

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALI	PRIMARY PROCEDURE	19120		\$ 4,262.63	See note ³	\$ 4,262.63	not contracted	\$ 4,262.63	not contracted	\$ 4,902.02	not contracted	\$ 4,262.63	not contracted	\$ 7,672.73	not contracted	\$ 7,672.73	\$ 4,262.63
		ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM O	00400		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		\$ 401.97	See note ³	\$ 401.97	not contracted	\$ 401.97	not contracted	\$ 462.27	not contracted	\$ 401.97	not contracted	\$ 723.55	not contracted	\$ 723.55	\$ 401.97
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL	PRIMARY PROCEDURE	29881		\$ 3,619.73	See note ³	\$ 3,619.73	not contracted	\$ 3,619.73	not contracted	\$ 4,162.69	not contracted	\$ 3,619.73	not contracted	\$ 6,515.51	not contracted	\$ 6,515.51	\$ 3,619.73
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
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EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
42820	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE 12	PRIMARY PROCEDURE	42820		\$ 6,548.91	See note ³	\$ 6,548.91	not contracted	\$ 6,548.91	not contracted	\$ 7,531.25	not contracted	\$ 6,548.91	not contracted	\$ 11,788.04	not contracted	\$ 11,788.04	\$ 6,548.91
		ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY;	00170		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87635		\$ 51.31	See note ³	\$ 51.31	not contracted	\$ 51.31	not contracted	\$ 59.01	not contracted	\$ 51.31	not contracted	\$ 92.36	not contracted	\$ 92.36	\$ 51.31
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MORPHINE SULFATE, UP TO 10 MG EFFECTIVE DAT	J2270		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT	J7642		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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UPDATED AS OF 12/19/2024

					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
43235	ESOPHAGOGASTRODUODE NOSCOPY, FLEXIBLE, TRANSORAL; DIAGNO	PRIMARY PROCEDURE	43235		\$ 1,013.71	See note ³	\$ 1,013.71	not contracted	\$ 1,013.71	not contracted	\$ 1,165.77	not contracted	\$ 1,013.71	not contracted	\$ 1,824.68	not contracted	\$ 1,824.68	\$ 1,013.71
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43239	ESOPHAGOGASTRODUODE NOSCOPY, FLEXIBLE, TRANSORAL; WITH B	PRIMARY PROCEDURE	43239		\$ 1,013.71	See note ³	\$ 1,013.71	not contracted	\$ 1,013.71	not contracted	\$ 1,165.77	not contracted	\$ 1,013.71	not contracted	\$ 1,824.68	not contracted	\$ 1,824.68	\$ 1,013.71
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
45378	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION	PRIMARY PROCEDURE	45378		\$ 1,022.07	See note ³	\$ 1,022.07	not contracted	\$ 1,022.07	not contracted	\$ 1,175.38	not contracted	\$ 1,022.07	not contracted	\$ 1,839.73	not contracted	\$ 1,839.73	\$ 1,022.07
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
45380	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	PRIMARY PROCEDURE	45380		\$ 1,319.66	See note ³	\$ 1,319.66	not contracted	\$ 1,319.66	not contracted	\$ 1,517.61	not contracted	\$ 1,319.66	not contracted	\$ 2,375.39	not contracted	\$ 2,375.39	\$ 1,319.66
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
45385	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(PRIMARY PROCEDURE	45385		\$ 1,319.66	See note ³	\$ 1,319.66	not contracted	\$ 1,319.66	not contracted	\$ 1,517.61	not contracted	\$ 1,319.66	not contracted	\$ 2,375.39	not contracted	\$ 2,375.39	\$ 1,319.66

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES,	00811		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
45391	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMI	PRIMARY PROCEDURE	45391		\$ 1,319.66	See note ³	\$ 1,319.66	not contracted	\$ 1,319.66	not contracted	\$ 1,517.61	not contracted	\$ 1,319.66	not contracted	\$ 2,375.39	not contracted	\$ 2,375.39	\$ 1,319.66
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	PRIMARY PROCEDURE	47562		\$ 6,452.52	See note ³	\$ 6,452.52	not contracted	\$ 6,452.52	not contracted	\$ 7,420.40	not contracted	\$ 6,452.52	not contracted	\$ 11,614.54	not contracted	\$ 11,614.54	\$ 6,452.52
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 44.85	See note ³	\$ 44.85	not contracted	\$ 44.85	not contracted	\$ 51.58	not contracted	\$ 44.85	not contracted	\$ 80.73	not contracted	\$ 80.73	\$ 44.85
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; R	PRIMARY PROCEDURE	49505		\$ 3,868.91	See note ³	\$ 3,868.91	not contracted	\$ 3,868.91	not contracted	\$ 4,449.25	not contracted	\$ 3,868.91	not contracted	\$ 6,964.04	not contracted	\$ 6,964.04	\$ 3,868.91
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE,	PRIMARY PROCEDURE	55700		\$ 2,277.75	See note ³	\$ 2,277.75	not contracted	\$ 2,277.75	not contracted	\$ 2,619.41	not contracted	\$ 2,277.75	not contracted	\$ 4,099.95	not contracted	\$ 4,099.95	\$ 2,277.75
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	J1580		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGIN	PRIMARY PROCEDURE	59400		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	81000		\$ 4.02	See note ³	\$ 4.02	not contracted	\$ 4.02	not contracted	\$ 4.62	not contracted	\$ 4.02	not contracted	\$ 7.24	not contracted	\$ 7.24	\$ 4.02
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)	PRIMARY PROCEDURE	62322		\$ 1,019.30	See note ³	\$ 1,019.30	not contracted	\$ 1,019.30	not contracted	\$ 1,172.20	not contracted	\$ 1,019.30	not contracted	\$ 1,834.74	not contracted	\$ 1,834.74	\$ 1,019.30
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, BUPIVICAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	J0665		\$ 0.02	See note ³	\$ 0.02	not contracted	\$ 0.02	not contracted	\$ 0.02	not contracted	\$ 0.02	not contracted	\$ 0.04	not contracted	\$ 0.04	\$ 0.02
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECI	J3301		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)	PRIMARY PROCEDURE	62323		\$ 773.35	See note ³	\$ 773.35	not contracted	\$ 773.35	not contracted	\$ 889.35	not contracted	\$ 773.35	not contracted	\$ 1,392.03	not contracted	\$ 1,392.03	\$ 773.35
64483	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRANS	PRIMARY PROCEDURE	64483		\$ 1,019.30	See note ³	\$ 1,019.30	not contracted	\$ 1,019.30	not contracted	\$ 1,172.20	not contracted	\$ 1,019.30	not contracted	\$ 1,834.74	not contracted	\$ 1,834.74	\$ 1,019.30

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED)	PRIMARY PROCEDURE	66821		\$ 650.03	See note ³	\$ 650.03	not contracted	\$ 650.03	not contracted	\$ 747.53	not contracted	\$ 650.03	not contracted	\$ 1,170.05	not contracted	\$ 1,170.05	\$ 650.03
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAO	PRIMARY PROCEDURE	66984		\$ 2,606.02	See note ³	\$ 2,606.02	not contracted	\$ 2,606.02	not contracted	\$ 2,996.92	not contracted	\$ 2,606.02	not contracted	\$ 4,690.84	not contracted	\$ 4,690.84	\$ 2,606.02
		POSTERIOR CHAMBER INTRAOCULAR LENS	V2632		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MA	PRIMARY PROCEDURE	70450		\$ 122.95	See note ³	\$ 122.95	not contracted	\$ 122.95	not contracted	\$ 141.39	not contracted	\$ 122.95	not contracted	\$ 221.31	not contracted	\$ 221.31	\$ 122.95
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDI	PRIMARY PROCEDURE	70553		\$ 430.07	See note ³	\$ 430.07	not contracted	\$ 430.07	not contracted	\$ 494.58	not contracted	\$ 430.07	not contracted	\$ 774.13	not contracted	\$ 774.13	\$ 430.07
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF	PRIMARY PROCEDURE	72110		\$ 122.95	See note ³	\$ 122.95	not contracted	\$ 122.95	not contracted	\$ 141.39	not contracted	\$ 122.95	not contracted	\$ 221.31	not contracted	\$ 221.31	\$ 122.95
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST	PRIMARY PROCEDURE	74177		\$ 430.07	See note ³	\$ 430.07	not contracted	\$ 430.07	not contracted	\$ 494.58	not contracted	\$ 430.07	not contracted	\$ 774.13	not contracted	\$ 774.13	\$ 430.07
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	J9217		\$ 212.79	See note ³	\$ 212.79	not contracted	\$ 212.79	not contracted	\$ 244.71	not contracted	\$ 212.79	not contracted	\$ 383.02	not contracted	\$ 383.02	\$ 212.79
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATI	PRIMARY PROCEDURE	76700		\$ 122.95	See note ³	\$ 122.95	not contracted	\$ 122.95	not contracted	\$ 141.39	not contracted	\$ 122.95	not contracted	\$ 221.31	not contracted	\$ 221.31	\$ 122.95
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76805		\$ 122.95	See note ³	\$ 122.95	not contracted	\$ 122.95	not contracted	\$ 141.39	not contracted	\$ 122.95	not contracted	\$ 221.31	not contracted	\$ 221.31	\$ 122.95
		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	76811		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02
76830	ULTRASOUND, TRANSVAGINAL	PRIMARY PROCEDURE	76830		\$ 122.95	See note ³	\$ 122.95	not contracted	\$ 122.95	not contracted	\$ 141.39	not contracted	\$ 122.95	not contracted	\$ 221.31	not contracted	\$ 221.31	\$ 122.95
		ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVI	58100		\$ 222.84	See note ³	\$ 222.84	not contracted	\$ 222.84	not contracted	\$ 256.27	not contracted	\$ 222.84	not contracted	\$ 401.11	not contracted	\$ 401.11	\$ 222.84

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY	88147		\$ 50.56	See note ³	\$ 50.56	not contracted	\$ 50.56	not contracted	\$ 58.14	not contracted	\$ 50.56	not contracted	\$ 91.01	not contracted	\$ 91.01	\$ 50.56
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		\$ 35.09	See note ³	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87522		\$ 42.84	See note ³	\$ 42.84	not contracted	\$ 42.84	not contracted	\$ 49.27	not contracted	\$ 42.84	not contracted	\$ 77.11	not contracted	\$ 77.11	\$ 42.84
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	88142		\$ 20.26	See note ³	\$ 20.26	not contracted	\$ 20.26	not contracted	\$ 23.30	not contracted	\$ 20.26	not contracted	\$ 36.47	not contracted	\$ 36.47	\$ 20.26
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		\$ 8.46	See note ³	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46
		ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	86703		\$ 13.71	See note ³	\$ 13.71	not contracted	\$ 13.71	not contracted	\$ 15.77	not contracted	\$ 13.71	not contracted	\$ 24.68	not contracted	\$ 24.68	\$ 13.71
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		\$ 7.77	See note ³	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHN	87340		\$ 10.33	See note ³	\$ 10.33	not contracted	\$ 10.33	not contracted	\$ 11.88	not contracted	\$ 10.33	not contracted	\$ 18.59	not contracted	\$ 18.59	\$ 10.33
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), P	J1950		\$ 1,836.38	See note ³	\$ 1,836.38	not contracted	\$ 1,836.38	not contracted	\$ 2,111.84	not contracted	\$ 1,836.38	not contracted	\$ 3,305.48	not contracted	\$ 3,305.48	\$ 1,836.38
		INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	J2175		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER- AIDED DETECT	PRIMARY PROCEDURE	77066		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL OR	G0279		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH	PRIMARY PROCEDURE	77067		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
80048	BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	PRIMARY PROCEDURE	80048		\$ 8.46	See note ³	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
80053	COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE T	PRIMARY PROCEDURE	80053		\$ 10.56	See note ³	\$ 10.56	not contracted	\$ 10.56	not contracted	\$ 12.14	not contracted	\$ 10.56	not contracted	\$ 19.01	not contracted	\$ 19.01	\$ 10.56
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
80061	LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOL	PRIMARY PROCEDURE	80061		\$ 13.39	See note ³	\$ 13.39	not contracted	\$ 13.39	not contracted	\$ 15.40	not contracted	\$ 13.39	not contracted	\$ 24.10	not contracted	\$ 24.10	\$ 13.39
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		\$ 8.46	See note ³	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		\$ 7.77	See note ³	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		HEMOGLOBIN; GLYCOSYLATED (A1C)	83036		\$ 9.71	See note ³	\$ 9.71	not contracted	\$ 9.71	not contracted	\$ 11.17	not contracted	\$ 9.71	not contracted	\$ 17.48	not contracted	\$ 17.48	\$ 9.71
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81000		\$ 4.02	See note ³	\$ 4.02	not contracted	\$ 4.02	not contracted	\$ 4.62	not contracted	\$ 4.02	not contracted	\$ 7.24	not contracted	\$ 7.24	\$ 4.02
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81001		\$ 3.17	See note ³	\$ 3.17	not contracted	\$ 3.17	not contracted	\$ 3.65	not contracted	\$ 3.17	not contracted	\$ 5.71	not contracted	\$ 5.71	\$ 3.17
84443	THYROID STIMULATING HORMONE (TSH)	PRIMARY PROCEDURE	84443		\$ 16.80	See note ³	\$ 16.80	not contracted	\$ 16.80	not contracted	\$ 19.32	not contracted	\$ 16.80	not contracted	\$ 30.24	not contracted	\$ 30.24	\$ 16.80
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES HARBOR-UCLA MEDICAL CENTER MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE ¹ EFFECTIVE JANUARY 1, 2025 UPDATED AS OF 12/19/2024																		
Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	PRIMARY PROCEDURE	85025		\$ 7.77	See note ³	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
85027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	PRIMARY PROCEDURE	85027		\$ 6.47	See note ³	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 7.44	not contracted	\$ 6.47	not contracted	\$ 11.65	not contracted	\$ 11.65	\$ 6.47
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90832		\$ 178.30	See note ³	\$ 178.30	not contracted	\$ 178.30	not contracted	\$ 205.05	not contracted	\$ 178.30	not contracted	\$ 320.94	not contracted	\$ 320.94	\$ 178.30
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90834		\$ 178.30	See note ³	\$ 178.30	not contracted	\$ 178.30	not contracted	\$ 205.05	not contracted	\$ 178.30	not contracted	\$ 320.94	not contracted	\$ 320.94	\$ 178.30
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90837		\$ 178.30	See note ³	\$ 178.30	not contracted	\$ 178.30	not contracted	\$ 205.05	not contracted	\$ 178.30	not contracted	\$ 320.94	not contracted	\$ 320.94	\$ 178.30
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50	PRIMARY PROCEDURE	90846		\$ 178.30	See note ³	\$ 178.30	not contracted	\$ 178.30	not contracted	\$ 205.05	not contracted	\$ 178.30	not contracted	\$ 320.94	not contracted	\$ 320.94	\$ 178.30
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99204		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		TELEHEALTH TRANSMISSION, PER MINUTE, PROFESSIONAL SERVI	T1014		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PAT	PRIMARY PROCEDURE	90847		\$ 178.30	See note ³	\$ 178.30	not contracted	\$ 178.30	not contracted	\$ 205.05	not contracted	\$ 178.30	not contracted	\$ 320.94	not contracted	\$ 320.94	\$ 178.30
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GR	PRIMARY PROCEDURE	90853		\$ 99.68	See note ³	\$ 99.68	not contracted	\$ 99.68	not contracted	\$ 114.63	not contracted	\$ 99.68	not contracted	\$ 179.42	not contracted	\$ 179.42	\$ 99.68
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	PRIMARY PROCEDURE	93000		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		WEIGHT RECORDED (PAG)	2001F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL IN	PRIMARY PROCEDURE	93452		\$ 3,644.02	See note ³	\$ 3,644.02	not contracted	\$ 3,644.02	not contracted	\$ 4,190.62	not contracted	\$ 3,644.02	not contracted	\$ 6,559.24	not contracted	\$ 6,559.24	\$ 3,644.02
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		\$ 8.46	See note ³	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		\$ 6.47	See note ³	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 7.44	not contracted	\$ 6.47	not contracted	\$ 11.65	not contracted	\$ 11.65	\$ 6.47
		PROTHROMBIN TIME;	85610		\$ 4.29	See note ³	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.93	not contracted	\$ 4.29	not contracted	\$ 7.72	not contracted	\$ 7.72	\$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WI	PRIMARY PROCEDURE	95810		\$ 1,169.22	See note ³	\$ 1,169.22	not contracted	\$ 1,169.22	not contracted	\$ 1,344.60	not contracted	\$ 1,169.22	not contracted	\$ 2,104.60	not contracted	\$ 2,104.60	\$ 1,169.22

