
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		$ 7.12	$ 11.57	$ 11.57	$ 7.12
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available

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		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; ABO	86900		not available	not available	not available	not available
10021	FINE NEEDLE ASPIRATION BIOPSY, WITHOUT IMAGING GUIDANCE	PRIMARY PROCEDURE	10021		$ 57.22	$ 92.98	$ 92.98	$ 57.22
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99203		$ 86.20	$ 140.08	$ 140.08	$ 86.20
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		$ 72.92	$ 118.50	$ 118.50	$ 72.92
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT (EG, DEPRESSION I	PRIMARY PROCEDURE	96127		$ 5.40	$ 8.78	$ 8.78	$ 5.40
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC V	PRIMARY PROCEDURE	36819		$ 729.76	$ 1,185.86	$ 1,185.86	$ 729.76
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available

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					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	99195		$ 113.06	$ 183.72	$ 183.72	$ 113.06
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG,	PRIMARY PROCEDURE	11056		$ 22.63	$ 36.77	$ 36.77	$ 22.63
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
90756	INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIIV4), DERIVED	PRIMARY PROCEDURE	90756		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		not available	not available	not available	not available
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIIV4), DERIVED	90674		not available	not available	not available	not available
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBEC	PRIMARY PROCEDURE	36832		$ 759.20	$ 1,233.70	$ 1,233.70	$ 759.20
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
36902	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS	PRIMARY PROCEDURE	36902		$ 241.30	$ 392.11	$ 392.11	$ 241.30
		GUIDE WIRE	C1769		not available	not available	not available	not available

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR	PRIMARY PROCEDURE	57288		$ 798.68	$ 1,297.86	$ 1,297.86	$ 798.68
		CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATI	52287		$ 175.26	$ 284.80	$ 284.80	$ 175.26
		REPAIR DEVICE, URINARY, INCONTINENCE, WITH SLING GRAFT	C1771		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A	PRIMARY PROCEDURE	28890		$ 246.19	$ 400.06	$ 400.06	$ 246.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 37.18	$ 60.42	$ 60.42	$ 37.18
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; W	PRIMARY PROCEDURE	76519		$ 32.47	$ 52.76	$ 52.76	$ 32.47

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		COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERA	92025		$ 20.72	$ 33.67	$ 33.67	$ 20.72
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	PRIMARY PROCEDURE	65426		$ 527.48	$ 857.16	$ 857.16	$ 527.48
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92012		$ 53.66	$ 87.20	$ 87.20	$ 53.66
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		$ 11.84	$ 19.24	$ 19.24	$ 11.84
46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTUL	PRIMARY PROCEDURE	46270		$ 441.57	$ 717.55	$ 717.55	$ 441.57
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	PRIMARY PROCEDURE	36512		$ 111.87	$ 181.79	$ 181.79	$ 111.87
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVE	Q0163		not available	not available	not available	not available
		BLOOD, SPLIT UNIT	P9011		not available	not available	not available	not available
		RED BLOOD CELLS, LEUKOCYTES REDUCED, EACH UNIT	P9016		not available	not available	not available	not available
		HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMATOGRAP	83021		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION, CALCIUM GLUCONATE (WG CRITICAL CARE), PER 10	J0613		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available

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		BLOOD COUNT; RED BLOOD CELL (RBC), AUTOMATED	85041		not available	not available	not available	not available
		BLOOD COUNT; HEMOGLOBIN (HGB)	85018		not available	not available	not available	not available
		BLOOD COUNT; HEMATOCRIT (HCT)	85014		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	PRIMARY PROCEDURE	67036		$ 979.35	$ 1,591.44	$ 1,591.44	$ 979.35
		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	00145		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE D	PRIMARY PROCEDURE	93307		$ 45.32	$ 73.65	$ 73.65	$ 45.32
		ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE D	93306		$ 72.06	$ 117.10	$ 117.10	$ 72.06
D1351	SEALANT-PER TOOTH	PRIMARY PROCEDURE	D1351		not available	not available	not available	not available
		RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	D2392		not available	not available	not available	not available
		LOCAL ANESTHESIA	D9215		not available	not available	not available	not available
		ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	D9230		not available	not available	not available	not available
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATER	PRIMARY PROCEDURE	27814		$ 833.73	$ 1,354.81	$ 1,354.81	$ 833.73
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 15.47	$ 25.14	$ 25.14	$ 15.47
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 V	73610		$ 8.91	$ 14.48	$ 14.48	$ 8.91
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available

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		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES	PRIMARY PROCEDURE	27822		$ 959.83	$ 1,559.72	$ 1,559.72	$ 959.83
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 15.47	$ 25.14	$ 25.14	$ 15.47
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 V	73610		$ 8.91	$ 14.48	$ 14.48	$ 8.91
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
96920	EXCIMER LASER TREATMENT FOR PSORIASIS; TOTAL AREA LESS	PRIMARY PROCEDURE	96920		$ 68.06	$ 110.60	$ 110.60	$ 68.06
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
90935	HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYS	PRIMARY PROCEDURE	90935		$ 74.47	$ 121.01	$ 121.01	$ 74.47
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIA	PRIMARY PROCEDURE	20605		$ 38.77	$ 63.00	$ 63.00	$ 38.77

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		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, W, Y,	PRIMARY PROCEDURE	90734		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
90658	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	PRIMARY PROCEDURE	90658		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		not available	not available	not available	not available
90654	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	PRIMARY PROCEDURE	90654		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		not available	not available	not available	not available
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	PRIMARY PROCEDURE	50200		$ 131.78	$ 214.14	$ 214.14	$ 131.78
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG,	77012		$ 72.38	$ 117.62	$ 117.62	$ 72.38
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87635		not available	not available	not available	not available
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88312		$ 27.70	$ 45.01	$ 45.01	$ 27.70