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES	PRIMARY PROCEDURE	97110		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99203		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99204		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99205		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99243	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ES	PRIMARY PROCEDURE	99243		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99244	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ES	PRIMARY PROCEDURE	99244		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99385		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99386		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECT	77065		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99212		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99214		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
G0463	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	PRIMARY PROCEDURE	G0463		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99442		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES HARBOR-UCLA MEDICAL CENTER MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE ¹ EFFECTIVE JANUARY 1, 2025 UPDATED AS OF 12/19/2024																		
Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99441		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99443		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92012		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99202		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99215		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	PRIMARY PROCEDURE	D0140		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	PRIMARY PROCEDURE	96413		\$ 378.73	See note ³	\$ 378.73	not contracted	\$ 378.73	not contracted	\$ 435.54	not contracted	\$ 378.73	not contracted	\$ 681.71	not contracted	\$ 681.71	\$ 378.73
		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	96415		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVE	Q0163		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, INFliximab-dyyb, biosimilar, (inflectra), 10	Q5103		\$ 16.78	See note ³	\$ 16.78	not contracted	\$ 16.78	not contracted	\$ 19.30	not contracted	\$ 16.78	not contracted	\$ 30.20	not contracted	\$ 30.20	\$ 16.78
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARA	PRIMARY PROCEDURE	67028		\$ 378.73	See note ³	\$ 378.73	not contracted	\$ 378.73	not contracted	\$ 435.54	not contracted	\$ 378.73	not contracted	\$ 681.71	not contracted	\$ 681.71	\$ 378.73
		INJECTION, BEVACIZUMAB, 0.25 MG	C9257		\$ 2.17	See note ³	\$ 2.17	not contracted	\$ 2.17	not contracted	\$ 2.50	not contracted	\$ 2.17	not contracted	\$ 3.91	not contracted	\$ 3.91	\$ 2.17
99392	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99392		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92014		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	PRIMARY PROCEDURE	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99391		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	PRIMARY PROCEDURE	96372		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
98966	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY	PRIMARY PROCEDURE	98966		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAG	PRIMARY PROCEDURE	96365		\$ 239.69	See note ³	\$ 239.69	not contracted	\$ 239.69	not contracted	\$ 275.64	not contracted	\$ 239.69	not contracted	\$ 431.44	not contracted	\$ 431.44	\$ 239.69
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE I	J2916		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99024	POSTOPERATIVE FOLLOW- UP VISIT, NORMALLY INCLUDED IN THE	PRIMARY PROCEDURE	99024		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99393	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99393		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
98967	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY	PRIMARY PROCEDURE	98967		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	PRIMARY PROCEDURE	D0120		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
99394	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99394		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, PO	PRIMARY PROCEDURE	92134		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
99396	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99396		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WIT	PRIMARY PROCEDURE	49083		\$ 1,013.71	See note ³	\$ 1,013.71	not contracted	\$ 1,013.71	not contracted	\$ 1,165.77	not contracted	\$ 1,013.71	not contracted	\$ 1,824.68	not contracted	\$ 1,824.68	\$ 1,013.71
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	PRIMARY PROCEDURE	96900		\$ 44.85	See note ³	\$ 44.85	not contracted	\$ 44.85	not contracted	\$ 51.58	not contracted	\$ 44.85	not contracted	\$ 80.73	not contracted	\$ 80.73	\$ 44.85
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	PRIMARY PROCEDURE	92250		\$ 142.85	See note ³	\$ 142.85	not contracted	\$ 142.85	not contracted	\$ 164.28	not contracted	\$ 142.85	not contracted	\$ 257.13	not contracted	\$ 257.13	\$ 142.85
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99381		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99606	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A	PRIMARY PROCEDURE	99606		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99395	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99395		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AN	PRIMARY PROCEDURE	D7140		\$ 984.62	See note ³	\$ 984.62	not contracted	\$ 984.62	not contracted	\$ 1,132.31	not contracted	\$ 984.62	not contracted	\$ 1,772.32	not contracted	\$ 1,772.32	\$ 984.62
90694	INFLUENZA VIRUS VACCINE, QUADRIVALENT (AIIV4), INACTIVA	PRIMARY PROCEDURE	90694		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
67228	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG,	PRIMARY PROCEDURE	67228		\$ 650.03	See note ³	\$ 650.03	not contracted	\$ 650.03	not contracted	\$ 747.53	not contracted	\$ 650.03	not contracted	\$ 1,170.05	not contracted	\$ 1,170.05	\$ 650.03
98968	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY	PRIMARY PROCEDURE	98968		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92227	IMAGING OF RETINA FOR DETECTION OR MONITORING OF DISEAS	PRIMARY PROCEDURE	92227		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
3074F	MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	PRIMARY PROCEDURE	3074F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	PRIMARY PROCEDURE	90686		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
1220F	PATIENT SCREENED FOR DEPRESSION (SUD)	PRIMARY PROCEDURE	1220F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	52000		\$ 763.91	See note ³	\$ 763.91	not contracted	\$ 763.91	not contracted	\$ 878.50	not contracted	\$ 763.91	not contracted	\$ 1,375.04	not contracted	\$ 1,375.04	\$ 763.91
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	PRIMARY PROCEDURE	92083		\$ 142.85	See note ³	\$ 142.85	not contracted	\$ 142.85	not contracted	\$ 164.28	not contracted	\$ 142.85	not contracted	\$ 257.13	not contracted	\$ 257.13	\$ 142.85
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
51798	MEASUREMENT OF POST- VOIDING RESIDUAL URINE AND/OR BLADD	PRIMARY PROCEDURE	51798		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIM	PRIMARY PROCEDURE	51702		\$ 142.85	See note ³	\$ 142.85	not contracted	\$ 142.85	not contracted	\$ 164.28	not contracted	\$ 142.85	not contracted	\$ 257.13	not contracted	\$ 257.13	\$ 142.85
95806	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF, HEA	PRIMARY PROCEDURE	95806		\$ 174.68	See note ³	\$ 174.68	not contracted	\$ 174.68	not contracted	\$ 200.88	not contracted	\$ 174.68	not contracted	\$ 314.42	not contracted	\$ 314.42	\$ 174.68
		EDUCATION AND TRAINING FOR PATIENT SELF- MANAGEMENT BY A	98960		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECT	PRIMARY PROCEDURE	97602		\$ 223.88	See note ³	\$ 223.88	not contracted	\$ 223.88	not contracted	\$ 257.46	not contracted	\$ 223.88	not contracted	\$ 402.98	not contracted	\$ 402.98	\$ 223.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99605	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A	PRIMARY PROCEDURE	99605		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	PRIMARY PROCEDURE	51705		\$ 276.38	See note ³	\$ 276.38	not contracted	\$ 276.38	not contracted	\$ 317.84	not contracted	\$ 276.38	not contracted	\$ 497.48	not contracted	\$ 497.48	\$ 276.38

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
D0330	PANORAMIC FILM	PRIMARY PROCEDURE	D0330		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
59025	FETAL NON-STRESS TEST	PRIMARY PROCEDURE	59025		\$ 222.84	See note ³	\$ 222.84	not contracted	\$ 222.84	not contracted	\$ 256.27	not contracted	\$ 222.84	not contracted	\$ 401.11	not contracted	\$ 401.11	\$ 222.84
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	PRIMARY PROCEDURE	90792		\$ 178.30	See note ³	\$ 178.30	not contracted	\$ 178.30	not contracted	\$ 205.05	not contracted	\$ 178.30	not contracted	\$ 320.94	not contracted	\$ 320.94	\$ 178.30
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99383		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL- TIME WITH IMAGE D	PRIMARY PROCEDURE	93306		\$ 616.93	See note ³	\$ 616.93	not contracted	\$ 616.93	not contracted	\$ 709.47	not contracted	\$ 616.93	not contracted	\$ 1,110.47	not contracted	\$ 1,110.47	\$ 616.93
90653	INFLUENZA VACCINE, INACTIVATED (IIV), SUBUNIT, ADJUVANT	PRIMARY PROCEDURE	90653		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUBUNIT,	PRIMARY PROCEDURE	90750		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92002		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99382		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOIN	PRIMARY PROCEDURE	20610		\$ 331.22	See note ³	\$ 331.22	not contracted	\$ 331.22	not contracted	\$ 380.90	not contracted	\$ 331.22	not contracted	\$ 596.20	not contracted	\$ 596.20	\$ 331.22
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90715	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VAC	PRIMARY PROCEDURE	90715		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92015	DETERMINATION OF REFRACTIVE STATE	PRIMARY PROCEDURE	92015		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99397	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99397		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99384		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90677	PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR	PRIMARY PROCEDURE	90677		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92235	FLUORESCIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) W	PRIMARY PROCEDURE	92235		\$ 351.01	See note ³	\$ 351.01	not contracted	\$ 351.01	not contracted	\$ 403.66	not contracted	\$ 351.01	not contracted	\$ 631.82	not contracted	\$ 631.82	\$ 351.01
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEEC	PRIMARY PROCEDURE	92557		\$ 174.68	See note ³	\$ 174.68	not contracted	\$ 174.68	not contracted	\$ 200.88	not contracted	\$ 174.68	not contracted	\$ 314.42	not contracted	\$ 314.42	\$ 174.68
		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550		\$ 174.68	See note ³	\$ 174.68	not contracted	\$ 174.68	not contracted	\$ 200.88	not contracted	\$ 174.68	not contracted	\$ 314.42	not contracted	\$ 314.42	\$ 174.68
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVI	PRIMARY PROCEDURE	58100		\$ 222.84	See note ³	\$ 222.84	not contracted	\$ 222.84	not contracted	\$ 256.27	not contracted	\$ 222.84	not contracted	\$ 401.11	not contracted	\$ 401.11	\$ 222.84
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	PRIMARY PROCEDURE	51700		\$ 276.38	See note ³	\$ 276.38	not contracted	\$ 276.38	not contracted	\$ 317.84	not contracted	\$ 276.38	not contracted	\$ 497.48	not contracted	\$ 497.48	\$ 276.38
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	PRIMARY PROCEDURE	96374		\$ 239.69	See note ³	\$ 239.69	not contracted	\$ 239.69	not contracted	\$ 275.64	not contracted	\$ 239.69	not contracted	\$ 431.44	not contracted	\$ 431.44	\$ 239.69
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ZOLEDRONIC ACID, 1 MG	J3489		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	PRIMARY PROCEDURE	90791		\$ 178.30	See note ³	\$ 178.30	not contracted	\$ 178.30	not contracted	\$ 205.05	not contracted	\$ 178.30	not contracted	\$ 320.94	not contracted	\$ 320.94	\$ 178.30
		PREPARATION OF REPORT OF PATIENT'S PSYCHIATRIC STATUS,	90889		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	90837		\$ 178.30	See note ³	\$ 178.30	not contracted	\$ 178.30	not contracted	\$ 205.05	not contracted	\$ 178.30	not contracted	\$ 320.94	not contracted	\$ 320.94	\$ 178.30
		PSYCHIATRIC EVALUATION OF HOSPITAL RECORDS, OTHER PSYCH	90885		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTER	PRIMARY PROCEDURE	97802		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATI	PRIMARY PROCEDURE	D0150		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYS	PRIMARY PROCEDURE	93288		\$ 42.17	See note ³	\$ 42.17	not contracted	\$ 42.17	not contracted	\$ 48.50	not contracted	\$ 42.17	not contracted	\$ 75.91	not contracted	\$ 75.91	\$ 42.17
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOM	PRIMARY PROCEDURE	58558		\$ 3,496.18	See note ³	\$ 3,496.18	not contracted	\$ 3,496.18	not contracted	\$ 4,020.61	not contracted	\$ 3,496.18	not contracted	\$ 6,293.12	not contracted	\$ 6,293.12	\$ 3,496.18
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERA	PRIMARY PROCEDURE	92025		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; W	76519		\$ 122.95	See note ³	\$ 122.95	not contracted	\$ 122.95	not contracted	\$ 141.39	not contracted	\$ 122.95	not contracted	\$ 221.31	not contracted	\$ 221.31	\$ 122.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93770	DETERMINATION OF VENOUS PRESSURE	PRIMARY PROCEDURE	93770		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
91320	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-C	PRIMARY PROCEDURE	91320		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION	90480		\$ 48.73	See note ³	\$ 48.73	not contracted	\$ 48.73	not contracted	\$ 56.04	not contracted	\$ 48.73	not contracted	\$ 87.71	not contracted	\$ 87.71	\$ 48.73
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
98960	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A	PRIMARY PROCEDURE	98960		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQU	PRIMARY PROCEDURE	96409		\$ 378.73	See note ³	\$ 378.73	not contracted	\$ 378.73	not contracted	\$ 435.54	not contracted	\$ 378.73	not contracted	\$ 681.71	not contracted	\$ 681.71	\$ 378.73
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-	Q0162		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, AZACITIDINE, 1 MG	J9025		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCU	PRIMARY PROCEDURE	96402		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		GOSERELIN ACETATE IMPLANT, PER 3.6 MG	J9202		\$ 714.79	See note ³	\$ 714.79	not contracted	\$ 714.79	not contracted	\$ 822.01	not contracted	\$ 714.79	not contracted	\$ 1,286.62	not contracted	\$ 1,286.62	\$ 714.79
4450F	SELF-CARE EDUCATION PROVIDED TO PATIENT (HF)	PRIMARY PROCEDURE	4450F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCU	PRIMARY PROCEDURE	96401		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-	Q0162		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		DEXAMETHASONE, ORAL, 0.25 MG	J8540		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, BORTEZOMIB (VELCADE), 0.1 MG	J9041		\$ 2.30	See note ³	\$ 2.30	not contracted	\$ 2.30	not contracted	\$ 2.65	not contracted	\$ 2.30	not contracted	\$ 4.14	not contracted	\$ 4.14	\$ 2.30
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTI	PRIMARY PROCEDURE	45330		\$ 1,022.07	See note ³	\$ 1,022.07	not contracted	\$ 1,022.07	not contracted	\$ 1,175.38	not contracted	\$ 1,022.07	not contracted	\$ 1,839.73	not contracted	\$ 1,839.73	\$ 1,022.07
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93454		\$ 3,644.02	See note ³	\$ 3,644.02	not contracted	\$ 3,644.02	not contracted	\$ 4,190.62	not contracted	\$ 3,644.02	not contracted	\$ 6,559.24	not contracted	\$ 6,559.24	\$ 3,644.02
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76815		\$ 122.95	See note ³	\$ 122.95	not contracted	\$ 122.95	not contracted	\$ 141.39	not contracted	\$ 122.95	not contracted	\$ 221.31	not contracted	\$ 221.31	\$ 122.95
90736	ZOSTER (SHINGLES) VACCINE (HZV), LIVE, FOR SUBCUTANEOUS	PRIMARY PROCEDURE	90736		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CON	PRIMARY PROCEDURE	76827		\$ 122.95	See note ³	\$ 122.95	not contracted	\$ 122.95	not contracted	\$ 141.39	not contracted	\$ 122.95	not contracted	\$ 221.31	not contracted	\$ 221.31	\$ 122.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90739	HEPATITIS B VACCINE (HEPB), CPG-ADJUVANTED, ADULT DOSAG	PRIMARY PROCEDURE	90739		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCUL	PRIMARY PROCEDURE	52310		\$ 2,277.75	See note ³	\$ 2,277.75	not contracted	\$ 2,277.75	not contracted	\$ 2,619.41	not contracted	\$ 2,277.75	not contracted	\$ 4,099.95	not contracted	\$ 4,099.95	\$ 2,277.75
99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERA	PRIMARY PROCEDURE	99173		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	92083		\$ 142.85	See note ³	\$ 142.85	not contracted	\$ 142.85	not contracted	\$ 164.28	not contracted	\$ 142.85	not contracted	\$ 257.13	not contracted	\$ 257.13	\$ 142.85
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92012		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92004		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOL	PRIMARY PROCEDURE	67040		\$ 4,546.80	See note ³	\$ 4,546.80	not contracted	\$ 4,546.80	not contracted	\$ 5,228.82	not contracted	\$ 4,546.80	not contracted	\$ 8,184.24	not contracted	\$ 8,184.24	\$ 4,546.80
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	PRIMARY PROCEDURE	88175		\$ 26.61	See note ³	\$ 26.61	not contracted	\$ 26.61	not contracted	\$ 30.60	not contracted	\$ 26.61	not contracted	\$ 47.90	not contracted	\$ 47.90	\$ 26.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99202		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		\$ 35.09	See note ³	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	88142		\$ 20.26	See note ³	\$ 20.26	not contracted	\$ 20.26	not contracted	\$ 23.30	not contracted	\$ 20.26	not contracted	\$ 36.47	not contracted	\$ 36.47	\$ 20.26
43244	ESOPHAGOGASTRODUODE NOSCOPY, FLEXIBLE, TRANSORAL; WITH B	PRIMARY PROCEDURE	43244		\$ 2,127.91	See note ³	\$ 2,127.91	not contracted	\$ 2,127.91	not contracted	\$ 2,447.10	not contracted	\$ 2,127.91	not contracted	\$ 3,830.24	not contracted	\$ 3,830.24	\$ 2,127.91
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	PRIMARY PROCEDURE	90688		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90460	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	PRIMARY PROCEDURE	90460		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
D1110	PROPHYLAXIS-ADULT	PRIMARY PROCEDURE	D1110		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
		DENTAL PROPHYLAXIS AND TOPICAL FLUORIDE TREATMENT	D1208		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC A	PRIMARY PROCEDURE	93303		\$ 616.93	See note ³	\$ 616.93	not contracted	\$ 616.93	not contracted	\$ 709.47	not contracted	\$ 616.93	not contracted	\$ 1,110.47	not contracted	\$ 1,110.47	\$ 616.93
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99215		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ECHOCARDIOGRAPHY , TRANSTHORACIC, REAL-TIME WITH IMAGE D	93308		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02
D0220	INTRAORAL-PERAPICAL- FIRST FILM	PRIMARY PROCEDURE	D0220		\$ 101.62	See note ³	\$ 101.62	not contracted	\$ 101.62	not contracted	\$ 116.86	not contracted	\$ 101.62	not contracted	\$ 182.92	not contracted	\$ 182.92	\$ 101.62
		INTRAORAL- PERAPICAL-EACH ADDITIONAL FILM	D0230		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	D0603		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PROPHYLAXIS-CHILD	D1120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	D1206		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
69209	REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILA	PRIMARY PROCEDURE	69209		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
3077F	MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	PRIMARY PROCEDURE	3077F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
50435	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING	PRIMARY PROCEDURE	50435		\$ 2,277.75	See note ³	\$ 2,277.75	not contracted	\$ 2,277.75	not contracted	\$ 2,619.41	not contracted	\$ 2,277.75	not contracted	\$ 4,099.95	not contracted	\$ 4,099.95	\$ 2,277.75
		CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH C	75984		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 U	J7040		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
52356	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY;	PRIMARY PROCEDURE	52356		\$ 5,786.43	See note ³	\$ 5,786.43	not contracted	\$ 5,786.43	not contracted	\$ 6,654.39	not contracted	\$ 5,786.43	not contracted	\$ 10,415.57	not contracted	\$ 10,415.57	\$ 5,786.43
		CALCULUS; INFRARED SPECTROSCOPY	82365		\$ 12.90	See note ³	\$ 12.90	not contracted	\$ 12.90	not contracted	\$ 14.84	not contracted	\$ 12.90	not contracted	\$ 23.22	not contracted	\$ 23.22	\$ 12.90
		STENT, NON-CORONARY, TEMPORARY, WITHOUT DELIVERY SYSTEM	C2617		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED V	PRIMARY PROCEDURE	94010		\$ 174.68	See note ³	\$ 174.68	not contracted	\$ 174.68	not contracted	\$ 200.88	not contracted	\$ 174.68	not contracted	\$ 314.42	not contracted	\$ 314.42	\$ 174.68
		PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND,	94726		\$ 351.01	See note ³	\$ 351.01	not contracted	\$ 351.01	not contracted	\$ 403.66	not contracted	\$ 351.01	not contracted	\$ 631.82	not contracted	\$ 631.82	\$ 351.01
		DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE) (LIS	94729		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATI	94200		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
64644	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLES	PRIMARY PROCEDURE	64644		\$ 773.35	See note ³	\$ 773.35	not contracted	\$ 773.35	not contracted	\$ 889.35	not contracted	\$ 773.35	not contracted	\$ 1,392.03	not contracted	\$ 1,392.03	\$ 773.35
		INJECTION, ONABOTULINUMTOXI NA, 1 UNIT	J0585		\$ 7.43	See note ³	\$ 7.43	not contracted	\$ 7.43	not contracted	\$ 8.54	not contracted	\$ 7.43	not contracted	\$ 13.37	not contracted	\$ 13.37	\$ 7.43
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76811		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02
91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS	PRIMARY PROCEDURE	91010		\$ 599.39	See note ³	\$ 599.39	not contracted	\$ 599.39	not contracted	\$ 689.30	not contracted	\$ 599.39	not contracted	\$ 1,078.90	not contracted	\$ 1,078.90	\$ 599.39
3075F	MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	PRIMARY PROCEDURE	3075F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
90746	HEPATITIS B VACCINE (HEPB), ADULT DOSAGE, 3 DOSE SCHEDU	PRIMARY PROCEDURE	90746		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTI	PRIMARY PROCEDURE	97803		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERA	PRIMARY PROCEDURE	52332		\$ 3,898.54	See note ³	\$ 3,898.54	not contracted	\$ 3,898.54	not contracted	\$ 4,483.32	not contracted	\$ 3,898.54	not contracted	\$ 7,017.37	not contracted	\$ 7,017.37	\$ 3,898.54
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	74420		\$ 430.07	See note ³	\$ 430.07	not contracted	\$ 430.07	not contracted	\$ 494.58	not contracted	\$ 430.07	not contracted	\$ 774.13	not contracted	\$ 774.13	\$ 430.07
		INJECTION, MORPHINE SULFATE, UP TO 10 MG EFFECTIVE DAT	J2270		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG,	PRIMARY PROCEDURE	11055		\$ 223.88	See note ³	\$ 223.88	not contracted	\$ 223.88	not contracted	\$ 257.46	not contracted	\$ 223.88	not contracted	\$ 402.98	not contracted	\$ 402.98	\$ 223.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 3	PRIMARY PROCEDURE	90651		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99242	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ES	PRIMARY PROCEDURE	99242		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 3 OR	PRIMARY PROCEDURE	20553		\$ 331.22	See note ³	\$ 331.22	not contracted	\$ 331.22	not contracted	\$ 380.90	not contracted	\$ 331.22	not contracted	\$ 596.20	not contracted	\$ 596.20	\$ 331.22
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEE	PRIMARY PROCEDURE	D4341		\$ 984.62	See note ³	\$ 984.62	not contracted	\$ 984.62	not contracted	\$ 1,132.31	not contracted	\$ 984.62	not contracted	\$ 1,772.32	not contracted	\$ 1,772.32	\$ 984.62
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WIT	PRIMARY PROCEDURE	49082		\$ 1,013.71	See note ³	\$ 1,013.71	not contracted	\$ 1,013.71	not contracted	\$ 1,165.77	not contracted	\$ 1,013.71	not contracted	\$ 1,824.68	not contracted	\$ 1,824.68	\$ 1,013.71
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTUR	PRIMARY PROCEDURE	58661		\$ 6,452.52	See note ³	\$ 6,452.52	not contracted	\$ 6,452.52	not contracted	\$ 7,420.40	not contracted	\$ 6,452.52	not contracted	\$ 11,614.54	not contracted	\$ 11,614.54	\$ 6,452.52
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 44.85	See note ³	\$ 44.85	not contracted	\$ 44.85	not contracted	\$ 51.58	not contracted	\$ 44.85	not contracted	\$ 80.73	not contracted	\$ 80.73	\$ 44.85
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 142.85	See note ³	\$ 142.85	not contracted	\$ 142.85	not contracted	\$ 164.28	not contracted	\$ 142.85	not contracted	\$ 257.13	not contracted	\$ 257.13	\$ 142.85

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
96110	DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTONE SU	PRIMARY PROCEDURE	96110		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99391		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF	PRIMARY PROCEDURE	93451		\$ 3,644.02	See note ³	\$ 3,644.02	not contracted	\$ 3,644.02	not contracted	\$ 4,190.62	not contracted	\$ 3,644.02	not contracted	\$ 6,559.24	not contracted	\$ 6,559.24	\$ 3,644.02
		INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG,	93503		\$ 1,790.98	See note ³	\$ 1,790.98	not contracted	\$ 1,790.98	not contracted	\$ 2,059.63	not contracted	\$ 1,790.98	not contracted	\$ 3,223.76	not contracted	\$ 3,223.76	\$ 1,790.98
		GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HC	82803		\$ 26.07	See note ³	\$ 26.07	not contracted	\$ 26.07	not contracted	\$ 29.98	not contracted	\$ 26.07	not contracted	\$ 46.93	not contracted	\$ 46.93	\$ 26.07
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TI	PRIMARY PROCEDURE	76825		\$ 616.93	See note ³	\$ 616.93	not contracted	\$ 616.93	not contracted	\$ 709.47	not contracted	\$ 616.93	not contracted	\$ 1,110.47	not contracted	\$ 1,110.47	\$ 616.93
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99205		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	PRIMARY PROCEDURE	96416		\$ 378.73	See note ³	\$ 378.73	not contracted	\$ 378.73	not contracted	\$ 435.54	not contracted	\$ 378.73	not contracted	\$ 681.71	not contracted	\$ 681.71	\$ 378.73
		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	96413		\$ 378.73	See note ³	\$ 378.73	not contracted	\$ 378.73	not contracted	\$ 435.54	not contracted	\$ 378.73	not contracted	\$ 681.71	not contracted	\$ 681.71	\$ 378.73
		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	96415		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	96417		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96375		\$ 53.12	See note ³	\$ 53.12	not contracted	\$ 53.12	not contracted	\$ 61.09	not contracted	\$ 53.12	not contracted	\$ 95.62	not contracted	\$ 95.62	\$ 53.12
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	J0640		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		5% DEXTROSE/WATER (500 ML = 1 UNIT)	J7060		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FLUOROURACIL, 500 MG	J9190		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, OXALIPLATIN, 0.5 MG	J9263		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92133	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, PO	PRIMARY PROCEDURE	92133		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY	PRIMARY PROCEDURE	92136		\$ 142.85	See note ³	\$ 142.85	not contracted	\$ 142.85	not contracted	\$ 164.28	not contracted	\$ 142.85	not contracted	\$ 257.13	not contracted	\$ 257.13	\$ 142.85
D9215	LOCAL ANESTHESIA	PRIMARY PROCEDURE	D9215		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AN	D7140		\$ 984.62	See note ³	\$ 984.62	not contracted	\$ 984.62	not contracted	\$ 1,132.31	not contracted	\$ 984.62	not contracted	\$ 1,772.32	not contracted	\$ 1,772.32	\$ 984.62
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 1 OR	PRIMARY PROCEDURE	20552		\$ 331.22	See note ³	\$ 331.22	not contracted	\$ 331.22	not contracted	\$ 380.90	not contracted	\$ 331.22	not contracted	\$ 596.20	not contracted	\$ 596.20	\$ 331.22
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAO	PRIMARY PROCEDURE	66982		\$ 2,606.02	See note ³	\$ 2,606.02	not contracted	\$ 2,606.02	not contracted	\$ 2,996.92	not contracted	\$ 2,606.02	not contracted	\$ 4,690.84	not contracted	\$ 4,690.84	\$ 2,606.02
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		POSTERIOR CHAMBER INTRAOCULAR LENS	V2632		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93247	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7	PRIMARY PROCEDURE	93247		\$ 142.85	See note ³	\$ 142.85	not contracted	\$ 142.85	not contracted	\$ 164.28	not contracted	\$ 142.85	not contracted	\$ 257.13	not contracted	\$ 257.13	\$ 142.85
99245	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ES	PRIMARY PROCEDURE	99245		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43237	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH E	PRIMARY PROCEDURE	43237		\$ 2,127.91	See note ³	\$ 2,127.91	not contracted	\$ 2,127.91	not contracted	\$ 2,447.10	not contracted	\$ 2,127.91	not contracted	\$ 3,830.24	not contracted	\$ 3,830.24	\$ 2,127.91
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D1330	ORAL HYGIENE INSTRUCTION	PRIMARY PROCEDURE	D1330		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TR	PRIMARY PROCEDURE	96910		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010,	PRIMARY PROCEDURE	94060		\$ 351.01	See note ³	\$ 351.01	not contracted	\$ 351.01	not contracted	\$ 403.66	not contracted	\$ 351.01	not contracted	\$ 631.82	not contracted	\$ 631.82	\$ 351.01
		PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND,	94726		\$ 351.01	See note ³	\$ 351.01	not contracted	\$ 351.01	not contracted	\$ 403.66	not contracted	\$ 351.01	not contracted	\$ 631.82	not contracted	\$ 631.82	\$ 351.01
		DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE) (LIS	94729		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED V	94010		\$ 174.68	See note ³	\$ 174.68	not contracted	\$ 174.68	not contracted	\$ 200.88	not contracted	\$ 174.68	not contracted	\$ 314.42	not contracted	\$ 314.42	\$ 174.68
		MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATI	94200		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR	94640		\$ 238.52	See note ³	\$ 238.52	not contracted	\$ 238.52	not contracted	\$ 274.30	not contracted	\$ 238.52	not contracted	\$ 429.34	not contracted	\$ 429.34	\$ 238.52
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REP	PRIMARY PROCEDURE	92285		\$ 44.85	See note ³	\$ 44.85	not contracted	\$ 44.85	not contracted	\$ 51.58	not contracted	\$ 44.85	not contracted	\$ 80.73	not contracted	\$ 80.73	\$ 44.85
		FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	92250		\$ 142.85	See note ³	\$ 142.85	not contracted	\$ 142.85	not contracted	\$ 164.28	not contracted	\$ 142.85	not contracted	\$ 257.13	not contracted	\$ 257.13	\$ 142.85
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92012		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATI	PRIMARY PROCEDURE	52287		\$ 2,277.75	See note ³	\$ 2,277.75	not contracted	\$ 2,277.75	not contracted	\$ 2,619.41	not contracted	\$ 2,277.75	not contracted	\$ 4,099.95	not contracted	\$ 4,099.95	\$ 2,277.75
		INJECTION, ONABOTULINUMTOXI NA, 1 UNIT	J0585		\$ 7.43	See note ³	\$ 7.43	not contracted	\$ 7.43	not contracted	\$ 8.54	not contracted	\$ 7.43	not contracted	\$ 13.37	not contracted	\$ 13.37	\$ 7.43
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
88152	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL	PRIMARY PROCEDURE	88152		\$ 27.64	See note ³	\$ 27.64	not contracted	\$ 27.64	not contracted	\$ 31.79	not contracted	\$ 27.64	not contracted	\$ 49.75	not contracted	\$ 49.75	\$ 27.64
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	88175		\$ 26.61	See note ³	\$ 26.61	not contracted	\$ 26.61	not contracted	\$ 30.60	not contracted	\$ 26.61	not contracted	\$ 47.90	not contracted	\$ 47.90	\$ 26.61
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		\$ 35.09	See note ³	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
1111F	DISCHARGE MEDICATIONS RECONCILED WITH THE CURRENT MEDIC	PRIMARY PROCEDURE	1111F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	PRIMARY PROCEDURE	41899		\$ 273.16	See note ³	\$ 273.16	not contracted	\$ 273.16	not contracted	\$ 314.13	not contracted	\$ 273.16	not contracted	\$ 491.69	not contracted	\$ 491.69	\$ 273.16
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
88150	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL SCRE	PRIMARY PROCEDURE	88150		\$ 17.76	See note ³	\$ 17.76	not contracted	\$ 17.76	not contracted	\$ 20.42	not contracted	\$ 17.76	not contracted	\$ 31.97	not contracted	\$ 31.97	\$ 17.76
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		\$ 35.09	See note ³	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	88142		\$ 20.26	See note ³	\$ 20.26	not contracted	\$ 20.26	not contracted	\$ 23.30	not contracted	\$ 20.26	not contracted	\$ 36.47	not contracted	\$ 36.47	\$ 20.26

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE	PRIMARY PROCEDURE	D0145		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	D0603		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PROPHYLAXIS-CHILD	D1120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	D1206		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTUR	PRIMARY PROCEDURE	25607		\$ 8,000.33	See note ³	\$ 8,000.33	not contracted	\$ 8,000.33	not contracted	\$ 9,200.38	not contracted	\$ 8,000.33	not contracted	\$ 14,400.59	not contracted	\$ 14,400.59	\$ 8,000.33
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE	PRIMARY PROCEDURE	64566		\$ 331.22	See note ³	\$ 331.22	not contracted	\$ 331.22	not contracted	\$ 380.90	not contracted	\$ 331.22	not contracted	\$ 596.20	not contracted	\$ 596.20	\$ 331.22
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
95907	NERVE CONDUCTION STUDIES; 1-2 STUDIES	PRIMARY PROCEDURE	95907		\$ 174.68	See note ³	\$ 174.68	not contracted	\$ 174.68	not contracted	\$ 200.88	not contracted	\$ 174.68	not contracted	\$ 314.42	not contracted	\$ 314.42	\$ 174.68

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		NEEDLE ELECTROMYOGRAPHY , EACH EXTREMITY, WITH RELATED P	95885		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	PRIMARY PROCEDURE	31624		\$ 1,898.04	See note ³	\$ 1,898.04	not contracted	\$ 1,898.04	not contracted	\$ 2,182.75	not contracted	\$ 1,898.04	not contracted	\$ 3,416.47	not contracted	\$ 3,416.47	\$ 1,898.04
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTE	88108		\$ 44.85	See note ³	\$ 44.85	not contracted	\$ 44.85	not contracted	\$ 51.58	not contracted	\$ 44.85	not contracted	\$ 80.73	not contracted	\$ 80.73	\$ 44.85
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCEN T	87281		\$ 11.98	See note ³	\$ 11.98	not contracted	\$ 11.98	not contracted	\$ 13.78	not contracted	\$ 11.98	not contracted	\$ 21.56	not contracted	\$ 21.56	\$ 11.98
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHN	87305		\$ 11.98	See note ³	\$ 11.98	not contracted	\$ 11.98	not contracted	\$ 13.78	not contracted	\$ 11.98	not contracted	\$ 21.56	not contracted	\$ 21.56	\$ 11.98
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, A	87116		\$ 10.80	See note ³	\$ 10.80	not contracted	\$ 10.80	not contracted	\$ 12.42	not contracted	\$ 10.80	not contracted	\$ 19.44	not contracted	\$ 19.44	\$ 10.80
		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPT	87102		\$ 8.41	See note ³	\$ 8.41	not contracted	\$ 8.41	not contracted	\$ 9.67	not contracted	\$ 8.41	not contracted	\$ 15.14	not contracted	\$ 15.14	\$ 8.41
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS	87015		\$ 6.68	See note ³	\$ 6.68	not contracted	\$ 6.68	not contracted	\$ 7.68	not contracted	\$ 6.68	not contracted	\$ 12.02	not contracted	\$ 12.02	\$ 6.68
		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; FLUORESCENT	87206		\$ 5.39	See note ³	\$ 5.39	not contracted	\$ 5.39	not contracted	\$ 6.20	not contracted	\$ 5.39	not contracted	\$ 9.70	not contracted	\$ 9.70	\$ 5.39
		CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOO	87070		\$ 8.62	See note ³	\$ 8.62	not contracted	\$ 8.62	not contracted	\$ 9.91	not contracted	\$ 8.62	not contracted	\$ 15.52	not contracted	\$ 15.52	\$ 8.62

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEM	87205		\$ 4.27	See note ³	\$ 4.27	not contracted	\$ 4.27	not contracted	\$ 4.91	not contracted	\$ 4.27	not contracted	\$ 7.69	not contracted	\$ 7.69	\$ 4.27
		CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINA	89050		\$ 4.72	See note ³	\$ 4.72	not contracted	\$ 4.72	not contracted	\$ 5.43	not contracted	\$ 4.72	not contracted	\$ 8.50	not contracted	\$ 8.50	\$ 4.72
T1014	TELEHEALTH TRANSMISSION, PER MINUTE, PROFESSIONAL SERVI	PRIMARY PROCEDURE	T1014		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92928	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY S	PRIMARY PROCEDURE	92928		\$ 12,302.50	See note ³	\$ 12,302.50	not contracted	\$ 12,302.50	not contracted	\$ 14,147.88	not contracted	\$ 12,302.50	not contracted	\$ 22,144.50	not contracted	\$ 22,144.50	\$ 12,302.50
		ENDOLUMINAL IMAGING OF CORONARY VESSEL OR GRAFT USING I	92978		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	93454		\$ 3,644.02	See note ³	\$ 3,644.02	not contracted	\$ 3,644.02	not contracted	\$ 4,190.62	not contracted	\$ 3,644.02	not contracted	\$ 6,559.24	not contracted	\$ 6,559.24	\$ 3,644.02
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	PRIMARY PROCEDURE	E0202		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY	PRIMARY PROCEDURE	64612		\$ 331.22	See note ³	\$ 331.22	not contracted	\$ 331.22	not contracted	\$ 380.90	not contracted	\$ 331.22	not contracted	\$ 596.20	not contracted	\$ 596.20	\$ 331.22
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93458		\$ 3,644.02	See note ³	\$ 3,644.02	not contracted	\$ 3,644.02	not contracted	\$ 4,190.62	not contracted	\$ 3,644.02	not contracted	\$ 6,559.24	not contracted	\$ 6,559.24	\$ 3,644.02
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90650	HUMAN PAPILLOMAVIRUS VACCINE, TYPES 16, 18, BIVALENT (2	PRIMARY PROCEDURE	90650		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 3	90651		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	PRIMARY PROCEDURE	49650		\$ 6,452.52	See note ³	\$ 6,452.52	not contracted	\$ 6,452.52	not contracted	\$ 7,420.40	not contracted	\$ 6,452.52	not contracted	\$ 11,614.54	not contracted	\$ 11,614.54	\$ 6,452.52
		MESH (IMPLANTABLE)	C1781		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
69210	REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION, UNI	PRIMARY PROCEDURE	69210		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
95800	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART	PRIMARY PROCEDURE	95800		\$ 174.68	See note ³	\$ 174.68	not contracted	\$ 174.68	not contracted	\$ 200.88	not contracted	\$ 174.68	not contracted	\$ 314.42	not contracted	\$ 314.42	\$ 174.68
		HOME SLEEP STUDY TEST (HST) WITH TYPE II PORTABLE MONIT	G0398		\$ 174.68	See note ³	\$ 174.68	not contracted	\$ 174.68	not contracted	\$ 200.88	not contracted	\$ 174.68	not contracted	\$ 314.42	not contracted	\$ 314.42	\$ 174.68
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SU	PRIMARY PROCEDURE	36589		\$ 702.52	See note ³	\$ 702.52	not contracted	\$ 702.52	not contracted	\$ 807.90	not contracted	\$ 702.52	not contracted	\$ 1,264.54	not contracted	\$ 1,264.54	\$ 702.52