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		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88313		$ 12.53	$ 20.36	$ 20.36	$ 12.53
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	PRIMARY PROCEDURE	31652		$ 226.74	$ 368.45	$ 368.45	$ 226.74
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99152		$ 12.54	$ 20.38	$ 20.38	$ 12.54
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99153		$ 13.58	$ 22.07	$ 22.07	$ 13.58
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88341		$ 29.19	$ 47.43	$ 47.43	$ 29.19
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		$ 72.92	$ 118.50	$ 118.50	$ 72.92
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 36.43	$ 59.20	$ 59.20	$ 36.43
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		$ 8.86	$ 14.40	$ 14.40	$ 8.86
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPA	PRIMARY PROCEDURE	29827		$ 1,151.80	$ 1,871.68	$ 1,871.68	$ 1,151.80
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES	01630		not available	not available	not available	not available
		COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MA	70450		$ 42.33	$ 68.79	$ 68.79	$ 42.33
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		$ 7.38	$ 11.99	$ 11.99	$ 7.38
		COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE T	80053		not available	not available	not available	not available

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		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		not available	not available	not available	not available
		CONNECTIVE TISSUE, NON-HUMAN (INCLUDES SYNTHETIC)	C1763		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, PROCHLORPERAZINE, UP TO 10 MG	J0780		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	PRIMARY PROCEDURE	81479		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
3008F	BODY MASS INDEX (BMI), DOCUMENTED (PV)	PRIMARY PROCEDURE	3008F		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSUR	PRIMARY PROCEDURE	17110		$ 77.56	$ 126.04	$ 126.04	$ 77.56
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 37.18	$ 60.42	$ 60.42	$ 37.18
11981	INSERTION, DRUG-DELIVERY IMPLANT (IE, BIORESORBABLE, BI	PRIMARY PROCEDURE	11981		$ 65.03	$ 105.67	$ 105.67	$ 65.03
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 37.18	$ 60.42	$ 60.42	$ 37.18

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		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
		ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING	J7307		not available	not available	not available	not available
90710	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV),	PRIMARY PROCEDURE	90710		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	90696		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		$ 16.56	$ 26.91	$ 26.91	$ 16.56
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS	PRIMARY PROCEDURE	36901		$ 169.20	$ 274.95	$ 274.95	$ 169.20
		TRANSLUMINAL BALLOON ANGIOPLASTY, CENTRAL DIALYSIS SEGM	36907		$ 146.19	$ 237.56	$ 237.56	$ 146.19
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		not available	not available	not available	not available
		INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS	36903		$ 315.65	$ 512.93	$ 512.93	$ 315.65
		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10	J1642		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available

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		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 U	J7040		not available	not available	not available	not available
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LAT	PRIMARY PROCEDURE	27447		$ 1,366.53	$ 2,220.61	$ 2,220.61	$ 1,366.53
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES	01402		not available	not available	not available	not available
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		RADIOLOGIC EXAMINATION, KNEE; 1 OR 2 VIEWS	73560		$ 8.56	$ 13.91	$ 13.91	$ 8.56
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION	88311		$ 12.53	$ 20.36	$ 20.36	$ 12.53
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		not available	not available	not available	not available
		JOINT DEVICE (IMPLANTABLE)	C1776		not available	not available	not available	not available
		INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	J0171		not available	not available	not available	not available
		INJECTION, BUPIVICAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	J0665		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	PRIMARY PROCEDURE	44970		$ 635.50	$ 1,032.69	$ 1,032.69	$ 635.50
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDO	00840		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE[1]
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	BLUE SHIELD TRIWEST (Commerical) Professional[2,4]	ANTHEM BLUE CROSS (Commercial) Professional[3,4]	Maximum Negotiated Rate Professional[2,3,4]	Minimum Negotiated Rate Professional[2,3,4]
		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, W	74174		$ 108.87	$ 176.91	$ 176.91	$ 108.87
		ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATI	76705		$ 29.10	$ 47.29	$ 47.29	$ 29.10
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		$ 11.84	$ 19.24	$ 19.24	$ 11.84
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		$ 7.38	$ 11.99	$ 11.99	$ 7.38
		COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE T	80053		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG EFFECTIVE DA	J0696		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, GLYCOPYRROLATE, 0.1 MG EFF. DATE: 01/01/202	J1596		not available	not available	not available	not available
		INJECTION, METRONIDAZOLE, 10 MG EFF. DATE: 7/1/2023	J1836		not available	not available	not available	not available
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL	PRIMARY PROCEDURE	93015		$ 81.38	$ 132.24	$ 132.24	$ 81.38
		CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL	93017		$ 44.58	$ 72.44	$ 72.44	$ 44.58
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	PRIMARY PROCEDURE	J3420		not available	not available	not available	not available
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		$ 16.06	$ 26.10	$ 26.10	$ 16.06

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		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
66180	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR	PRIMARY PROCEDURE	66180		$ 1,249.12	$ 2,029.82	$ 2,029.82	$ 1,249.12
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available
67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOV	PRIMARY PROCEDURE	67041		$ 1,239.69	$ 2,014.50	$ 2,014.50	$ 1,239.69
		INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL	67025		$ 693.22	$ 1,126.48	$ 1,126.48	$ 693.22
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSU	PRIMARY PROCEDURE	91110		$ 118.65	$ 192.81	$ 192.81	$ 118.65
11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PE	PRIMARY PROCEDURE	11104		$ 49.37	$ 80.23	$ 80.23	$ 49.37
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH	PRIMARY PROCEDURE	57522		$ 278.83	$ 453.10	$ 453.10	$ 278.83
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		$ 85.65	$ 139.18	$ 139.18	$ 85.65
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available

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		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; ABO	86900		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE (	PRIMARY PROCEDURE	11750		$ 111.45	$ 181.11	$ 181.11	$ 111.45
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 37.18	$ 60.42	$ 60.42	$ 37.18
90461	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	PRIMARY PROCEDURE	90461		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF	PRIMARY PROCEDURE	58662		$ 758.38	$ 1,232.37	$ 1,232.37	$ 758.38
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDO	00840		not available	not available	not available	not available
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		$ 11.84	$ 19.24	$ 19.24	$ 11.84
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available

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		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	J2175		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLA	PRIMARY PROCEDURE	69631		$ 992.90	$ 1,613.46	$ 1,613.46	$ 992.90
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available