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	49422		\$ 3,564.54	See note ³	\$ 3,564.54	not contracted	\$ 3,564.54	not contracted	\$ 4,099.22	not contracted	\$ 3,564.54	not contracted	\$ 6,416.17	not contracted	\$ 6,416.17	\$ 3,564.54
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION O	PRIMARY PROCEDURE	D7210		\$ 1,705.44	See note ³	\$ 1,705.44	not contracted	\$ 1,705.44	not contracted	\$ 1,961.26	not contracted	\$ 1,705.44	not contracted	\$ 3,069.79	not contracted	\$ 3,069.79	\$ 1,705.44
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	PRIMARY PROCEDURE	36430		\$ 485.45	See note ³	\$ 485.45	not contracted	\$ 485.45	not contracted	\$ 558.27	not contracted	\$ 485.45	not contracted	\$ 873.81	not contracted	\$ 873.81	\$ 485.45
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVE	Q0163		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, EACH U	P9040		\$ 296.34	See note ³	\$ 296.34	not contracted	\$ 296.34	not contracted	\$ 340.79	not contracted	\$ 296.34	not contracted	\$ 533.41	not contracted	\$ 533.41	\$ 296.34
91318	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-C	PRIMARY PROCEDURE	91318		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION	90480		\$ 48.73	See note ³	\$ 48.73	not contracted	\$ 48.73	not contracted	\$ 56.04	not contracted	\$ 48.73	not contracted	\$ 87.71	not contracted	\$ 87.71	\$ 48.73
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPL	PRIMARY PROCEDURE	45331		\$ 1,022.07	See note ³	\$ 1,022.07	not contracted	\$ 1,022.07	not contracted	\$ 1,175.38	not contracted	\$ 1,022.07	not contracted	\$ 1,839.73	not contracted	\$ 1,839.73	\$ 1,022.07
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	G0500		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
95816	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE A	PRIMARY PROCEDURE	95816		\$ 351.01	See note ³	\$ 351.01	not contracted	\$ 351.01	not contracted	\$ 403.66	not contracted	\$ 351.01	not contracted	\$ 631.82	not contracted	\$ 631.82	\$ 351.01

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN	PRIMARY PROCEDURE	57454		\$ 358.75	See note ³	\$ 358.75	not contracted	\$ 358.75	not contracted	\$ 412.56	not contracted	\$ 358.75	not contracted	\$ 645.75	not contracted	\$ 645.75	\$ 358.75
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	PRIMARY PROCEDURE	96999		\$ 223.88	See note ³	\$ 223.88	not contracted	\$ 223.88	not contracted	\$ 257.46	not contracted	\$ 223.88	not contracted	\$ 402.98	not contracted	\$ 402.98	\$ 223.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43762	REPLACEMENT OF GASTROSTOMY TUBE, PERCUTANEOUS, INCLUDES	PRIMARY PROCEDURE	43762		\$ 276.38	See note ³	\$ 276.38	not contracted	\$ 276.38	not contracted	\$ 317.84	not contracted	\$ 276.38	not contracted	\$ 497.48	not contracted	\$ 497.48	\$ 276.38
90633	HEPATITIS A VACCINE (HEPA), PEDIATRIC/ADOLESCENT DOSAGE	PRIMARY PROCEDURE	90633		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7	PRIMARY PROCEDURE	93248		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		EXTERNAL ELECTROCARDIOGRAP HIC RECORDING FOR MORE THAN 7	93247		\$ 142.85	See note ³	\$ 142.85	not contracted	\$ 142.85	not contracted	\$ 164.28	not contracted	\$ 142.85	not contracted	\$ 257.13	not contracted	\$ 257.13	\$ 142.85
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW,	PRIMARY PROCEDURE	20680		\$ 3,177.62	See note ³	\$ 3,177.62	not contracted	\$ 3,177.62	not contracted	\$ 3,654.26	not contracted	\$ 3,177.62	not contracted	\$ 5,719.72	not contracted	\$ 5,719.72	\$ 3,177.62
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY	88300		\$ 33.30	See note ³	\$ 33.30	not contracted	\$ 33.30	not contracted	\$ 38.30	not contracted	\$ 33.30	not contracted	\$ 59.94	not contracted	\$ 59.94	\$ 33.30
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)	PRIMARY PROCEDURE	96912		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99396		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99406	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INT	PRIMARY PROCEDURE	99406		\$ 32.09	See note ³	\$ 32.09	not contracted	\$ 32.09	not contracted	\$ 36.90	not contracted	\$ 32.09	not contracted	\$ 57.76	not contracted	\$ 57.76	\$ 32.09
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	PRIMARY PROCEDURE	59841		\$ 3,496.18	See note ³	\$ 3,496.18	not contracted	\$ 3,496.18	not contracted	\$ 4,020.61	not contracted	\$ 3,496.18	not contracted	\$ 6,293.12	not contracted	\$ 6,293.12	\$ 3,496.18
		LEVEL VI - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88309		\$ 961.60	See note ³	\$ 961.60	not contracted	\$ 961.60	not contracted	\$ 1,105.84	not contracted	\$ 961.60	not contracted	\$ 1,730.88	not contracted	\$ 1,730.88	\$ 961.60

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	Q0144		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT	J7642		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MISOPROSTOL, ORAL, 200 MCG	S0191		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 44.85	See note ³	\$ 44.85	not contracted	\$ 44.85	not contracted	\$ 51.58	not contracted	\$ 44.85	not contracted	\$ 80.73	not contracted	\$ 80.73	\$ 44.85
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 142.85	See note ³	\$ 142.85	not contracted	\$ 142.85	not contracted	\$ 164.28	not contracted	\$ 142.85	not contracted	\$ 257.13	not contracted	\$ 257.13	\$ 142.85
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
90697	DIPHThERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	PRIMARY PROCEDURE	90697		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		HEPATITIS B VACCINE (HEPB), PEDIATRIC/ADOLESC NT DOSAGE	90744		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13), FOR	90670		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		ROTAVIRUS VACCINE, HUMAN, ATTENUATED (RV1), 2 DOSE SCHE	90681		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE	90473		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	90698		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC	PRIMARY PROCEDURE	36818		\$ 6,145.40	See note ³	\$ 6,145.40	not contracted	\$ 6,145.40	not contracted	\$ 7,067.21	not contracted	\$ 6,145.40	not contracted	\$ 11,061.72	not contracted	\$ 11,061.72	\$ 6,145.40
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90723	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	PRIMARY PROCEDURE	90723		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	90460		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T CONJ	90648		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	90461		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13), FOR	90670		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ROTAVIRUS VACCINE, PENTAVALENT (RV5), 3 DOSE SCHEDULE,	90680		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE	90473		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99391		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDI	PRIMARY PROCEDURE	51720		\$ 763.91	See note ³	\$ 763.91	not contracted	\$ 763.91	not contracted	\$ 878.50	not contracted	\$ 763.91	not contracted	\$ 1,375.04	not contracted	\$ 1,375.04	\$ 763.91
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	J9030		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	51700		\$ 276.38	See note ³	\$ 276.38	not contracted	\$ 276.38	not contracted	\$ 317.84	not contracted	\$ 276.38	not contracted	\$ 497.48	not contracted	\$ 497.48	\$ 276.38
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTE	PRIMARY PROCEDURE	58571		\$ 11,511.37	See note ³	\$ 11,511.37	not contracted	\$ 11,511.37	not contracted	\$ 13,238.08	not contracted	\$ 11,511.37	not contracted	\$ 20,720.47	not contracted	\$ 20,720.47	\$ 11,511.37
		UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND	49329		\$ 6,452.52	See note ³	\$ 6,452.52	not contracted	\$ 6,452.52	not contracted	\$ 7,420.40	not contracted	\$ 6,452.52	not contracted	\$ 11,614.54	not contracted	\$ 11,614.54	\$ 6,452.52
		CYSTOURETHROSCOP Y (SEPARATE PROCEDURE)	52000		\$ 763.91	See note ³	\$ 763.91	not contracted	\$ 763.91	not contracted	\$ 878.50	not contracted	\$ 763.91	not contracted	\$ 1,375.04	not contracted	\$ 1,375.04	\$ 763.91

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		\$ 401.97	See note ³	\$ 401.97	not contracted	\$ 401.97	not contracted	\$ 462.27	not contracted	\$ 401.97	not contracted	\$ 723.55	not contracted	\$ 723.55	\$ 401.97
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		\$ 33.30	See note ³	\$ 33.30	not contracted	\$ 33.30	not contracted	\$ 38.30	not contracted	\$ 33.30	not contracted	\$ 59.94	not contracted	\$ 59.94	\$ 33.30
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, METRONIDAZOLE, 10 MG EFF. DATE: 7/1/2023	J1836		\$ 0.03	See note ³	\$ 0.03	not contracted	\$ 0.03	not contracted	\$ 0.03	not contracted	\$ 0.03	not contracted	\$ 0.05	not contracted	\$ 0.05	\$ 0.03
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, L	PRIMARY PROCEDURE	67145		\$ 650.03	See note ³	\$ 650.03	not contracted	\$ 650.03	not contracted	\$ 747.53	not contracted	\$ 650.03	not contracted	\$ 1,170.05	not contracted	\$ 1,170.05	\$ 650.03
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCL	PRIMARY PROCEDURE	78452		\$ 1,587.93	See note ³	\$ 1,587.93	not contracted	\$ 1,587.93	not contracted	\$ 1,826.12	not contracted	\$ 1,587.93	not contracted	\$ 2,858.27	not contracted	\$ 2,858.27	\$ 1,587.93
		INJECTION, REGADENOSON, 0.1 MG	J2785		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHOD	PRIMARY PROCEDURE	81025		\$ 8.61	See note ³	\$ 8.61	not contracted	\$ 8.61	not contracted	\$ 9.90	not contracted	\$ 8.61	not contracted	\$ 15.50	not contracted	\$ 15.50	\$ 8.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
64642	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)	PRIMARY PROCEDURE	64642		\$ 773.35	See note ³	\$ 773.35	not contracted	\$ 773.35	not contracted	\$ 889.35	not contracted	\$ 773.35	not contracted	\$ 1,392.03	not contracted	\$ 1,392.03	\$ 773.35
		CHEMODENERVATIO N OF ONE EXTREMITY; EACH ADDITIONAL EXTR	64643		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONABOTULINUMTOXI NA, 1 UNIT	J0585		\$ 7.43	See note ³	\$ 7.43	not contracted	\$ 7.43	not contracted	\$ 8.54	not contracted	\$ 7.43	not contracted	\$ 13.37	not contracted	\$ 13.37	\$ 7.43
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96156	HEALTH BEHAVIOR ASSESSMENT, OR RE- ASSESSMENT (IE, HEALT	PRIMARY PROCEDURE	96156		\$ 99.68	See note ³	\$ 99.68	not contracted	\$ 99.68	not contracted	\$ 114.63	not contracted	\$ 99.68	not contracted	\$ 179.42	not contracted	\$ 179.42	\$ 99.68
D0171	RE-EVALUATION - POST- OPERATIVE OFFICE VISIT 1	PRIMARY PROCEDURE	D0171		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S)	PRIMARY PROCEDURE	38222		\$ 3,177.62	See note ³	\$ 3,177.62	not contracted	\$ 3,177.62	not contracted	\$ 3,654.26	not contracted	\$ 3,177.62	not contracted	\$ 5,719.72	not contracted	\$ 5,719.72	\$ 3,177.62
		IMMUNOHISTOCHEM ISTRY OR IMMUNOCYTOCHEMI STRY, PER SPECIM	88341		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		BONE MARROW, SMEAR INTERPRETATION	85097		\$ 961.60	See note ³	\$ 961.60	not contracted	\$ 961.60	not contracted	\$ 1,105.84	not contracted	\$ 961.60	not contracted	\$ 1,730.88	not contracted	\$ 1,730.88	\$ 961.60
		IMMUNOHISTOCHEM ISTRY OR IMMUNOCYTOCHEMI STRY, PER SPECIM	88342		\$ 191.01	See note ³	\$ 191.01	not contracted	\$ 191.01	not contracted	\$ 219.66	not contracted	\$ 191.01	not contracted	\$ 343.82	not contracted	\$ 343.82	\$ 191.01

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION	88311		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88313		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUC	PRIMARY PROCEDURE	99401		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH	96040		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90700	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VA	PRIMARY PROCEDURE	90700		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	90460		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99392		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		DISCHARGE MEDICATIONS RECONCILED WITH THE CURRENT MEDIC	1111F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRAN	PRIMARY PROCEDURE	19301		\$ 4,262.63	See note ³	\$ 4,262.63	not contracted	\$ 4,262.63	not contracted	\$ 4,902.02	not contracted	\$ 4,262.63	not contracted	\$ 7,672.73	not contracted	\$ 7,672.73	\$ 4,262.63
		BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	38500		\$ 4,262.63	See note ³	\$ 4,262.63	not contracted	\$ 4,262.63	not contracted	\$ 4,902.02	not contracted	\$ 4,262.63	not contracted	\$ 7,672.73	not contracted	\$ 7,672.73	\$ 4,262.63
		INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICAT	38792		\$ 461.23	See note ³	\$ 461.23	not contracted	\$ 461.23	not contracted	\$ 530.41	not contracted	\$ 461.23	not contracted	\$ 830.21	not contracted	\$ 830.21	\$ 461.23
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		\$ 401.97	See note ³	\$ 401.97	not contracted	\$ 401.97	not contracted	\$ 462.27	not contracted	\$ 401.97	not contracted	\$ 723.55	not contracted	\$ 723.55	\$ 401.97

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UPDATED AS OF 12/19/2024

Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88341		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		\$ 191.01	See note ³	\$ 191.01	not contracted	\$ 191.01	not contracted	\$ 219.66	not contracted	\$ 191.01	not contracted	\$ 343.82	not contracted	\$ 343.82	\$ 191.01
		RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	76098		\$ 616.93	See note ³	\$ 616.93	not contracted	\$ 616.93	not contracted	\$ 709.47	not contracted	\$ 616.93	not contracted	\$ 1,110.47	not contracted	\$ 1,110.47	\$ 616.93
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	PRIMARY PROCEDURE	43264		\$ 4,282.78	See note ³	\$ 4,282.78	not contracted	\$ 4,282.78	not contracted	\$ 4,925.20	not contracted	\$ 4,282.78	not contracted	\$ 7,709.00	not contracted	\$ 7,709.00	\$ 4,282.78
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00732		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90648	HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T CONJ	PRIMARY PROCEDURE	90648		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR	90677		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93793	ANTICOAGULANT MANAGEMENT FOR A PATIENT TAKING WARFARIN,	PRIMARY PROCEDURE	93793		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90649	HUMAN PAPILLOMAVIRUS VACCINE, TYPES 6, 11, 16, 18, QUAD	PRIMARY PROCEDURE	90649		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 3	90651		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43249	ESOPHAGOGASTRODUODE NOSCOPY, FLEXIBLE, TRANSORAL; WITH T	PRIMARY PROCEDURE	43249		\$ 2,127.91	See note ³	\$ 2,127.91	not contracted	\$ 2,127.91	not contracted	\$ 2,447.10	not contracted	\$ 2,127.91	not contracted	\$ 3,830.24	not contracted	\$ 3,830.24	\$ 2,127.91

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
37243	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RA	PRIMARY PROCEDURE	37243		\$ 12,302.50	See note ³	\$ 12,302.50	not contracted	\$ 12,302.50	not contracted	\$ 14,147.88	not contracted	\$ 12,302.50	not contracted	\$ 22,144.50	not contracted	\$ 22,144.50	\$ 12,302.50
		CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHN	96420		\$ 378.73	See note ³	\$ 378.73	not contracted	\$ 378.73	not contracted	\$ 435.54	not contracted	\$ 378.73	not contracted	\$ 681.71	not contracted	\$ 681.71	\$ 378.73
		ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE (WIT	75726		\$ 6,145.40	See note ³	\$ 6,145.40	not contracted	\$ 6,145.40	not contracted	\$ 7,067.21	not contracted	\$ 6,145.40	not contracted	\$ 11,061.72	not contracted	\$ 11,061.72	\$ 6,145.40
		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRA	76937		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
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UPDATED AS OF 12/19/2024