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42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	PRIMARY PROCEDURE	42826		$ 283.37	$ 460.48	$ 460.48	$ 283.37
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		$ 11.84	$ 19.24	$ 19.24	$ 11.84
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	PRIMARY PROCEDURE	36558		$ 269.30	$ 437.61	$ 437.61	$ 269.30
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, ME	PRIMARY PROCEDURE	51736		$ 8.51	$ 13.83	$ 13.83	$ 8.51
		MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADD	51798		$ 13.35	$ 21.69	$ 21.69	$ 13.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
95819	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE A	PRIMARY PROCEDURE	95819		$ 60.07	$ 97.61	$ 97.61	$ 60.07

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		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		$ 102.80	$ 167.05	$ 167.05	$ 102.80
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, F	PRIMARY PROCEDURE	90707		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	PRIMARY PROCEDURE	J0585		not available	not available	not available	not available
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		$ 16.06	$ 26.10	$ 26.10	$ 16.06
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 37.18	$ 60.42	$ 60.42	$ 37.18
49084	PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PER	PRIMARY PROCEDURE	49084		$ 108.32	$ 176.02	$ 176.02	$ 108.32
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
31629	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	PRIMARY PROCEDURE	31629		$ 192.39	$ 312.63	$ 312.63	$ 192.39
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	31624		$ 138.47	$ 225.01	$ 225.01	$ 138.47
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	31625		$ 161.26	$ 262.05	$ 262.05	$ 161.26
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	31627		$ 98.44	$ 159.97	$ 159.97	$ 98.44
		ANESTHESIA FOR CLOSED CHEST PROCEDURES; (INCLUDING BRON	00520		not available	not available	not available	not available
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		$ 72.92	$ 118.50	$ 118.50	$ 72.92
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMME	88172		$ 36.88	$ 59.93	$ 59.93	$ 36.88

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		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT	87281		not available	not available	not available	not available
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHN	87305		not available	not available	not available	not available
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		$ 8.86	$ 14.40	$ 14.40	$ 8.86
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, A	87116		not available	not available	not available	not available
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88312		$ 27.70	$ 45.01	$ 45.01	$ 27.70
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88313		$ 12.53	$ 20.36	$ 20.36	$ 12.53
		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPT	87102		not available	not available	not available	not available
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 6 OR MORE	PRIMARY PROCEDURE	11721		$ 24.42	$ 39.68	$ 39.68	$ 24.42
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METH	PRIMARY PROCEDURE	67108		$ 1,289.09	$ 2,094.77	$ 2,094.77	$ 1,289.09
		INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL	67025		$ 693.22	$ 1,126.48	$ 1,126.48	$ 693.22
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available

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		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	58555		$ 159.26	$ 258.80	$ 258.80	$ 159.26
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTE	PRIMARY PROCEDURE	58573		$ 1,295.03	$ 2,104.42	$ 2,104.42	$ 1,295.03
		REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY	11200		$ 86.15	$ 139.99	$ 139.99	$ 86.15
		CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	52000		$ 83.66	$ 135.95	$ 135.95	$ 83.66
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDO	00840		not available	not available	not available	not available
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		$ 85.65	$ 139.18	$ 139.18	$ 85.65
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		$ 11.84	$ 19.24	$ 19.24	$ 11.84
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		$ 7.12	$ 11.57	$ 11.57	$ 7.12
		INJECTION, ATROPINE SULFATE, 0.01 MG	J0461		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, METRONIDAZOLE, 10 MG EFF. DATE: 7/1/2023	J1836		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPID	J2274		not available	not available	not available	not available

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		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	PRIMARY PROCEDURE	76818		$ 53.17	$ 86.40	$ 86.40	$ 53.17
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
91312	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-C	PRIMARY PROCEDURE	91312		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION	0124A		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	PRIMARY PROCEDURE	47000		$ 91.34	$ 148.43	$ 148.43	$ 91.34
		FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUI	10005		$ 75.78	$ 123.14	$ 123.14	$ 75.78
		TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTE	75970		$ 38.91	$ 63.23	$ 63.23	$ 38.91
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88312		$ 27.70	$ 45.01	$ 45.01	$ 27.70
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88313		$ 12.53	$ 20.36	$ 20.36	$ 12.53
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 U	J7040		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available

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					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; ABO	86900		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
99170	ANOGENITAL EXAMINATION, MAGNIFIED, IN CHILDHOOD FOR SUS	PRIMARY PROCEDURE	99170		$ 88.89	$ 144.45	$ 144.45	$ 88.89
		OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ES	99244		$ 142.29	$ 231.22	$ 231.22	$ 142.29
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87491		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87591		not available	not available	not available	not available
90698	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	PRIMARY PROCEDURE	90698		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T CONJ	90648		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		$ 16.56	$ 26.91	$ 26.91	$ 16.56
		PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR	90677		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	90723		not available	not available	not available	not available
43274	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	PRIMARY PROCEDURE	43274		$ 480.91	$ 781.48	$ 781.48	$ 480.91
		ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH E	43237		$ 205.06	$ 333.22	$ 333.22	$ 205.06

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		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	74330		$ 28.46	$ 46.25	$ 46.25	$ 28.46
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTE	88108		$ 23.44	$ 38.09	$ 38.09	$ 23.44
		INJECTION, GLUCAGON HYDROCHLORIDE (FRESENIUS KABI), NOT	J1611		not available	not available	not available	not available
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
87635	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	PRIMARY PROCEDURE	87635		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
D9211	REGIONAL BLOCK ANESTHESIA	PRIMARY PROCEDURE	D9211		not available	not available	not available	not available
		RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	D2392		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		not available	not available	not available	not available
62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC; WITH FLUOROSCOPIC	PRIMARY PROCEDURE	62328		$ 88.55	$ 143.89	$ 143.89	$ 88.55
		DISCOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTER	72295		$ 41.63	$ 67.65	$ 67.65	$ 41.63