					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG EFFECTIVE DA	J0696		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10	J1642		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE	PRIMARY PROCEDURE	67113		\$ 5,844.79	See note ³	\$ 5,844.79	not contracted	\$ 5,844.79	not contracted	\$ 6,721.51	not contracted	\$ 5,844.79	not contracted	\$ 10,520.62	not contracted	\$ 10,520.62	\$ 5,844.79
		INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL	67025		\$ 2,606.02	See note ³	\$ 2,606.02	not contracted	\$ 2,606.02	not contracted	\$ 2,996.92	not contracted	\$ 2,606.02	not contracted	\$ 4,690.84	not contracted	\$ 4,690.84	\$ 2,606.02
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43275	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOG RAPHY (ERCP);	PRIMARY PROCEDURE	43275		\$ 2,127.91	See note ³	\$ 2,127.91	not contracted	\$ 2,127.91	not contracted	\$ 2,447.10	not contracted	\$ 2,127.91	not contracted	\$ 3,830.24	not contracted	\$ 3,830.24	\$ 2,127.91
		ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM	74328		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	74330		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LEVOFLOXACIN, 250 MG	J1956		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
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UPDATED AS OF 12/19/2024

					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
32555	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PL	PRIMARY PROCEDURE	32555		\$ 702.52	See note ³	\$ 702.52	not contracted	\$ 702.52	not contracted	\$ 807.90	not contracted	\$ 702.52	not contracted	\$ 1,264.54	not contracted	\$ 1,264.54	\$ 702.52
15853	REMOVAL OF SUTURES OR STAPLES NOT REQUIRING ANESTHESIA	PRIMARY PROCEDURE	15853		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	PRIMARY PROCEDURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
J2357	INJECTION, OMALIZUMAB, 5 MG	PRIMARY PROCEDURE	J2357		\$ 46.31	See note ³	\$ 46.31	not contracted	\$ 46.31	not contracted	\$ 53.26	not contracted	\$ 46.31	not contracted	\$ 83.36	not contracted	\$ 83.36	\$ 46.31
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43238	ESOPHAGOGASTRODUODE NOSCOPY, FLEXIBLE, TRANSORAL; WITH T	PRIMARY PROCEDURE	43238		\$ 2,127.91	See note ³	\$ 2,127.91	not contracted	\$ 2,127.91	not contracted	\$ 2,447.10	not contracted	\$ 2,127.91	not contracted	\$ 3,830.24	not contracted	\$ 3,830.24	\$ 2,127.91
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	74330		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, GLYCOPYRROLATE, 0.1 MG EFF. DATE: 01/01/202	J1596		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96040	MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH	PRIMARY PROCEDURE	96040		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES HARBOR-UCLA MEDICAL CENTER MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE ¹ EFFECTIVE JANUARY 1, 2025 UPDATED AS OF 12/19/2024																		
Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOV	PRIMARY PROCEDURE	67043		\$ 4,546.80	See note ³	\$ 4,546.80	not contracted	\$ 4,546.80	not contracted	\$ 5,228.82	not contracted	\$ 4,546.80	not contracted	\$ 8,184.24	not contracted	\$ 8,184.24	\$ 4,546.80
		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	00145		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRYH	PRIMARY PROCEDURE	92960		\$ 727.81	See note ³	\$ 727.81	not contracted	\$ 727.81	not contracted	\$ 836.98	not contracted	\$ 727.81	not contracted	\$ 1,310.06	not contracted	\$ 1,310.06	\$ 727.81
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		\$ 8.46	See note ³	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		\$ 6.47	See note ³	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 7.44	not contracted	\$ 6.47	not contracted	\$ 11.65	not contracted	\$ 11.65	\$ 6.47
		PROTHROMBIN TIME;	85610		\$ 4.29	See note ³	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.93	not contracted	\$ 4.29	not contracted	\$ 7.72	not contracted	\$ 7.72	\$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	PRIMARY PROCEDURE	58300		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYS	J7297		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
45381	COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTI	PRIMARY PROCEDURE	45381		\$ 1,319.66	See note ³	\$ 1,319.66	not contracted	\$ 1,319.66	not contracted	\$ 1,517.61	not contracted	\$ 1,319.66	not contracted	\$ 2,375.39	not contracted	\$ 2,375.39	\$ 1,319.66

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
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MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380		\$ 1,319.66	See note ³	\$ 1,319.66	not contracted	\$ 1,319.66	not contracted	\$ 1,517.61	not contracted	\$ 1,319.66	not contracted	\$ 2,375.39	not contracted	\$ 2,375.39	\$ 1,319.66
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN	G0500		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43276	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOG RAPHY (ERCP);	PRIMARY PROCEDURE	43276		\$ 6,373.41	See note ³	\$ 6,373.41	not contracted	\$ 6,373.41	not contracted	\$ 7,329.42	not contracted	\$ 6,373.41	not contracted	\$ 11,472.14	not contracted	\$ 11,472.14	\$ 6,373.41
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES	00731		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	74330		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGER'S LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
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UPDATED AS OF 12/19/2024

					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVIC	PRIMARY PROCEDURE	54161		\$ 2,277.75	See note ³	\$ 2,277.75	not contracted	\$ 2,277.75	not contracted	\$ 2,619.41	not contracted	\$ 2,277.75	not contracted	\$ 4,099.95	not contracted	\$ 4,099.95	\$ 2,277.75
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93456		\$ 3,644.02	See note ³	\$ 3,644.02	not contracted	\$ 3,644.02	not contracted	\$ 4,190.62	not contracted	\$ 3,644.02	not contracted	\$ 6,559.24	not contracted	\$ 6,559.24	\$ 3,644.02
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		\$ 8.46	See note ³	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		\$ 6.47	See note ³	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 7.44	not contracted	\$ 6.47	not contracted	\$ 11.65	not contracted	\$ 11.65	\$ 6.47
		PROTHROMBIN TIME;	85610		\$ 4.29	See note ³	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.93	not contracted	\$ 4.29	not contracted	\$ 7.72	not contracted	\$ 7.72	\$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
52001	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MUL	PRIMARY PROCEDURE	52001		\$ 3,898.54	See note ³	\$ 3,898.54	not contracted	\$ 3,898.54	not contracted	\$ 4,483.32	not contracted	\$ 3,898.54	not contracted	\$ 7,017.37	not contracted	\$ 7,017.37	\$ 3,898.54
		CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE	88112		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	PRIMARY PROCEDURE	36561		\$ 3,564.54	See note ³	\$ 3,564.54	not contracted	\$ 3,564.54	not contracted	\$ 4,099.22	not contracted	\$ 3,564.54	not contracted	\$ 6,416.17	not contracted	\$ 6,416.17	\$ 3,564.54
		INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAV	36010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRA	76937		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE	77001		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		TELETHERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIED POR	77306		\$ 413.20	See note ³	\$ 413.20	not contracted	\$ 413.20	not contracted	\$ 475.18	not contracted	\$ 413.20	not contracted	\$ 743.76	not contracted	\$ 743.76	\$ 413.20
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REGIONAL	PRIMARY PROCEDURE	54150		\$ 2,277.75	See note ³	\$ 2,277.75	not contracted	\$ 2,277.75	not contracted	\$ 2,619.41	not contracted	\$ 2,277.75	not contracted	\$ 4,099.95	not contracted	\$ 4,099.95	\$ 2,277.75
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA	PRIMARY PROCEDURE	66761		\$ 650.03	See note ³	\$ 650.03	not contracted	\$ 650.03	not contracted	\$ 747.53	not contracted	\$ 650.03	not contracted	\$ 1,170.05	not contracted	\$ 1,170.05	\$ 650.03
99426	PRINCIPAL CARE MANAGEMENT SERVICES, FOR A SINGLE HIGH-R	PRIMARY PROCEDURE	99426		\$ 99.68	See note ³	\$ 99.68	not contracted	\$ 99.68	not contracted	\$ 114.63	not contracted	\$ 99.68	not contracted	\$ 179.42	not contracted	\$ 179.42	\$ 99.68

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 1 TO 5	PRIMARY PROCEDURE	11720		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED P	PRIMARY PROCEDURE	95886		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		NERVE CONDUCTION STUDIES; 1-2 STUDIES	95907		\$ 174.68	See note ³	\$ 174.68	not contracted	\$ 174.68	not contracted	\$ 200.88	not contracted	\$ 174.68	not contracted	\$ 314.42	not contracted	\$ 314.42	\$ 174.68
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90679	RESPIRATORY SYNCYTIAL VIRUS VACCINE, PREF, RECOMBINANT,	PRIMARY PROCEDURE	90679		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	PRIMARY PROCEDURE	D0210		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02
		PROPHYLAXIS-ADULT	D1110		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
		DENTAL PROPHYLAXIS AND TOPICAL FLUORIDE TREATMENT	D1208		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPA	PRIMARY PROCEDURE	64721		\$ 2,159.17	See note ³	\$ 2,159.17	not contracted	\$ 2,159.17	not contracted	\$ 2,483.05	not contracted	\$ 2,159.17	not contracted	\$ 3,886.51	not contracted	\$ 3,886.51	\$ 2,159.17
93653	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH INSERT	PRIMARY PROCEDURE	93653		\$ 26,559.88	See note ³	\$ 26,559.88	not contracted	\$ 26,559.88	not contracted	\$ 30,543.86	not contracted	\$ 26,559.88	not contracted	\$ 47,807.78	not contracted	\$ 47,807.78	\$ 26,559.88

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
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					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		\$ 8.46	See note ³	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		\$ 6.47	See note ³	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 7.44	not contracted	\$ 6.47	not contracted	\$ 11.65	not contracted	\$ 11.65	\$ 6.47
		PROTHROMBIN TIME;	85610		\$ 4.29	See note ³	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.93	not contracted	\$ 4.29	not contracted	\$ 7.72	not contracted	\$ 7.72	\$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAI	PRIMARY PROCEDURE	29888		\$ 8,000.33	See note ³	\$ 8,000.33	not contracted	\$ 8,000.33	not contracted	\$ 9,200.38	not contracted	\$ 8,000.33	not contracted	\$ 14,400.59	not contracted	\$ 14,400.59	\$ 8,000.33
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES	01400		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CONNECTIVE TISSUE, HUMAN (INCLUDES FASCIA LATA)	C1762		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LABETALOL HYDROCHLORIDE, 5 MG EFF. DATE: 7/	J1920		\$ 0.22	See note ³	\$ 0.22	not contracted	\$ 0.22	not contracted	\$ 0.25	not contracted	\$ 0.22	not contracted	\$ 0.40	not contracted	\$ 0.40	\$ 0.22
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
65855	TRABECULOPLASTY BY LASER SURGERY	PRIMARY PROCEDURE	65855		\$ 650.03	See note ³	\$ 650.03	not contracted	\$ 650.03	not contracted	\$ 747.53	not contracted	\$ 650.03	not contracted	\$ 1,170.05	not contracted	\$ 1,170.05	\$ 650.03
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SI	PRIMARY PROCEDURE	11730		\$ 223.88	See note ³	\$ 223.88	not contracted	\$ 223.88	not contracted	\$ 257.46	not contracted	\$ 223.88	not contracted	\$ 402.98	not contracted	\$ 402.98	\$ 223.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99202		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL	PRIMARY PROCEDURE	93017		\$ 351.01	See note ³	\$ 351.01	not contracted	\$ 351.01	not contracted	\$ 403.66	not contracted	\$ 351.01	not contracted	\$ 631.82	not contracted	\$ 631.82	\$ 351.01
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	PRIMARY PROCEDURE	D0603		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PROPHYLAXIS-CHILD	D1120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	D1206		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE	D0145		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	PRIMARY PROCEDURE	86580		\$ 33.30	See note ³	\$ 33.30	not contracted	\$ 33.30	not contracted	\$ 38.30	not contracted	\$ 33.30	not contracted	\$ 59.94	not contracted	\$ 59.94	\$ 33.30

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	PRIMARY PROCEDURE	29705		\$ 300.33	See note ³	\$ 300.33	not contracted	\$ 300.33	not contracted	\$ 345.38	not contracted	\$ 300.33	not contracted	\$ 540.59	not contracted	\$ 540.59	\$ 300.33
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF 3 V	73110		\$ 101.62	See note ³	\$ 101.62	not contracted	\$ 101.62	not contracted	\$ 116.86	not contracted	\$ 101.62	not contracted	\$ 182.92	not contracted	\$ 182.92	\$ 101.62
90696	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	PRIMARY PROCEDURE	90696		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV),	90710		\$ 155.74	See note ³	\$ 155.74	not contracted	\$ 155.74	not contracted	\$ 179.10	not contracted	\$ 155.74	not contracted	\$ 280.33	not contracted	\$ 280.33	\$ 155.74
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHE	PRIMARY PROCEDURE	36569		\$ 1,790.98	See note ³	\$ 1,790.98	not contracted	\$ 1,790.98	not contracted	\$ 2,059.63	not contracted	\$ 1,790.98	not contracted	\$ 3,223.76	not contracted	\$ 3,223.76	\$ 1,790.98
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 101.62	See note ³	\$ 101.62	not contracted	\$ 101.62	not contracted	\$ 116.86	not contracted	\$ 101.62	not contracted	\$ 182.92	not contracted	\$ 182.92	\$ 101.62
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	PRIMARY PROCEDURE	J1050		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	PRIMARY PROCEDURE	92082		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
2028F	FOOT EXAMINATION PERFORMED (INCLUDES EXAMINATION THROUG	PRIMARY PROCEDURE	2028F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	PRIMARY PROCEDURE	58301		\$ 358.75	See note ³	\$ 358.75	not contracted	\$ 358.75	not contracted	\$ 412.56	not contracted	\$ 358.75	not contracted	\$ 645.75	not contracted	\$ 645.75	\$ 358.75
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG D	PRIMARY PROCEDURE	96523		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10	J1642		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93656	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING T	PRIMARY PROCEDURE	93656		\$ 26,559.88	See note ³	\$ 26,559.88	not contracted	\$ 26,559.88	not contracted	\$ 30,543.86	not contracted	\$ 26,559.88	not contracted	\$ 47,807.78	not contracted	\$ 47,807.78	\$ 26,559.88
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
93289	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYS	PRIMARY PROCEDURE	93289		\$ 42.17	See note ³	\$ 42.17	not contracted	\$ 42.17	not contracted	\$ 48.50	not contracted	\$ 42.17	not contracted	\$ 75.91	not contracted	\$ 75.91	\$ 42.17
64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY	PRIMARY PROCEDURE	64615		\$ 331.22	See note ³	\$ 331.22	not contracted	\$ 331.22	not contracted	\$ 380.90	not contracted	\$ 331.22	not contracted	\$ 596.20	not contracted	\$ 596.20	\$ 331.22
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONABOTULINUMTOXI NA, 1 UNIT	J0585		\$ 7.43	See note ³	\$ 7.43	not contracted	\$ 7.43	not contracted	\$ 8.54	not contracted	\$ 7.43	not contracted	\$ 13.37	not contracted	\$ 13.37	\$ 7.43
D0274	BITEWINGS-FOUR FILMS	PRIMARY PROCEDURE	D0274		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02
		PROPHYLAXIS-ADULT	D1110		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
		DENTAL PROPHYLAXIS AND TOPICAL FLUORIDE TREATMENT	D1208		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	PRIMARY PROCEDURE	D2391		\$ 984.62	See note ³	\$ 984.62	not contracted	\$ 984.62	not contracted	\$ 1,132.31	not contracted	\$ 984.62	not contracted	\$ 1,772.32	not contracted	\$ 1,772.32	\$ 984.62
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE,	PRIMARY PROCEDURE	11102		\$ 223.88	See note ³	\$ 223.88	not contracted	\$ 223.88	not contracted	\$ 257.46	not contracted	\$ 223.88	not contracted	\$ 402.98	not contracted	\$ 402.98	\$ 223.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
99358	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/	PRIMARY PROCEDURE	99358		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	PRIMARY PROCEDURE	93005		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13), FOR	PRIMARY PROCEDURE	90670		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	90460		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR	90677		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL-TIME WITH IMAGE	PRIMARY PROCEDURE	93312		\$ 616.93	See note ³	\$ 616.93	not contracted	\$ 616.93	not contracted	\$ 709.47	not contracted	\$ 616.93	not contracted	\$ 1,110.47	not contracted	\$ 1,110.47	\$ 616.93

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HARBOR-UCLA MEDICAL CENTER
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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99423	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR A	PRIMARY PROCEDURE	99423		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90674	INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIV4), DERIVED	PRIMARY PROCEDURE	90674		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93308	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL- TIME WITH IMAGE D	PRIMARY PROCEDURE	93308		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	PRIMARY PROCEDURE	54200		\$ 276.38	See note ³	\$ 276.38	not contracted	\$ 276.38	not contracted	\$ 317.84	not contracted	\$ 276.38	not contracted	\$ 497.48	not contracted	\$ 497.48	\$ 276.38
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01	J0775		\$ 77.78	See note ³	\$ 77.78	not contracted	\$ 77.78	not contracted	\$ 89.45	not contracted	\$ 77.78	not contracted	\$ 140.00	not contracted	\$ 140.00	\$ 77.78
90656	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	PRIMARY PROCEDURE	90656		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93460		\$ 3,644.02	See note ³	\$ 3,644.02	not contracted	\$ 3,644.02	not contracted	\$ 4,190.62	not contracted	\$ 3,644.02	not contracted	\$ 6,559.24	not contracted	\$ 6,559.24	\$ 3,644.02
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		\$ 8.46	See note ³	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		\$ 6.47	See note ³	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 7.44	not contracted	\$ 6.47	not contracted	\$ 11.65	not contracted	\$ 11.65	\$ 6.47
		PROTHROMBIN TIME;	85610		\$ 4.29	See note ³	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.93	not contracted	\$ 4.29	not contracted	\$ 7.72	not contracted	\$ 7.72	\$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER T	PRIMARY PROCEDURE	D1354		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTIO	PRIMARY PROCEDURE	45390		\$ 3,139.93	See note ³	\$ 3,139.93	not contracted	\$ 3,139.93	not contracted	\$ 3,610.92	not contracted	\$ 3,139.93	not contracted	\$ 5,651.87	not contracted	\$ 5,651.87	\$ 3,139.93
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90714	TETANUS AND DIPHTHERIA TOXOIDS ADSORBED (TD), PRESERVAT	PRIMARY PROCEDURE	90714		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		BRIEF EMOTIONAL/BEHAVI ORAL ASSESSMENT (EG, DEPRESSION I	96127		\$ 44.85	See note ³	\$ 44.85	not contracted	\$ 44.85	not contracted	\$ 51.58	not contracted	\$ 44.85	not contracted	\$ 80.73	not contracted	\$ 80.73	\$ 44.85