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		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	PRIMARY PROCEDURE	29405		$ 64.12	$ 104.20	$ 104.20	$ 64.12
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99203		$ 86.20	$ 140.08	$ 140.08	$ 86.20
44388	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, INCLUDING COLLEC	PRIMARY PROCEDURE	44388		$ 162.98	$ 264.84	$ 264.84	$ 162.98
		COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION	45378		$ 193.07	$ 313.74	$ 313.74	$ 193.07
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	G0500		$ 5.75	$ 9.34	$ 9.34	$ 5.75
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	PRIMARY PROCEDURE	20206		$ 60.48	$ 98.28	$ 98.28	$ 60.48
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		$ 31.48	$ 51.16	$ 51.16	$ 31.48
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88341		$ 29.19	$ 47.43	$ 47.43	$ 29.19
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		$ 72.92	$ 118.50	$ 118.50	$ 72.92
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID,	76536		$ 28.06	$ 45.60	$ 45.60	$ 28.06
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 36.43	$ 59.20	$ 59.20	$ 36.43
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

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J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), P	PRIMARY PROCEDURE	J1950		not available	not available	not available	not available
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		$ 16.06	$ 26.10	$ 26.10	$ 16.06
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	PRIMARY PROCEDURE	D0230		not available	not available	not available	not available
		BITEWINGS-TWO FILMS	D0272		not available	not available	not available	not available
		CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	D0603		not available	not available	not available	not available
		PROPHYLAXIS-CHILD	D1120		not available	not available	not available	not available
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	D1206		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		not available	not available	not available	not available
29075	APPLICATION, CAST; ELBOW TO FINGER (SHORT ARM)	PRIMARY PROCEDURE	29075		$ 68.71	$ 111.65	$ 111.65	$ 68.71
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
		RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF 3 V	73110		$ 8.91	$ 14.48	$ 14.48	$ 8.91
49593	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC,	PRIMARY PROCEDURE	49593		$ 586.77	$ 953.50	$ 953.50	$ 586.77
		ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTH	00750		not available	not available	not available	not available
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		$ 7.12	$ 11.57	$ 11.57	$ 7.12
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available

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		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	PRIMARY PROCEDURE	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
38221	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	PRIMARY PROCEDURE	38221		$ 74.52	$ 121.10	$ 121.10	$ 74.52
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, W	88262		not available	not available	not available	not available
		FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	88189		$ 87.43	$ 142.07	$ 142.07	$ 87.43
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR M	88184		$ 92.67	$ 150.59	$ 150.59	$ 92.67
		BONE MARROW, SMEAR INTERPRETATION	85097		$ 50.45	$ 81.98	$ 81.98	$ 50.45
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 36.43	$ 59.20	$ 59.20	$ 36.43
		FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR M	88185		$ 28.22	$ 45.86	$ 45.86	$ 28.22
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION	88311		$ 12.53	$ 20.36	$ 20.36	$ 12.53
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88313		$ 12.53	$ 20.36	$ 20.36	$ 12.53
		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10	J1642		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
68200	SUBCONJUNCTIVAL INJECTION	PRIMARY PROCEDURE	68200		$ 36.99	$ 60.11	$ 60.11	$ 36.99
		INJECTION, BEVACIZUMAB, 10 MG	J9035		not available	not available	not available	not available

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		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99396		not available	not available	not available	not available
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92014		$ 80.78	$ 131.27	$ 131.27	$ 80.78
		INJECTION, BEVACIZUMAB, 0.25 MG	C9257		not available	not available	not available	not available
87624	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	PRIMARY PROCEDURE	87624		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
87661	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	PRIMARY PROCEDURE	87661		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFI	PRIMARY PROCEDURE	38505		$ 89.83	$ 145.97	$ 145.97	$ 89.83
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		$ 31.48	$ 51.16	$ 51.16	$ 31.48
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88341		$ 29.19	$ 47.43	$ 47.43	$ 29.19
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		$ 72.92	$ 118.50	$ 118.50	$ 72.92
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 36.43	$ 59.20	$ 59.20	$ 36.43
		INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICAT	38792		$ 33.13	$ 53.84	$ 53.84	$ 33.13
19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PL	PRIMARY PROCEDURE	19125		$ 494.23	$ 803.12	$ 803.12	$ 494.23

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		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		$ 85.65	$ 139.18	$ 139.18	$ 85.65
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 36.43	$ 59.20	$ 59.20	$ 36.43
		RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	76098		$ 15.98	$ 25.97	$ 25.97	$ 15.98
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH	PRIMARY PROCEDURE	57520		$ 325.17	$ 528.40	$ 528.40	$ 325.17
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		$ 85.65	$ 139.18	$ 139.18	$ 85.65
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 36.43	$ 59.20	$ 59.20	$ 36.43
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

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		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; ABO	86900		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
H1001	PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MAN	PRIMARY PROCEDURE	H1001		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	81000		not available	not available	not available	not available
32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS,	PRIMARY PROCEDURE	32408		$ 155.81	$ 253.19	$ 253.19	$ 155.81
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG,	77012		$ 72.38	$ 117.62	$ 117.62	$ 72.38
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88341		$ 29.19	$ 47.43	$ 47.43	$ 29.19
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 36.43	$ 59.20	$ 59.20	$ 36.43
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		$ 8.86	$ 14.40	$ 14.40	$ 8.86
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN	PRIMARY PROCEDURE	57455		$ 113.57	$ 184.55	$ 184.55	$ 113.57
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	BLUE SHIELD TRIWEST (Commerical) Professional[2,4]	ANTHEM BLUE CROSS (Commercial) Professional[3,4]	Maximum Negotiated Rate Professional[2,3,4]	Minimum Negotiated Rate Professional[2,3,4]
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REP	PRIMARY PROCEDURE	33228		$ 367.06	$ 596.47	$ 596.47	$ 367.06
		INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPL	33270		$ 575.19	$ 934.68	$ 934.68	$ 575.19
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
1034F	CURRENT TOBACCO SMOKER (CAD, CAP, COPD, PV) (DM)	PRIMARY PROCEDURE	1034F		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR VENA CAVA FILTER,	PRIMARY PROCEDURE	37193		$ 347.32	$ 564.40	$ 564.40	$ 347.32
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		not available	not available	not available	not available
		INSERTION OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCUL	37191		$ 222.03	$ 360.80	$ 360.80	$ 222.03
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
92551	SCREENING TEST, PURE TONE, AIR ONLY	PRIMARY PROCEDURE	92551		not available	not available	not available	not available
		SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERA	99173		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
38500	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	PRIMARY PROCEDURE	38500		$ 271.76	$ 441.61	$ 441.61	$ 271.76

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	BLUE SHIELD TRIWEST (Commerical) Professional[2,4]	ANTHEM BLUE CROSS (Commercial) Professional[3,4]	Maximum Negotiated Rate Professional[2,3,4]	Minimum Negotiated Rate Professional[2,3,4]
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		$ 31.48	$ 51.16	$ 51.16	$ 31.48
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88341		$ 29.19	$ 47.43	$ 47.43	$ 29.19
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 36.43	$ 59.20	$ 59.20	$ 36.43
		INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICAT	38792		$ 33.13	$ 53.84	$ 53.84	$ 33.13
97804	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(	PRIMARY PROCEDURE	97804		$ 16.85	$ 27.38	$ 27.38	$ 16.85
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED W	PRIMARY PROCEDURE	90836		$ 85.17	$ 138.40	$ 138.40	$ 85.17
J0741	INJ, CABOTE RILPIVIR 2MG 3MG INJECTION, CABOTEGRAVIR AN	PRIMARY PROCEDURE	J0741		not available	not available	not available	not available
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		$ 16.06	$ 26.10	$ 26.10	$ 16.06
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
37224	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS,	PRIMARY PROCEDURE	37224		$ 436.65	$ 709.56	$ 709.56	$ 436.65
		INTRODUCTION OF NEEDLE OR INTRACATHETER, UPPER OR LOWER	36140		$ 88.39	$ 143.63	$ 143.63	$ 88.39
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSE	PRIMARY PROCEDURE	D0160		not available	not available	not available	not available
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR	PRIMARY PROCEDURE	95957		$ 107.48	$ 174.66	$ 174.66	$ 107.48

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					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN	PRIMARY PROCEDURE	57452		$ 96.89	$ 157.45	$ 157.45	$ 96.89
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 37.18	$ 60.42	$ 60.42	$ 37.18
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	PRIMARY PROCEDURE	11982		$ 75.84	$ 123.24	$ 123.24	$ 75.84
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 37.18	$ 60.42	$ 60.42	$ 37.18
49406	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG,	PRIMARY PROCEDURE	49406		$ 198.41	$ 322.42	$ 322.42	$ 198.41
90632	HEPATITIS A VACCINE (HEPA), ADULT DOSAGE, FOR INTRAMUSC	PRIMARY PROCEDURE	90632		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	PRIMARY PROCEDURE	59840		$ 237.85	$ 386.51	$ 386.51	$ 237.85
		ANESTHESIA FOR INDUCED ABORTION PROCEDURES	01966		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87635		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87661		not available	not available	not available	not available
		ULTRASOUND, TRANSVAGINAL	76830		$ 34.56	$ 56.16	$ 56.16	$ 34.56
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	76815		$ 32.38	$ 52.62	$ 52.62	$ 32.38
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87491		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87591		not available	not available	not available	not available

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		GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE	84702		not available	not available	not available	not available
		ANTIBODY; TREPONEMA PALLIDUM	86780		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG EFFECTIVE DA	J0696		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSI	PRIMARY PROCEDURE	27829		$ 781.69	$ 1,270.25	$ 1,270.25	$ 781.69
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 V	73610		$ 8.91	$ 14.48	$ 14.48	$ 8.91
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	PRIMARY PROCEDURE	30420		$ 1,613.39	$ 2,621.76	$ 2,621.76	$ 1,613.39
		CARTILAGE GRAFT; NASAL SEPTUM	20912		$ 530.71	$ 862.40	$ 862.40	$ 530.71
		ALLOGRAFT, INCLUDES TEMPLATING, CUTTING, PLACEMENT AND	20932		$ 780.53	$ 1,268.36	$ 1,268.36	$ 780.53
		FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	30930		$ 132.87	$ 215.91	$ 215.91	$ 132.87
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available

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		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	PRIMARY PROCEDURE	31653		$ 251.03	$ 407.92	$ 407.92	$ 251.03
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	31624		$ 138.47	$ 225.01	$ 225.01	$ 138.47
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	31625		$ 161.26	$ 262.05	$ 262.05	$ 161.26
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		$ 72.92	$ 118.50	$ 118.50	$ 72.92
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTE	88108		$ 23.44	$ 38.09	$ 38.09	$ 23.44
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	BLUE SHIELD TRIWEST (Commerical) Professional[2,4]	ANTHEM BLUE CROSS (Commercial) Professional[3,4]	Maximum Negotiated Rate Professional[2,3,4]	Minimum Negotiated Rate Professional[2,3,4]
		CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CE	88104		$ 28.80	$ 46.80	$ 46.80	$ 28.80
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 36.43	$ 59.20	$ 59.20	$ 36.43
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		$ 8.86	$ 14.40	$ 14.40	$ 8.86
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, A	87116		not available	not available	not available	not available
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76817		$ 37.83	$ 61.47	$ 61.47	$ 37.83
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSS	PRIMARY PROCEDURE	66710		$ 429.92	$ 698.62	$ 698.62	$ 429.92
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL	PRIMARY PROCEDURE	57160		$ 47.60	$ 77.35	$ 77.35	$ 47.60
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
86480	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPO	PRIMARY PROCEDURE	86480		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL)	PRIMARY PROCEDURE	96450		$ 79.73	$ 129.56	$ 129.56	$ 79.73
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTE	88108		$ 23.44	$ 38.09	$ 38.09	$ 23.44
		STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 1	A4216		not available	not available	not available	not available
		INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 M	J1720		not available	not available	not available	not available
		INJECTION, METHOTREXATE SODIUM, 50 MG EFFECTIVE DATE:	J9260		not available	not available	not available	not available
		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PLASMA	84155		not available	not available	not available	not available