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VAC	90715		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90619	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, W, Y,	PRIMARY PROCEDURE	90619		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		SCREENING PERFORMED AND NEGATIVE	G9920		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, W, Y,	90734		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ADMINISTRATION OF PATIENT-FOCUSED HEALTH RISK ASSESSMEN	96160		\$ 32.09	See note ³	\$ 32.09	not contracted	\$ 32.09	not contracted	\$ 36.90	not contracted	\$ 32.09	not contracted	\$ 57.76	not contracted	\$ 57.76	\$ 32.09
D0190	SCREENING OF A PATIENT	PRIMARY PROCEDURE	D0190		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D0170	RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PAT	PRIMARY PROCEDURE	D0170		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
J1071	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	PRIMARY PROCEDURE	J1071		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	PRIMARY PROCEDURE	93010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
66030	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	66030		\$ 2,606.02	See note ³	\$ 2,606.02	not contracted	\$ 2,606.02	not contracted	\$ 2,996.92	not contracted	\$ 2,606.02	not contracted	\$ 4,690.84	not contracted	\$ 4,690.84	\$ 2,606.02
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92012		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
		INJECTION, BEVACIZUMAB, 0.25 MG	C9257		\$ 2.17	See note ³	\$ 2.17	not contracted	\$ 2.17	not contracted	\$ 2.50	not contracted	\$ 2.17	not contracted	\$ 3.91	not contracted	\$ 3.91	\$ 2.17
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AN	PRIMARY PROCEDURE	11042		\$ 445.91	See note ³	\$ 445.91	not contracted	\$ 445.91	not contracted	\$ 512.80	not contracted	\$ 445.91	not contracted	\$ 802.64	not contracted	\$ 802.64	\$ 445.91
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, IN	PRIMARY PROCEDURE	47536		\$ 3,868.91	See note ³	\$ 3,868.91	not contracted	\$ 3,868.91	not contracted	\$ 4,449.25	not contracted	\$ 3,868.91	not contracted	\$ 6,964.04	not contracted	\$ 6,964.04	\$ 3,868.91
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS,	47532		\$ 3,868.91	See note ³	\$ 3,868.91	not contracted	\$ 3,868.91	not contracted	\$ 4,449.25	not contracted	\$ 3,868.91	not contracted	\$ 6,964.04	not contracted	\$ 6,964.04	\$ 3,868.91
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG EFFECTIVE DA	J0696		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43242	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH T	PRIMARY PROCEDURE	43242		\$ 2,127.91	See note ³	\$ 2,127.91	not contracted	\$ 2,127.91	not contracted	\$ 2,447.10	not contracted	\$ 2,127.91	not contracted	\$ 3,830.24	not contracted	\$ 3,830.24	\$ 2,127.91
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		\$ 191.01	See note ³	\$ 191.01	not contracted	\$ 191.01	not contracted	\$ 219.66	not contracted	\$ 191.01	not contracted	\$ 343.82	not contracted	\$ 343.82	\$ 191.01
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERT	PRIMARY PROCEDURE	64493		\$ 1,019.30	See note ³	\$ 1,019.30	not contracted	\$ 1,019.30	not contracted	\$ 1,172.20	not contracted	\$ 1,019.30	not contracted	\$ 1,834.74	not contracted	\$ 1,834.74	\$ 1,019.30
		LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CON	Q9965		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JO	64635		\$ 2,159.17	See note ³	\$ 2,159.17	not contracted	\$ 2,159.17	not contracted	\$ 2,483.05	not contracted	\$ 2,159.17	not contracted	\$ 3,886.51	not contracted	\$ 3,886.51	\$ 2,159.17
		INJECTION, BUPIVICAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	J0665		\$ 0.02	See note ³	\$ 0.02	not contracted	\$ 0.02	not contracted	\$ 0.02	not contracted	\$ 0.02	not contracted	\$ 0.04	not contracted	\$ 0.04	\$ 0.02
		INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	J1040		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90744	HEPATITIS B VACCINE (HEPB), PEDIATRIC/ADOLESCENT DOSAGE	PRIMARY PROCEDURE	90744		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CAR	PRIMARY PROCEDURE	30520		\$ 3,600.47	See note ³	\$ 3,600.47	not contracted	\$ 3,600.47	not contracted	\$ 4,140.54	not contracted	\$ 3,600.47	not contracted	\$ 6,480.85	not contracted	\$ 6,480.85	\$ 3,600.47
		ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERA	30802		\$ 1,705.44	See note ³	\$ 1,705.44	not contracted	\$ 1,705.44	not contracted	\$ 1,961.26	not contracted	\$ 1,705.44	not contracted	\$ 3,069.79	not contracted	\$ 3,069.79	\$ 1,705.44
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG,	PRIMARY PROCEDURE	36821		\$ 3,564.54	See note ³	\$ 3,564.54	not contracted	\$ 3,564.54	not contracted	\$ 4,099.22	not contracted	\$ 3,564.54	not contracted	\$ 6,416.17	not contracted	\$ 6,416.17	\$ 3,564.54
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL	PRIMARY PROCEDURE	45990		\$ 3,139.93	See note ³	\$ 3,139.93	not contracted	\$ 3,139.93	not contracted	\$ 3,610.92	not contracted	\$ 3,139.93	not contracted	\$ 5,651.87	not contracted	\$ 5,651.87	\$ 3,139.93
99387	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99387		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99202		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	PRIMARY PROCEDURE	92550		\$ 174.68	See note ³	\$ 174.68	not contracted	\$ 174.68	not contracted	\$ 200.88	not contracted	\$ 174.68	not contracted	\$ 314.42	not contracted	\$ 314.42	\$ 174.68
		COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEEC	92557		\$ 174.68	See note ³	\$ 174.68	not contracted	\$ 174.68	not contracted	\$ 200.88	not contracted	\$ 174.68	not contracted	\$ 314.42	not contracted	\$ 314.42	\$ 174.68
33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIB	PRIMARY PROCEDURE	33249		\$ 36,790.78	See note ³	\$ 36,790.78	not contracted	\$ 36,790.78	not contracted	\$ 42,309.40	not contracted	\$ 36,790.78	not contracted	\$ 66,223.40	not contracted	\$ 66,223.40	\$ 36,790.78
		INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, F	33225		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 101.62	See note ³	\$ 101.62	not contracted	\$ 101.62	not contracted	\$ 116.86	not contracted	\$ 101.62	not contracted	\$ 182.92	not contracted	\$ 182.92	\$ 101.62
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		\$ 8.46	See note ³	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		\$ 6.47	See note ³	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 7.44	not contracted	\$ 6.47	not contracted	\$ 11.65	not contracted	\$ 11.65	\$ 6.47
		PROTHROMBIN TIME;	85610		\$ 4.29	See note ³	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.93	not contracted	\$ 4.29	not contracted	\$ 7.72	not contracted	\$ 7.72	\$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	PRIMARY PROCEDURE	92081		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	PRIMARY PROCEDURE	D2392		\$ 984.62	See note ³	\$ 984.62	not contracted	\$ 984.62	not contracted	\$ 1,132.31	not contracted	\$ 984.62	not contracted	\$ 1,772.32	not contracted	\$ 1,772.32	\$ 984.62
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
20611	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOIN	PRIMARY PROCEDURE	20611		\$ 331.22	See note ³	\$ 331.22	not contracted	\$ 331.22	not contracted	\$ 380.90	not contracted	\$ 331.22	not contracted	\$ 596.20	not contracted	\$ 596.20	\$ 331.22
90480	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION	PRIMARY PROCEDURE	90480		\$ 48.73	See note ³	\$ 48.73	not contracted	\$ 48.73	not contracted	\$ 56.04	not contracted	\$ 48.73	not contracted	\$ 87.71	not contracted	\$ 87.71	\$ 48.73
		SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-C	91320		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43247	ESOPHAGOGASTRODUODE NOSCOPY, FLEXIBLE, TRANSORAL; WITH R	PRIMARY PROCEDURE	43247		\$ 1,013.71	See note ³	\$ 1,013.71	not contracted	\$ 1,013.71	not contracted	\$ 1,165.77	not contracted	\$ 1,013.71	not contracted	\$ 1,824.68	not contracted	\$ 1,824.68	\$ 1,013.71
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	PRIMARY PROCEDURE	62270		\$ 773.35	See note ³	\$ 773.35	not contracted	\$ 773.35	not contracted	\$ 889.35	not contracted	\$ 773.35	not contracted	\$ 1,392.03	not contracted	\$ 1,392.03	\$ 773.35
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PLASMA	84155		\$ 3.67	See note ³	\$ 3.67	not contracted	\$ 3.67	not contracted	\$ 4.22	not contracted	\$ 3.67	not contracted	\$ 6.61	not contracted	\$ 6.61	\$ 3.67
		SYPHILIS TEST, NON- TREPONEMAL ANTIBODY; QUANTITATIVE	86593		\$ 4.40	See note ³	\$ 4.40	not contracted	\$ 4.40	not contracted	\$ 5.06	not contracted	\$ 4.40	not contracted	\$ 7.92	not contracted	\$ 7.92	\$ 4.40
		CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINA	89050		\$ 4.72	See note ³	\$ 4.72	not contracted	\$ 4.72	not contracted	\$ 5.43	not contracted	\$ 4.72	not contracted	\$ 8.50	not contracted	\$ 8.50	\$ 4.72
		GLUCOSE, BODY FLUID, OTHER THAN BLOOD	82945		\$ 3.93	See note ³	\$ 3.93	not contracted	\$ 3.93	not contracted	\$ 4.52	not contracted	\$ 3.93	not contracted	\$ 7.07	not contracted	\$ 7.07	\$ 3.93

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
43251	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH R	PRIMARY PROCEDURE	43251		\$ 2,127.91	See note ³	\$ 2,127.91	not contracted	\$ 2,127.91	not contracted	\$ 2,447.10	not contracted	\$ 2,127.91	not contracted	\$ 3,830.24	not contracted	\$ 3,830.24	\$ 2,127.91
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES	00731		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQUAL TO 140 MM HG	3077F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN	88342		\$ 191.01	See note ³	\$ 191.01	not contracted	\$ 191.01	not contracted	\$ 219.66	not contracted	\$ 191.01	not contracted	\$ 343.82	not contracted	\$ 343.82	\$ 191.01
		ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH BILIMB	43239		\$ 1,013.71	See note ³	\$ 1,013.71	not contracted	\$ 1,013.71	not contracted	\$ 1,165.77	not contracted	\$ 1,013.71	not contracted	\$ 1,824.68	not contracted	\$ 1,824.68	\$ 1,013.71
		DISCHARGE MEDICATIONS RECONCILED WITH THE CURRENT MEDICATIONS	1111F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGER'S LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
49591	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, LUMB	PRIMARY PROCEDURE	49591		\$ 3,868.91	See note ³	\$ 3,868.91	not contracted	\$ 3,868.91	not contracted	\$ 4,449.25	not contracted	\$ 3,868.91	not contracted	\$ 6,964.04	not contracted	\$ 6,964.04	\$ 3,868.91
		ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTHER	00750		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		\$ 33.30	See note ³	\$ 33.30	not contracted	\$ 33.30	not contracted	\$ 38.30	not contracted	\$ 33.30	not contracted	\$ 59.94	not contracted	\$ 59.94	\$ 33.30
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 44.85	See note ³	\$ 44.85	not contracted	\$ 44.85	not contracted	\$ 51.58	not contracted	\$ 44.85	not contracted	\$ 80.73	not contracted	\$ 80.73	\$ 44.85
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 142.85	See note ³	\$ 142.85	not contracted	\$ 142.85	not contracted	\$ 164.28	not contracted	\$ 142.85	not contracted	\$ 257.13	not contracted	\$ 257.13	\$ 142.85
10021	FINE NEEDLE ASPIRATION BIOPSY, WITHOUT IMAGING GUIDANCE	PRIMARY PROCEDURE	10021		\$ 445.91	See note ³	\$ 445.91	not contracted	\$ 445.91	not contracted	\$ 512.80	not contracted	\$ 445.91	not contracted	\$ 802.64	not contracted	\$ 802.64	\$ 445.91
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99203		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT (EG, DEPRESSION I	PRIMARY PROCEDURE	96127		\$ 44.85	See note ³	\$ 44.85	not contracted	\$ 44.85	not contracted	\$ 51.58	not contracted	\$ 44.85	not contracted	\$ 80.73	not contracted	\$ 80.73	\$ 44.85
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC V	PRIMARY PROCEDURE	36819		\$ 6,145.40	See note ³	\$ 6,145.40	not contracted	\$ 6,145.40	not contracted	\$ 7,067.21	not contracted	\$ 6,145.40	not contracted	\$ 11,061.72	not contracted	\$ 11,061.72	\$ 6,145.40
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	99195		\$ 142.85	See note ³	\$ 142.85	not contracted	\$ 142.85	not contracted	\$ 164.28	not contracted	\$ 142.85	not contracted	\$ 257.13	not contracted	\$ 257.13	\$ 142.85
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG,	PRIMARY PROCEDURE	11056		\$ 223.88	See note ³	\$ 223.88	not contracted	\$ 223.88	not contracted	\$ 257.46	not contracted	\$ 223.88	not contracted	\$ 402.98	not contracted	\$ 402.98	\$ 223.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90756	INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIV4), DERIVED	PRIMARY PROCEDURE	90756		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIIV4), DERIVED	90674		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBEC	PRIMARY PROCEDURE	36832		\$ 6,145.40	See note ³	\$ 6,145.40	not contracted	\$ 6,145.40	not contracted	\$ 7,067.21	not contracted	\$ 6,145.40	not contracted	\$ 11,061.72	not contracted	\$ 11,061.72	\$ 6,145.40
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36902	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS	PRIMARY PROCEDURE	36902		\$ 6,391.78	See note ³	\$ 6,391.78	not contracted	\$ 6,391.78	not contracted	\$ 7,350.55	not contracted	\$ 6,391.78	not contracted	\$ 11,505.20	not contracted	\$ 11,505.20	\$ 6,391.78
		GUIDE WIRE	C1769		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR	PRIMARY PROCEDURE	57288		\$ 5,562.28	See note ³	\$ 5,562.28	not contracted	\$ 5,562.28	not contracted	\$ 6,396.62	not contracted	\$ 5,562.28	not contracted	\$ 10,012.10	not contracted	\$ 10,012.10	\$ 5,562.28
		CYSTOURETHROSCOP Y, WITH INJECTION(S) FOR CHEMODENERVATI	52287		\$ 2,277.75	See note ³	\$ 2,277.75	not contracted	\$ 2,277.75	not contracted	\$ 2,619.41	not contracted	\$ 2,277.75	not contracted	\$ 4,099.95	not contracted	\$ 4,099.95	\$ 2,277.75
		REPAIR DEVICE, URINARY, INCONTINENCE, WITH SLING GRAFT	C1771		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A	PRIMARY PROCEDURE	28890		\$ 1,797.32	See note ³	\$ 1,797.32	not contracted	\$ 1,797.32	not contracted	\$ 2,066.92	not contracted	\$ 1,797.32	not contracted	\$ 3,235.18	not contracted	\$ 3,235.18	\$ 1,797.32
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; W	PRIMARY PROCEDURE	76519		\$ 122.95	See note ³	\$ 122.95	not contracted	\$ 122.95	not contracted	\$ 141.39	not contracted	\$ 122.95	not contracted	\$ 221.31	not contracted	\$ 221.31	\$ 122.95
		COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERA	92025		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	PRIMARY PROCEDURE	65426		\$ 2,613.22	See note ³	\$ 2,613.22	not contracted	\$ 2,613.22	not contracted	\$ 3,005.20	not contracted	\$ 2,613.22	not contracted	\$ 4,703.80	not contracted	\$ 4,703.80	\$ 2,613.22
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92012		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTUL	PRIMARY PROCEDURE	46270		\$ 3,139.93	See note ³	\$ 3,139.93	not contracted	\$ 3,139.93	not contracted	\$ 3,610.92	not contracted	\$ 3,139.93	not contracted	\$ 5,651.87	not contracted	\$ 5,651.87	\$ 3,139.93
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	PRIMARY PROCEDURE	36512		\$ 1,715.82	See note ³	\$ 1,715.82	not contracted	\$ 1,715.82	not contracted	\$ 1,973.19	not contracted	\$ 1,715.82	not contracted	\$ 3,088.48	not contracted	\$ 3,088.48	\$ 1,715.82
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVE	Q0163		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BLOOD, SPLIT UNIT	P9011		\$ 174.96	See note ³	\$ 174.96	not contracted	\$ 174.96	not contracted	\$ 201.20	not contracted	\$ 174.96	not contracted	\$ 314.93	not contracted	\$ 314.93	\$ 174.96
		RED BLOOD CELLS, LEUKOCYTES REDUCED, EACH UNIT	P9016		\$ 212.23	See note ³	\$ 212.23	not contracted	\$ 212.23	not contracted	\$ 244.06	not contracted	\$ 212.23	not contracted	\$ 382.01	not contracted	\$ 382.01	\$ 212.23