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		CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINA	89050		not available	not available	not available	not available
		GLUCOSE, BODY FLUID, OTHER THAN BLOOD	82945		not available	not available	not available	not available
46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, 2 OR MORE COLU	PRIMARY PROCEDURE	46260		$ 522.33	$ 848.79	$ 848.79	$ 522.33
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		$ 11.84	$ 19.24	$ 19.24	$ 11.84
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR	PRIMARY PROCEDURE	66852		$ 916.43	$ 1,489.20	$ 1,489.20	$ 916.43
		ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY	00142		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO	PRIMARY PROCEDURE	96360		$ 37.52	$ 60.97	$ 60.97	$ 37.52

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					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
99078	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL Q	PRIMARY PROCEDURE	99078		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL JOIN	PRIMARY PROCEDURE	20600		$ 37.68	$ 61.23	$ 61.23	$ 37.68
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
43277	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	PRIMARY PROCEDURE	43277		$ 393.86	$ 640.02	$ 640.02	$ 393.86
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		not available	not available	not available	not available
		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	43264		$ 379.04	$ 615.94	$ 615.94	$ 379.04
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 15.47	$ 25.14	$ 25.14	$ 15.47
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHOD	81025		not available	not available	not available	not available

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					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
77427	RADIATION TREATMENT MANAGEMENT, 5 TREATMENTS	PRIMARY PROCEDURE	77427		$ 205.13	$ 333.34	$ 333.34	$ 205.13
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 37.18	$ 60.42	$ 60.42	$ 37.18
10005	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUI	PRIMARY PROCEDURE	10005		$ 75.78	$ 123.14	$ 123.14	$ 75.78
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		$ 72.92	$ 118.50	$ 118.50	$ 72.92
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
21931	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTAN	PRIMARY PROCEDURE	21931		$ 503.65	$ 818.43	$ 818.43	$ 503.65
		ANESTHESIA FOR ALL PROCEDURES ON THE INTEGUMENTARY SYST	00300		not available	not available	not available	not available
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		$ 11.84	$ 19.24	$ 19.24	$ 11.84
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJ	PRIMARY PROCEDURE	J2353		not available	not available	not available	not available
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		$ 16.06	$ 26.10	$ 26.10	$ 16.06
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
92555	SPEECH AUDIOMETRY THRESHOLD;	PRIMARY PROCEDURE	92555		$ 34.41	$ 55.92	$ 55.92	$ 34.41
		VISUAL REINFORCEMENT AUDIOMETRY (VRA)	92579		$ 39.45	$ 64.11	$ 64.11	$ 39.45
		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550		$ 23.90	$ 38.84	$ 38.84	$ 23.90

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	BLUE SHIELD TRIWEST (Commerical) Professional[2,4]	ANTHEM BLUE CROSS (Commercial) Professional[3,4]	Maximum Negotiated Rate Professional[2,3,4]	Minimum Negotiated Rate Professional[2,3,4]
		DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; LIMITE	92587		$ 19.13	$ 31.09	$ 31.09	$ 19.13
51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIP	PRIMARY PROCEDURE	51728		$ 107.36	$ 174.46	$ 174.46	$ 107.36
		VOIDING PRESSURE STUDIES, INTRA-ABDOMINAL (IE, RECTAL,	51797		$ 41.11	$ 66.80	$ 66.80	$ 41.11
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
96379	UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRA	PRIMARY PROCEDURE	96379		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
		INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	J1050		not available	not available	not available	not available
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTUR	PRIMARY PROCEDURE	25608		$ 910.19	$ 1,479.06	$ 1,479.06	$ 910.19
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 15.47	$ 25.14	$ 25.14	$ 15.47
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	55250		$ 251.67	$ 408.96	$ 408.96	$ 251.67
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		$ 7.12	$ 11.57	$ 11.57	$ 7.12

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		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALL	PRIMARY PROCEDURE	27792		$ 708.35	$ 1,151.07	$ 1,151.07	$ 708.35
		OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSI	27829		$ 781.69	$ 1,270.25	$ 1,270.25	$ 781.69
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 15.47	$ 25.14	$ 25.14	$ 15.47
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 V	73610		$ 8.91	$ 14.48	$ 14.48	$ 8.91
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
33263	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WI	PRIMARY PROCEDURE	33263		$ 399.81	$ 649.69	$ 649.69	$ 399.81
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available

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		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		$ 7.38	$ 11.99	$ 11.99	$ 7.38
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	PRIMARY PROCEDURE	43260		$ 336.24	$ 546.39	$ 546.39	$ 336.24
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		not available	not available	not available	not available
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 15.47	$ 25.14	$ 25.14	$ 15.47
		INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200	J0744		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISH	PRIMARY PROCEDURE	D0180		not available	not available	not available	not available
D2330	RESIN-ONE SURFACE, ANTERIOR	PRIMARY PROCEDURE	D2330		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		not available	not available	not available	not available

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					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH	PRIMARY PROCEDURE	36590		$ 198.62	$ 322.76	$ 322.76	$ 198.62
		REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	49422		$ 225.35	$ 366.19	$ 366.19	$ 225.35
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
67311	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; 1	PRIMARY PROCEDURE	67311		$ 500.83	$ 813.85	$ 813.85	$ 500.83
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMU	PRIMARY PROCEDURE	51715		$ 207.86	$ 337.77	$ 337.77	$ 207.86
		ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URET	00910		not available	not available	not available	not available
		IMPLANTABLE/INSERTABLE DEVICE, NOT OTHERWISE CLASSIFIED	C1889		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available

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		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; ABO	86900		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TI	PRIMARY PROCEDURE	76826		$ 41.57	$ 67.55	$ 67.55	$ 41.57
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99215		$ 152.65	$ 248.06	$ 248.06	$ 152.65
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPOR	PRIMARY PROCEDURE	D5899		not available	not available	not available	not available
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		not available	not available	not available	not available
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TO	PRIMARY PROCEDURE	11765		$ 103.44	$ 168.09	$ 168.09	$ 103.44
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99202		$ 49.99	$ 81.23	$ 81.23	$ 49.99
46280	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTUL	PRIMARY PROCEDURE	46280		$ 526.21	$ 855.09	$ 855.09	$ 526.21
		ANESTHESIA FOR; ANORECTAL PROCEDURE	00902		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
66991	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAO	PRIMARY PROCEDURE	66991		$ 747.59	$ 1,214.83	$ 1,214.83	$ 747.59
		OCULAR IMPLANT, AQUEOUS DRAINAGE ASSIST DEVICE	C1783		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available