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES HARBOR-UCLA MEDICAL CENTER MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE ¹ EFFECTIVE JANUARY 1, 2025 UPDATED AS OF 12/19/2024																		
Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMATOGRAP	83021		\$ 18.06	See note ³	\$ 18.06	not contracted	\$ 18.06	not contracted	\$ 20.77	not contracted	\$ 18.06	not contracted	\$ 32.51	not contracted	\$ 32.51	\$ 18.06
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		\$ 7.77	See note ³	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		INJECTION, CALCIUM GLUCONATE (WG CRITICAL CARE), PER 10	J0613		\$ 0.10	See note ³	\$ 0.10	not contracted	\$ 0.10	not contracted	\$ 0.12	not contracted	\$ 0.10	not contracted	\$ 0.18	not contracted	\$ 0.18	\$ 0.10
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BLOOD COUNT; RED BLOOD CELL (RBC), AUTOMATED	85041		\$ 3.02	See note ³	\$ 3.02	not contracted	\$ 3.02	not contracted	\$ 3.47	not contracted	\$ 3.02	not contracted	\$ 5.44	not contracted	\$ 5.44	\$ 3.02
		BLOOD COUNT; HEMOGLOBIN (HGB)	85018		\$ 2.37	See note ³	\$ 2.37	not contracted	\$ 2.37	not contracted	\$ 2.73	not contracted	\$ 2.37	not contracted	\$ 4.27	not contracted	\$ 4.27	\$ 2.37
		BLOOD COUNT; HEMATOCRIT (HCT)	85014		\$ 2.37	See note ³	\$ 2.37	not contracted	\$ 2.37	not contracted	\$ 2.73	not contracted	\$ 2.37	not contracted	\$ 4.27	not contracted	\$ 4.27	\$ 2.37
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	PRIMARY PROCEDURE	67036		\$ 4,546.80	See note ³	\$ 4,546.80	not contracted	\$ 4,546.80	not contracted	\$ 5,228.82	not contracted	\$ 4,546.80	not contracted	\$ 8,184.24	not contracted	\$ 8,184.24	\$ 4,546.80
		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	00145		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE D	PRIMARY PROCEDURE	93307		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02
		ECHOCARDIOGRAPHY , TRANSTHORACIC, REAL-TIME WITH IMAGE D	93306		\$ 616.93	See note ³	\$ 616.93	not contracted	\$ 616.93	not contracted	\$ 709.47	not contracted	\$ 616.93	not contracted	\$ 1,110.47	not contracted	\$ 1,110.47	\$ 616.93

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
D1351	SEALANT-PER TOOTH	PRIMARY PROCEDURE	D1351		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	D2392		\$ 984.62	See note ³	\$ 984.62	not contracted	\$ 984.62	not contracted	\$ 1,132.31	not contracted	\$ 984.62	not contracted	\$ 1,772.32	not contracted	\$ 1,772.32	\$ 984.62
		LOCAL ANESTHESIA	D9215		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	D9230		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATER	PRIMARY PROCEDURE	27814		\$ 8,000.33	See note ³	\$ 8,000.33	not contracted	\$ 8,000.33	not contracted	\$ 9,200.38	not contracted	\$ 8,000.33	not contracted	\$ 14,400.59	not contracted	\$ 14,400.59	\$ 8,000.33
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 V	73610		\$ 101.62	See note ³	\$ 101.62	not contracted	\$ 101.62	not contracted	\$ 116.86	not contracted	\$ 101.62	not contracted	\$ 182.92	not contracted	\$ 182.92	\$ 101.62
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TISSUE-T	C1713		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES	PRIMARY PROCEDURE	27822		\$ 8,000.33	See note ³	\$ 8,000.33	not contracted	\$ 8,000.33	not contracted	\$ 9,200.38	not contracted	\$ 8,000.33	not contracted	\$ 14,400.59	not contracted	\$ 14,400.59	\$ 8,000.33
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 V	73610		\$ 101.62	See note ³	\$ 101.62	not contracted	\$ 101.62	not contracted	\$ 116.86	not contracted	\$ 101.62	not contracted	\$ 182.92	not contracted	\$ 182.92	\$ 101.62
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TISSUE-T	C1713		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96920	EXCIMER LASER TREATMENT FOR PSORIASIS; TOTAL AREA LESS	PRIMARY PROCEDURE	96920		\$ 223.88	See note ³	\$ 223.88	not contracted	\$ 223.88	not contracted	\$ 257.46	not contracted	\$ 223.88	not contracted	\$ 402.98	not contracted	\$ 402.98	\$ 223.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90935	HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYS	PRIMARY PROCEDURE	90935		\$ 781.46	See note ³	\$ 781.46	not contracted	\$ 781.46	not contracted	\$ 898.68	not contracted	\$ 781.46	not contracted	\$ 1,406.63	not contracted	\$ 1,406.63	\$ 781.46
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIA	PRIMARY PROCEDURE	20605		\$ 331.22	See note ³	\$ 331.22	not contracted	\$ 331.22	not contracted	\$ 380.90	not contracted	\$ 331.22	not contracted	\$ 596.20	not contracted	\$ 596.20	\$ 331.22
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, W, Y,	PRIMARY PROCEDURE	90734		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90658	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	PRIMARY PROCEDURE	90658		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90654	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	PRIMARY PROCEDURE	90654		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	PRIMARY PROCEDURE	50200		\$ 1,813.07	See note ³	\$ 1,813.07	not contracted	\$ 1,813.07	not contracted	\$ 2,085.03	not contracted	\$ 1,813.07	not contracted	\$ 3,263.53	not contracted	\$ 3,263.53	\$ 1,813.07
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG,	77012		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87635		\$ 51.31	See note ³	\$ 51.31	not contracted	\$ 51.31	not contracted	\$ 59.01	not contracted	\$ 51.31	not contracted	\$ 92.36	not contracted	\$ 92.36	\$ 51.31
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES HARBOR-UCLA MEDICAL CENTER MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE ¹ EFFECTIVE JANUARY 1, 2025 UPDATED AS OF 12/19/2024																		
Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88312		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88313		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	PRIMARY PROCEDURE	31652		\$ 4,187.82	See note ³	\$ 4,187.82	not contracted	\$ 4,187.82	not contracted	\$ 4,815.99	not contracted	\$ 4,187.82	not contracted	\$ 7,538.08	not contracted	\$ 7,538.08	\$ 4,187.82
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99152		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99153		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88341		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		\$ 191.01	See note ³	\$ 191.01	not contracted	\$ 191.01	not contracted	\$ 219.66	not contracted	\$ 191.01	not contracted	\$ 343.82	not contracted	\$ 343.82	\$ 191.01
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 101.62	See note ³	\$ 101.62	not contracted	\$ 101.62	not contracted	\$ 116.86	not contracted	\$ 101.62	not contracted	\$ 182.92	not contracted	\$ 182.92	\$ 101.62
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2025
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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPA	PRIMARY PROCEDURE	29827		\$ 8,000.33	See note ³	\$ 8,000.33	not contracted	\$ 8,000.33	not contracted	\$ 9,200.38	not contracted	\$ 8,000.33	not contracted	\$ 14,400.59	not contracted	\$ 14,400.59	\$ 8,000.33
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES	01630		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MA	70450		\$ 122.95	See note ³	\$ 122.95	not contracted	\$ 122.95	not contracted	\$ 141.39	not contracted	\$ 122.95	not contracted	\$ 221.31	not contracted	\$ 221.31	\$ 122.95
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE T	80053		\$ 10.56	See note ³	\$ 10.56	not contracted	\$ 10.56	not contracted	\$ 12.14	not contracted	\$ 10.56	not contracted	\$ 19.01	not contracted	\$ 19.01	\$ 10.56
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CONNECTIVE TISSUE, NON-HUMAN (INCLUDES SYNTHETIC)	C1763		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROCHLORPERAZINE, UP TO 10 MG	J0780		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	PRIMARY PROCEDURE	81479		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
3008F	BODY MASS INDEX (BMI), DOCUMENTED (PV)	PRIMARY PROCEDURE	3008F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSUR	PRIMARY PROCEDURE	17110		\$ 223.88	See note ³	\$ 223.88	not contracted	\$ 223.88	not contracted	\$ 257.46	not contracted	\$ 223.88	not contracted	\$ 402.98	not contracted	\$ 402.98	\$ 223.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
11981	INSERTION, DRUG-DELIVERY IMPLANT (IE, BIORESORBABLE, BI	PRIMARY PROCEDURE	11981		\$ 142.85	See note ³	\$ 142.85	not contracted	\$ 142.85	not contracted	\$ 164.28	not contracted	\$ 142.85	not contracted	\$ 257.13	not contracted	\$ 257.13	\$ 142.85
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING	J7307		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90710	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV),	PRIMARY PROCEDURE	90710		\$ 155.74	See note ³	\$ 155.74	not contracted	\$ 155.74	not contracted	\$ 179.10	not contracted	\$ 155.74	not contracted	\$ 280.33	not contracted	\$ 280.33	\$ 155.74
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78

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HARBOR-UCLA MEDICAL CENTER
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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	90696		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS	PRIMARY PROCEDURE	36901		\$ 1,790.98	See note ³	\$ 1,790.98	not contracted	\$ 1,790.98	not contracted	\$ 2,059.63	not contracted	\$ 1,790.98	not contracted	\$ 3,223.76	not contracted	\$ 3,223.76	\$ 1,790.98
		TRANSLUMINAL BALLOON ANGIOPLASTY, CENTRAL DIALYSIS SEGM	36907		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS	36903		\$ 12,302.50	See note ³	\$ 12,302.50	not contracted	\$ 12,302.50	not contracted	\$ 14,147.88	not contracted	\$ 12,302.50	not contracted	\$ 22,144.50	not contracted	\$ 22,144.50	\$ 12,302.50
		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10	J1642		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 U	J7040		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LAT	PRIMARY PROCEDURE	27447		\$ 14,717.99	See note ³	\$ 14,717.99	not contracted	\$ 14,717.99	not contracted	\$ 16,925.69	not contracted	\$ 14,717.99	not contracted	\$ 26,492.38	not contracted	\$ 26,492.38	\$ 14,717.99
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES	01402		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		RADIOLOGIC EXAMINATION, KNEE; 1 OR 2 VIEWS	73560		\$ 101.62	See note ³	\$ 101.62	not contracted	\$ 101.62	not contracted	\$ 116.86	not contracted	\$ 101.62	not contracted	\$ 182.92	not contracted	\$ 182.92	\$ 101.62
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION	88311		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		JOINT DEVICE (IMPLANTABLE)	C1776		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	J0171		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, BUPIVICAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	J0665		\$ 0.02	See note ³	\$ 0.02	not contracted	\$ 0.02	not contracted	\$ 0.02	not contracted	\$ 0.02	not contracted	\$ 0.04	not contracted	\$ 0.04	\$ 0.02
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	PRIMARY PROCEDURE	44970		\$ 6,452.52	See note ³	\$ 6,452.52	not contracted	\$ 6,452.52	not contracted	\$ 7,420.40	not contracted	\$ 6,452.52	not contracted	\$ 11,614.54	not contracted	\$ 11,614.54	\$ 6,452.52
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDO	00840		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, W	74174		\$ 430.07	See note ³	\$ 430.07	not contracted	\$ 430.07	not contracted	\$ 494.58	not contracted	\$ 430.07	not contracted	\$ 774.13	not contracted	\$ 774.13	\$ 430.07
		ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATI	76705		\$ 122.95	See note ³	\$ 122.95	not contracted	\$ 122.95	not contracted	\$ 141.39	not contracted	\$ 122.95	not contracted	\$ 221.31	not contracted	\$ 221.31	\$ 122.95
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE T	80053		\$ 10.56	See note ³	\$ 10.56	not contracted	\$ 10.56	not contracted	\$ 12.14	not contracted	\$ 10.56	not contracted	\$ 19.01	not contracted	\$ 19.01	\$ 10.56
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		\$ 8.46	See note ³	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		\$ 7.77	See note ³	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG EFFECTIVE DA	J0696		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, GLYCOPYRROLATE, 0.1 MG EFF. DATE: 01/01/202	J1596		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, METRONIDAZOLE, 10 MG EFF. DATE: 7/1/2023	J1836		\$ 0.03	See note ³	\$ 0.03	not contracted	\$ 0.03	not contracted	\$ 0.03	not contracted	\$ 0.03	not contracted	\$ 0.05	not contracted	\$ 0.05	\$ 0.03
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL	PRIMARY PROCEDURE	93015		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL	93017		\$ 351.01	See note ³	\$ 351.01	not contracted	\$ 351.01	not contracted	\$ 403.66	not contracted	\$ 351.01	not contracted	\$ 631.82	not contracted	\$ 631.82	\$ 351.01
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	PRIMARY PROCEDURE	J3420		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
66180	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR	PRIMARY PROCEDURE	66180		\$ 4,546.80	See note ³	\$ 4,546.80	not contracted	\$ 4,546.80	not contracted	\$ 5,228.82	not contracted	\$ 4,546.80	not contracted	\$ 8,184.24	not contracted	\$ 8,184.24	\$ 4,546.80
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOV	PRIMARY PROCEDURE	67041		\$ 4,546.80	See note ³	\$ 4,546.80	not contracted	\$ 4,546.80	not contracted	\$ 5,228.82	not contracted	\$ 4,546.80	not contracted	\$ 8,184.24	not contracted	\$ 8,184.24	\$ 4,546.80
		INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL	67025		\$ 2,606.02	See note ³	\$ 2,606.02	not contracted	\$ 2,606.02	not contracted	\$ 2,996.92	not contracted	\$ 2,606.02	not contracted	\$ 4,690.84	not contracted	\$ 4,690.84	\$ 2,606.02
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES HARBOR-UCLA MEDICAL CENTER MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE ¹ EFFECTIVE JANUARY 1, 2025 UPDATED AS OF 12/19/2024																		
Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSU	PRIMARY PROCEDURE	91110		\$ 1,013.71	See note ³	\$ 1,013.71	not contracted	\$ 1,013.71	not contracted	\$ 1,165.77	not contracted	\$ 1,013.71	not contracted	\$ 1,824.68	not contracted	\$ 1,824.68	\$ 1,013.71
11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PE	PRIMARY PROCEDURE	11104		\$ 445.91	See note ³	\$ 445.91	not contracted	\$ 445.91	not contracted	\$ 512.80	not contracted	\$ 445.91	not contracted	\$ 802.64	not contracted	\$ 802.64	\$ 445.91
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH	PRIMARY PROCEDURE	57522		\$ 3,496.18	See note ³	\$ 3,496.18	not contracted	\$ 3,496.18	not contracted	\$ 4,020.61	not contracted	\$ 3,496.18	not contracted	\$ 6,293.12	not contracted	\$ 6,293.12	\$ 3,496.18
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		\$ 401.97	See note ³	\$ 401.97	not contracted	\$ 401.97	not contracted	\$ 462.27	not contracted	\$ 401.97	not contracted	\$ 723.55	not contracted	\$ 723.55	\$ 401.97
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		\$ 7.77	See note ³	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 44.85	See note ³	\$ 44.85	not contracted	\$ 44.85	not contracted	\$ 51.58	not contracted	\$ 44.85	not contracted	\$ 80.73	not contracted	\$ 80.73	\$ 44.85
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 142.85	See note ³	\$ 142.85	not contracted	\$ 142.85	not contracted	\$ 164.28	not contracted	\$ 142.85	not contracted	\$ 257.13	not contracted	\$ 257.13	\$ 142.85

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE (	PRIMARY PROCEDURE	11750		\$ 445.91	See note ³	\$ 445.91	not contracted	\$ 445.91	not contracted	\$ 512.80	not contracted	\$ 445.91	not contracted	\$ 802.64	not contracted	\$ 802.64	\$ 445.91
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90461	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	PRIMARY PROCEDURE	90461		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF	PRIMARY PROCEDURE	58662		\$ 6,452.52	See note ³	\$ 6,452.52	not contracted	\$ 6,452.52	not contracted	\$ 7,420.40	not contracted	\$ 6,452.52	not contracted	\$ 11,614.54	not contracted	\$ 11,614.54	\$ 6,452.52
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDO	00840		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		\$ 7.77	See note ³	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	J2175		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLA	PRIMARY PROCEDURE	69631		\$ 6,548.91	See note ³	\$ 6,548.91	not contracted	\$ 6,548.91	not contracted	\$ 7,531.25	not contracted	\$ 6,548.91	not contracted	\$ 11,788.04	not contracted	\$ 11,788.04	\$ 6,548.91
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2025
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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	PRIMARY PROCEDURE	42826		\$ 3,600.47	See note ³	\$ 3,600.47	not contracted	\$ 3,600.47	not contracted	\$ 4,140.54	not contracted	\$ 3,600.47	not contracted	\$ 6,480.85	not contracted	\$ 6,480.85	\$ 3,600.47
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	PRIMARY PROCEDURE	36558		\$ 3,564.54	See note ³	\$ 3,564.54	not contracted	\$ 3,564.54	not contracted	\$ 4,099.22	not contracted	\$ 3,564.54	not contracted	\$ 6,416.17	not contracted	\$ 6,416.17	\$ 3,564.54
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, ME	PRIMARY PROCEDURE	51736		\$ 142.85	See note ³	\$ 142.85	not contracted	\$ 142.85	not contracted	\$ 164.28	not contracted	\$ 142.85	not contracted	\$ 257.13	not contracted	\$ 257.13	\$ 142.85
		MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADD	51798		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
95819	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE A	PRIMARY PROCEDURE	95819		\$ 351.01	See note ³	\$ 351.01	not contracted	\$ 351.01	not contracted	\$ 403.66	not contracted	\$ 351.01	not contracted	\$ 631.82	not contracted	\$ 631.82	\$ 351.01
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, F	PRIMARY PROCEDURE	90707		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	PRIMARY PROCEDURE	J0585		\$ 7.43	See note ³	\$ 7.43	not contracted	\$ 7.43	not contracted	\$ 8.54	not contracted	\$ 7.43	not contracted	\$ 13.37	not contracted	\$ 13.37	\$ 7.43
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
49084	PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PER	PRIMARY PROCEDURE	49084		\$ 1,013.71	See note ³	\$ 1,013.71	not contracted	\$ 1,013.71	not contracted	\$ 1,165.77	not contracted	\$ 1,013.71	not contracted	\$ 1,824.68	not contracted	\$ 1,824.68	\$ 1,013.71
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
31629	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	PRIMARY PROCEDURE	31629		\$ 4,187.82	See note ³	\$ 4,187.82	not contracted	\$ 4,187.82	not contracted	\$ 4,815.99	not contracted	\$ 4,187.82	not contracted	\$ 7,538.08	not contracted	\$ 7,538.08	\$ 4,187.82