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90472	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	PRIMARY PROCEDURE	90472		$ 16.56	$ 26.91	$ 26.91	$ 16.56
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		$ 102.80	$ 167.05	$ 167.05	$ 102.80
87522	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	PRIMARY PROCEDURE	87522		not available	not available	not available	not available
		MOST RECENT HEMOGLOBIN A1C (HBA1C) LEVEL LESS THAN 7.0%	3044F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE T	80053		not available	not available	not available	not available
		LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOL	80061		not available	not available	not available	not available
		ANTIBODY; TREPONEMA PALLIDUM	86780		not available	not available	not available	not available
		ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	86703		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHN	87340		not available	not available	not available	not available
		HEMOGLOBIN; GLYCOSYLATED (A1C)	83036		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
55040	EXCISION OF HYDROCELE; UNILATERAL	PRIMARY PROCEDURE	55040		$ 366.48	$ 595.53	$ 595.53	$ 366.48
		ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING	00920		not available	not available	not available	not available
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		$ 7.12	$ 11.57	$ 11.57	$ 7.12
		LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY	88300		$ 4.59	$ 7.46	$ 7.46	$ 4.59
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available

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		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
58260	VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	PRIMARY PROCEDURE	58260		$ 894.60	$ 1,453.73	$ 1,453.73	$ 894.60
		CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	52000		$ 83.66	$ 135.95	$ 135.95	$ 83.66
		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF	00944		not available	not available	not available	not available
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		$ 85.65	$ 139.18	$ 139.18	$ 85.65
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		INJECTION, ACETAMINOPHEN, 10 MG	J0131		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, METRONIDAZOLE, 10 MG EFF. DATE: 7/1/2023	J1836		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	BLUE SHIELD TRIWEST (Commerical) Professional[2,4]	ANTHEM BLUE CROSS (Commercial) Professional[3,4]	Maximum Negotiated Rate Professional[2,3,4]	Minimum Negotiated Rate Professional[2,3,4]
31575	LARYNGOSCOPY, FLEXIBLE; DIAGNOSTIC	PRIMARY PROCEDURE	31575		$ 74.77	$ 121.50	$ 121.50	$ 74.77
93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERA	PRIMARY PROCEDURE	93580		$ 974.83	$ 1,584.10	$ 1,584.10	$ 974.83
		GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE	84702		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

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		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECI	PRIMARY PROCEDURE	J3301		not available	not available	not available	not available
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		$ 16.06	$ 26.10	$ 26.10	$ 16.06
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99396		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
15822	BLEPHAROPLASTY, UPPER EYELID;	PRIMARY PROCEDURE	15822		$ 444.45	$ 722.23	$ 722.23	$ 444.45
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92014		$ 80.78	$ 131.27	$ 131.27	$ 80.78
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	PRIMARY PROCEDURE	D1206		not available	not available	not available	not available
		PROPHYLAXIS-CHILD	D1120		not available	not available	not available	not available
		CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	D0603		not available	not available	not available	not available
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		not available	not available	not available	not available
52204	CYSTOURETHROSCOPY, WITH BIOPSY(S)	PRIMARY PROCEDURE	52204		$ 148.06	$ 240.60	$ 240.60	$ 148.06
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
		CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE	88112		$ 28.80	$ 46.80	$ 46.80	$ 28.80
		CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	52000		$ 83.66	$ 135.95	$ 135.95	$ 83.66
57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN	PRIMARY PROCEDURE	57460		$ 167.78	$ 272.64	$ 272.64	$ 167.78
		COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN	57456		$ 105.87	$ 172.04	$ 172.04	$ 105.87

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		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 37.18	$ 60.42	$ 60.42	$ 37.18
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		$ 85.65	$ 139.18	$ 139.18	$ 85.65
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (S	PRIMARY PROCEDURE	31231		$ 68.46	$ 111.25	$ 111.25	$ 68.46
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY	PRIMARY PROCEDURE	11200		$ 86.15	$ 139.99	$ 139.99	$ 86.15
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
46020	PLACEMENT OF SETON	PRIMARY PROCEDURE	46020		$ 123.83	$ 201.22	$ 201.22	$ 123.83
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	PRIMARY PROCEDURE	92700		not available	not available	not available	not available
		BASIC VESTIBULAR EVALUATION, INCLUDES SPONTANEOUS NYSTA	92540		$ 82.30	$ 133.74	$ 133.74	$ 82.30
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN	PRIMARY PROCEDURE	11406		$ 268.81	$ 436.82	$ 436.82	$ 268.81
		REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK A	12032		$ 208.93	$ 339.51	$ 339.51	$ 208.93

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		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 37.18	$ 60.42	$ 60.42	$ 37.18
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	PRIMARY PROCEDURE	76819		$ 38.69	$ 62.87	$ 62.87	$ 38.69
		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	76811		$ 95.84	$ 155.74	$ 155.74	$ 95.84
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPUR	PRIMARY PROCEDURE	10060		$ 119.63	$ 194.40	$ 194.40	$ 119.63
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
J0897	INJECTION, DENOSUMAB, 1 MG	PRIMARY PROCEDURE	J0897		not available	not available	not available	not available
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		$ 16.06	$ 26.10	$ 26.10	$ 16.06
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
90611	SMALLPOX AND MONKEYPOX VACCINE, ATTENUATED VACCINIA VIR	PRIMARY PROCEDURE	90611		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		$ 23.61	$ 38.37	$ 38.37	$ 23.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		$ 9.26	$ 15.05	$ 15.05	$ 9.26
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCE	PRIMARY PROCEDURE	65800		$ 94.78	$ 154.02	$ 154.02	$ 94.78
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS	PRIMARY PROCEDURE	11900		$ 31.74	$ 51.58	$ 51.58	$ 31.74
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEU	PRIMARY PROCEDURE	20550		$ 40.63	$ 66.02	$ 66.02	$ 40.63
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		$ 37.18	$ 60.42	$ 60.42	$ 37.18
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTUR	PRIMARY PROCEDURE	25609		$ 1,150.07	$ 1,868.86	$ 1,868.86	$ 1,150.07

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		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC	01830		not available	not available	not available	not available
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		$ 15.47	$ 25.14	$ 25.14	$ 15.47
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPL	PRIMARY PROCEDURE	33270		$ 575.19	$ 934.68	$ 934.68	$ 575.19
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		$ 7.38	$ 11.99	$ 11.99	$ 7.38
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		$ 8.86	$ 14.40	$ 14.40	$ 8.86
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available

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75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER	PRIMARY PROCEDURE	75630		$ 96.05	$ 156.08	$ 156.08	$ 96.05
		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRA	76937		$ 14.27	$ 23.19	$ 23.19	$ 14.27
		SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL	36247		$ 297.55	$ 483.52	$ 483.52	$ 297.55
		GUIDE WIRE	C1769		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDIN	PRIMARY PROCEDURE	64616		$ 115.09	$ 187.02	$ 187.02	$ 115.09
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		$ 69.65	$ 113.18	$ 113.18	$ 69.65
36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT	PRIMARY PROCEDURE	36830		$ 667.52	$ 1,084.72	$ 1,084.72	$ 667.52
		ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY T	01844		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANEL MUS	80047		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, LABETALOL HYDROCHLORIDE, 5 MG EFF. DATE: 7/	J1920		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available

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					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; ABO	86900		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
37228	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS,	PRIMARY PROCEDURE	37228		$ 530.87	$ 862.66	$ 862.66	$ 530.87
		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS,	37224		$ 436.65	$ 709.56	$ 709.56	$ 436.65
		AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER	75630		$ 96.05	$ 156.08	$ 156.08	$ 96.05
		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRA	76937		$ 14.27	$ 23.19	$ 23.19	$ 14.27
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		DISCHARGE MEDICATIONS RECONCILED WITH THE CURRENT MEDIC	1111F		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

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					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF TUNNELED INTRA	PRIMARY PROCEDURE	49324		$ 403.58	$ 655.82	$ 655.82	$ 403.58
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDO	00790		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		not available	not available	not available	not available
93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG,	PRIMARY PROCEDURE	93503		$ 89.01	$ 144.64	$ 144.64	$ 89.01
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available

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49180	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS	PRIMARY PROCEDURE	49180		$ 84.58	$ 137.44	$ 137.44	$ 84.58
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG,	77012		$ 72.38	$ 117.62	$ 117.62	$ 72.38
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		$ 38.96	$ 63.31	$ 63.31	$ 38.96
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		$ 36.43	$ 59.20	$ 59.20	$ 36.43
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY A	PRIMARY PROCEDURE	52317		$ 357.86	$ 581.52	$ 581.52	$ 357.86
		ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URET	00910		not available	not available	not available	not available
		CALCULUS; INFRARED SPECTROSCOPY	82365		not available	not available	not available	not available
		INJECTION, HYDRALAZINE HCL, UP TO 20 MG	J0360		not available	not available	not available	not available
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG EFFECTIVE DA	J0696		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, LABETALOL HYDROCHLORIDE, 5 MG EFF. DATE: 7/	J1920		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, NITROGLYCERIN, 5 MG EFF. DATE: 7/1/2023	J2305		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOV	PRIMARY PROCEDURE	67042		$ 1,239.69	$ 2,014.50	$ 2,014.50	$ 1,239.69

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE[1]
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	BLUE SHIELD TRIWEST (Commerical) Professional[2,4]	ANTHEM BLUE CROSS (Commercial) Professional[3,4]	Maximum Negotiated Rate Professional[2,3,4]	Minimum Negotiated Rate Professional[2,3,4]
		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	00145		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
87491	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	PRIMARY PROCEDURE	87491		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87591		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		ANTIBODY; TREPONEMA PALLIDUM	86780		not available	not available	not available	not available
		ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	86703		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, INCLUDES INTERNA	PRIMARY PROCEDURE	23515		$ 790.21	$ 1,284.09	$ 1,284.09	$ 790.21
		ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; NOT	00450		not available	not available	not available	not available
		RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	73000		$ 8.56	$ 13.91	$ 13.91	$ 8.56
		RADIOLOGIC EXAMINATION, SHOULDER; 1 VIEW	73020		$ 7.82	$ 12.71	$ 12.71	$ 7.82
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		not available	not available	not available	not available

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Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	BLUE SHIELD TRIWEST (Commerical) Professional[2,4]	ANTHEM BLUE CROSS (Commercial) Professional[3,4]	Maximum Negotiated Rate Professional[2,3,4]	Minimum Negotiated Rate Professional[2,3,4]
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, NITROGLYCERIN, 5 MG EFF. DATE: 7/1/2023	J2305		not available	not available	not available	not available
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBAC			this procedure was provided in inpatient setting only	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
59510	ROUTINE OBSTETRIC CARE FOR CESAREAN DELIVERY, INCLUDING PRE-AND POST-DELIVERY CARE			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a
59610	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY AFTER PRIOR CESAREAN DELIVERY INCLUDING PRE-AND POST-DELIVERY CARE			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a

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					BLUE SHIELD TRIWEST (Commerical)	ANTHEM BLUE CROSS (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Procedure Description	CPT/HCPCS Code	Note	Professional[2,4]	Professional[3,4]	Professional[2,3,4]	Professional[2,3,4]
72148	MRI SCAN OF LOWER SPINAL CANAL			this procedure was provided in inpatient setting only	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
73721	MRI SCAN OF LEG JOINT			this procedure was provided in inpatient setting only	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
80076	HEPATIC FUNCTION PANEL			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a
81002	URINALYSIS NONAUTO W/O SCOPE			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a
81003	URINALYSIS AUTO W/O SCOPE			this procedure was provided in inpatient setting only	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
85730	THROMBOPLASTIN TIME PARTIAL			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a
80055	OBSTETRIC PANEL			not offered	n/a	n/a	n/a	n/a
84154	ASSAY OF PSA FREE			not offered	n/a	n/a	n/a	n/a

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