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
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MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	31624		\$ 1,898.04	See note ³	\$ 1,898.04	not contracted	\$ 1,898.04	not contracted	\$ 2,182.75	not contracted	\$ 1,898.04	not contracted	\$ 3,416.47	not contracted	\$ 3,416.47	\$ 1,898.04
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	31625		\$ 1,898.04	See note ³	\$ 1,898.04	not contracted	\$ 1,898.04	not contracted	\$ 2,182.75	not contracted	\$ 1,898.04	not contracted	\$ 3,416.47	not contracted	\$ 3,416.47	\$ 1,898.04
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	31627		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANESTHESIA FOR CLOSED CHEST PROCEDURES; (INCLUDING BRON	00520		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMME	88172		\$ 191.01	See note ³	\$ 191.01	not contracted	\$ 191.01	not contracted	\$ 219.66	not contracted	\$ 191.01	not contracted	\$ 343.82	not contracted	\$ 343.82	\$ 191.01
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCEN	87281		\$ 11.98	See note ³	\$ 11.98	not contracted	\$ 11.98	not contracted	\$ 13.78	not contracted	\$ 11.98	not contracted	\$ 21.56	not contracted	\$ 21.56	\$ 11.98
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHN	87305		\$ 11.98	See note ³	\$ 11.98	not contracted	\$ 11.98	not contracted	\$ 13.78	not contracted	\$ 11.98	not contracted	\$ 21.56	not contracted	\$ 21.56	\$ 11.98
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 101.62	See note ³	\$ 101.62	not contracted	\$ 101.62	not contracted	\$ 116.86	not contracted	\$ 101.62	not contracted	\$ 182.92	not contracted	\$ 182.92	\$ 101.62
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, A	87116		\$ 10.80	See note ³	\$ 10.80	not contracted	\$ 10.80	not contracted	\$ 12.42	not contracted	\$ 10.80	not contracted	\$ 19.44	not contracted	\$ 19.44	\$ 10.80
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP	88312		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP	88313		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES HARBOR-UCLA MEDICAL CENTER MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE ¹ EFFECTIVE JANUARY 1, 2025 UPDATED AS OF 12/19/2024																		
Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPT	87102		\$ 8.41	See note ³	\$ 8.41	not contracted	\$ 8.41	not contracted	\$ 9.67	not contracted	\$ 8.41	not contracted	\$ 15.14	not contracted	\$ 15.14	\$ 8.41
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 6 OR MORE	PRIMARY PROCEDURE	11721		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METH	PRIMARY PROCEDURE	67108		\$ 4,546.80	See note ³	\$ 4,546.80	not contracted	\$ 4,546.80	not contracted	\$ 5,228.82	not contracted	\$ 4,546.80	not contracted	\$ 8,184.24	not contracted	\$ 8,184.24	\$ 4,546.80
		INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL	67025		\$ 2,606.02	See note ³	\$ 2,606.02	not contracted	\$ 2,606.02	not contracted	\$ 2,996.92	not contracted	\$ 2,606.02	not contracted	\$ 4,690.84	not contracted	\$ 4,690.84	\$ 2,606.02
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	58555		\$ 3,496.18	See note ³	\$ 3,496.18	not contracted	\$ 3,496.18	not contracted	\$ 4,020.61	not contracted	\$ 3,496.18	not contracted	\$ 6,293.12	not contracted	\$ 6,293.12	\$ 3,496.18
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTE	PRIMARY PROCEDURE	58573		\$ 11,511.37	See note ³	\$ 11,511.37	not contracted	\$ 11,511.37	not contracted	\$ 13,238.08	not contracted	\$ 11,511.37	not contracted	\$ 20,720.47	not contracted	\$ 20,720.47	\$ 11,511.37
		REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY	11200		\$ 223.88	See note ³	\$ 223.88	not contracted	\$ 223.88	not contracted	\$ 257.46	not contracted	\$ 223.88	not contracted	\$ 402.98	not contracted	\$ 402.98	\$ 223.88
		CYSTOURETHROSCOP Y (SEPARATE PROCEDURE)	52000		\$ 763.91	See note ³	\$ 763.91	not contracted	\$ 763.91	not contracted	\$ 878.50	not contracted	\$ 763.91	not contracted	\$ 1,375.04	not contracted	\$ 1,375.04	\$ 763.91
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDO	00840		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		\$ 401.97	See note ³	\$ 401.97	not contracted	\$ 401.97	not contracted	\$ 462.27	not contracted	\$ 401.97	not contracted	\$ 723.55	not contracted	\$ 723.55	\$ 401.97
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		\$ 33.30	See note ³	\$ 33.30	not contracted	\$ 33.30	not contracted	\$ 38.30	not contracted	\$ 33.30	not contracted	\$ 59.94	not contracted	\$ 59.94	\$ 33.30
		INJECTION, ATROPINE SULFATE, 0.01 MG	J0461		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, METRONIDAZOLE, 10 MG EFF. DATE: 7/1/2023	J1836		\$ 0.03	See note ³	\$ 0.03	not contracted	\$ 0.03	not contracted	\$ 0.03	not contracted	\$ 0.03	not contracted	\$ 0.05	not contracted	\$ 0.05	\$ 0.03
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPID	J2274		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	PRIMARY PROCEDURE	76818		\$ 122.95	See note ³	\$ 122.95	not contracted	\$ 122.95	not contracted	\$ 141.39	not contracted	\$ 122.95	not contracted	\$ 221.31	not contracted	\$ 221.31	\$ 122.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
91312	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-C	PRIMARY PROCEDURE	91312		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION	0124A		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	PRIMARY PROCEDURE	47000		\$ 1,813.07	See note ³	\$ 1,813.07	not contracted	\$ 1,813.07	not contracted	\$ 2,085.03	not contracted	\$ 1,813.07	not contracted	\$ 3,263.53	not contracted	\$ 3,263.53	\$ 1,813.07
		FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUI	10005		\$ 786.80	See note ³	\$ 786.80	not contracted	\$ 786.80	not contracted	\$ 904.82	not contracted	\$ 786.80	not contracted	\$ 1,416.24	not contracted	\$ 1,416.24	\$ 786.80
		TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTE	75970		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88312		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88313		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 U	J7040		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		\$ 6.47	See note ³	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 7.44	not contracted	\$ 6.47	not contracted	\$ 11.65	not contracted	\$ 11.65	\$ 6.47
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 44.85	See note ³	\$ 44.85	not contracted	\$ 44.85	not contracted	\$ 51.58	not contracted	\$ 44.85	not contracted	\$ 80.73	not contracted	\$ 80.73	\$ 44.85
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 142.85	See note ³	\$ 142.85	not contracted	\$ 142.85	not contracted	\$ 164.28	not contracted	\$ 142.85	not contracted	\$ 257.13	not contracted	\$ 257.13	\$ 142.85
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
99170	ANOGENITAL EXAMINATION, MAGNIFIED, IN CHILDHOOD FOR SUS	PRIMARY PROCEDURE	99170		\$ 222.84	See note ³	\$ 222.84	not contracted	\$ 222.84	not contracted	\$ 256.27	not contracted	\$ 222.84	not contracted	\$ 401.11	not contracted	\$ 401.11	\$ 222.84
		OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ES	99244		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87491		\$ 35.09	See note ³	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87591		\$ 35.09	See note ³	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
90698	DIPHThERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	PRIMARY PROCEDURE	90698		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T CONJ	90648		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR	90677		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	90723		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43274	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	PRIMARY PROCEDURE	43274		\$ 6,373.41	See note ³	\$ 6,373.41	not contracted	\$ 6,373.41	not contracted	\$ 7,329.42	not contracted	\$ 6,373.41	not contracted	\$ 11,472.14	not contracted	\$ 11,472.14	\$ 6,373.41
		ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; WITH E	43237		\$ 2,127.91	See note ³	\$ 2,127.91	not contracted	\$ 2,127.91	not contracted	\$ 2,447.10	not contracted	\$ 2,127.91	not contracted	\$ 3,830.24	not contracted	\$ 3,830.24	\$ 2,127.91
		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	74330		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTE	88108		\$ 44.85	See note ³	\$ 44.85	not contracted	\$ 44.85	not contracted	\$ 51.58	not contracted	\$ 44.85	not contracted	\$ 80.73	not contracted	\$ 80.73	\$ 44.85
		INJECTION, GLUCAGON HYDROCHLORIDE (FRESENIUS KABI), NOT	J1611		\$ 145.34	See note ³	\$ 145.34	not contracted	\$ 145.34	not contracted	\$ 167.14	not contracted	\$ 145.34	not contracted	\$ 261.61	not contracted	\$ 261.61	\$ 145.34
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
87635	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	PRIMARY PROCEDURE	87635		\$ 51.31	See note ³	\$ 51.31	not contracted	\$ 51.31	not contracted	\$ 59.01	not contracted	\$ 51.31	not contracted	\$ 92.36	not contracted	\$ 92.36	\$ 51.31
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D9211	REGIONAL BLOCK ANESTHESIA	PRIMARY PROCEDURE	D9211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	D2392		\$ 984.62	See note ³	\$ 984.62	not contracted	\$ 984.62	not contracted	\$ 1,132.31	not contracted	\$ 984.62	not contracted	\$ 1,772.32	not contracted	\$ 1,772.32	\$ 984.62
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC; WITH FLUOROSCOPIC	PRIMARY PROCEDURE	62328		\$ 773.35	See note ³	\$ 773.35	not contracted	\$ 773.35	not contracted	\$ 889.35	not contracted	\$ 773.35	not contracted	\$ 1,392.03	not contracted	\$ 1,392.03	\$ 773.35
		DISCOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTER	72295		\$ 2,159.17	See note ³	\$ 2,159.17	not contracted	\$ 2,159.17	not contracted	\$ 2,483.05	not contracted	\$ 2,159.17	not contracted	\$ 3,886.51	not contracted	\$ 3,886.51	\$ 2,159.17
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	PRIMARY PROCEDURE	29405		\$ 300.33	See note ³	\$ 300.33	not contracted	\$ 300.33	not contracted	\$ 345.38	not contracted	\$ 300.33	not contracted	\$ 540.59	not contracted	\$ 540.59	\$ 300.33
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99203		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
44388	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, INCLUDING COLLEC	PRIMARY PROCEDURE	44388		\$ 1,022.07	See note ³	\$ 1,022.07	not contracted	\$ 1,022.07	not contracted	\$ 1,175.38	not contracted	\$ 1,022.07	not contracted	\$ 1,839.73	not contracted	\$ 1,839.73	\$ 1,022.07
		COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION	45378		\$ 1,022.07	See note ³	\$ 1,022.07	not contracted	\$ 1,022.07	not contracted	\$ 1,175.38	not contracted	\$ 1,022.07	not contracted	\$ 1,839.73	not contracted	\$ 1,839.73	\$ 1,022.07
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	G0500		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	PRIMARY PROCEDURE	20206		\$ 1,813.07	See note ³	\$ 1,813.07	not contracted	\$ 1,813.07	not contracted	\$ 2,085.03	not contracted	\$ 1,813.07	not contracted	\$ 3,263.53	not contracted	\$ 3,263.53	\$ 1,813.07
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88341		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID,	76536		\$ 122.95	See note ³	\$ 122.95	not contracted	\$ 122.95	not contracted	\$ 141.39	not contracted	\$ 122.95	not contracted	\$ 221.31	not contracted	\$ 221.31	\$ 122.95
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		\$ 191.01	See note ³	\$ 191.01	not contracted	\$ 191.01	not contracted	\$ 219.66	not contracted	\$ 191.01	not contracted	\$ 343.82	not contracted	\$ 343.82	\$ 191.01
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), P	PRIMARY PROCEDURE	J1950		\$ 1,836.38	See note ³	\$ 1,836.38	not contracted	\$ 1,836.38	not contracted	\$ 2,111.84	not contracted	\$ 1,836.38	not contracted	\$ 3,305.48	not contracted	\$ 3,305.48	\$ 1,836.38
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D0230	INTRAORAL-PERiapical-EACH ADDITIONAL FILM	PRIMARY PROCEDURE	D0230		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
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UPDATED AS OF 12/19/2024

					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		BITEWINGS-TWO FILMS	D0272		\$ 101.62	See note ³	\$ 101.62	not contracted	\$ 101.62	not contracted	\$ 116.86	not contracted	\$ 101.62	not contracted	\$ 182.92	not contracted	\$ 182.92	\$ 101.62
		CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	D0603		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PROPHYLAXIS-CHILD	D1120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	D1206		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
29075	APPLICATION, CAST; ELBOW TO FINGER (SHORT ARM)	PRIMARY PROCEDURE	29075		\$ 300.33	See note ³	\$ 300.33	not contracted	\$ 300.33	not contracted	\$ 345.38	not contracted	\$ 300.33	not contracted	\$ 540.59	not contracted	\$ 540.59	\$ 300.33
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF 3 V	73110		\$ 101.62	See note ³	\$ 101.62	not contracted	\$ 101.62	not contracted	\$ 116.86	not contracted	\$ 101.62	not contracted	\$ 182.92	not contracted	\$ 182.92	\$ 101.62
49593	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC,	PRIMARY PROCEDURE	49593		\$ 3,868.91	See note ³	\$ 3,868.91	not contracted	\$ 3,868.91	not contracted	\$ 4,449.25	not contracted	\$ 3,868.91	not contracted	\$ 6,964.04	not contracted	\$ 6,964.04	\$ 3,868.91
		ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTH	00750		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		\$ 33.30	See note ³	\$ 33.30	not contracted	\$ 33.30	not contracted	\$ 38.30	not contracted	\$ 33.30	not contracted	\$ 59.94	not contracted	\$ 59.94	\$ 33.30
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES HARBOR-UCLA MEDICAL CENTER MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE ¹ EFFECTIVE JANUARY 1, 2025 UPDATED AS OF 12/19/2024																		
Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	PRIMARY PROCEDURE	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
38221	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	PRIMARY PROCEDURE	38221		\$ 1,813.07	See note ³	\$ 1,813.07	not contracted	\$ 1,813.07	not contracted	\$ 2,085.03	not contracted	\$ 1,813.07	not contracted	\$ 3,263.53	not contracted	\$ 3,263.53	\$ 1,813.07
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, W	88262		\$ 125.49	See note ³	\$ 125.49	not contracted	\$ 125.49	not contracted	\$ 144.31	not contracted	\$ 125.49	not contracted	\$ 225.88	not contracted	\$ 225.88	\$ 125.49
		FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	88189		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR M	88184		\$ 401.97	See note ³	\$ 401.97	not contracted	\$ 401.97	not contracted	\$ 462.27	not contracted	\$ 401.97	not contracted	\$ 723.55	not contracted	\$ 723.55	\$ 401.97
		BONE MARROW, SMEAR INTERPRETATION	85097		\$ 961.60	See note ³	\$ 961.60	not contracted	\$ 961.60	not contracted	\$ 1,105.84	not contracted	\$ 961.60	not contracted	\$ 1,730.88	not contracted	\$ 1,730.88	\$ 961.60
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		\$ 191.01	See note ³	\$ 191.01	not contracted	\$ 191.01	not contracted	\$ 219.66	not contracted	\$ 191.01	not contracted	\$ 343.82	not contracted	\$ 343.82	\$ 191.01
		FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR M	88185		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION	88311		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88313		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10	J1642		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
68200	SUBCONJUNCTIVAL INJECTION	PRIMARY PROCEDURE	68200		\$ 445.57	See note ³	\$ 445.57	not contracted	\$ 445.57	not contracted	\$ 512.41	not contracted	\$ 445.57	not contracted	\$ 802.03	not contracted	\$ 802.03	\$ 445.57
		INJECTION, BEVACIZUMAB, 10 MG	J9035		\$ 86.94	See note ³	\$ 86.94	not contracted	\$ 86.94	not contracted	\$ 99.98	not contracted	\$ 86.94	not contracted	\$ 156.49	not contracted	\$ 156.49	\$ 86.94
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99396		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92014		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
		INJECTION, BEVACIZUMAB, 0.25 MG	C9257		\$ 2.17	See note ³	\$ 2.17	not contracted	\$ 2.17	not contracted	\$ 2.50	not contracted	\$ 2.17	not contracted	\$ 3.91	not contracted	\$ 3.91	\$ 2.17
87624	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	PRIMARY PROCEDURE	87624		\$ 35.09	See note ³	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
87661	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	PRIMARY PROCEDURE	87661		\$ 35.09	See note ³	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFI	PRIMARY PROCEDURE	38505		\$ 1,813.07	See note ³	\$ 1,813.07	not contracted	\$ 1,813.07	not contracted	\$ 2,085.03	not contracted	\$ 1,813.07	not contracted	\$ 3,263.53	not contracted	\$ 3,263.53	\$ 1,813.07

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNOHISTOCHEM ISTRY OR IMMUNOCYTOCHEMI STRY, PER SPECIM	88341		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		IMMUNOHISTOCHEM ISTRY OR IMMUNOCYTOCHEMI STRY, PER SPECIM	88342		\$ 191.01	See note ³	\$ 191.01	not contracted	\$ 191.01	not contracted	\$ 219.66	not contracted	\$ 191.01	not contracted	\$ 343.82	not contracted	\$ 343.82	\$ 191.01
		INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICAT	38792		\$ 461.23	See note ³	\$ 461.23	not contracted	\$ 461.23	not contracted	\$ 530.41	not contracted	\$ 461.23	not contracted	\$ 830.21	not contracted	\$ 830.21	\$ 461.23
19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PL	PRIMARY PROCEDURE	19125		\$ 4,262.63	See note ³	\$ 4,262.63	not contracted	\$ 4,262.63	not contracted	\$ 4,902.02	not contracted	\$ 4,262.63	not contracted	\$ 7,672.73	not contracted	\$ 7,672.73	\$ 4,262.63
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		\$ 401.97	See note ³	\$ 401.97	not contracted	\$ 401.97	not contracted	\$ 462.27	not contracted	\$ 401.97	not contracted	\$ 723.55	not contracted	\$ 723.55	\$ 401.97
		IMMUNOHISTOCHEM ISTRY OR IMMUNOCYTOCHEMI STRY, PER SPECIM	88342		\$ 191.01	See note ³	\$ 191.01	not contracted	\$ 191.01	not contracted	\$ 219.66	not contracted	\$ 191.01	not contracted	\$ 343.82	not contracted	\$ 343.82	\$ 191.01
		RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	76098		\$ 616.93	See note ³	\$ 616.93	not contracted	\$ 616.93	not contracted	\$ 709.47	not contracted	\$ 616.93	not contracted	\$ 1,110.47	not contracted	\$ 1,110.47	\$ 616.93
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES HARBOR-UCLA MEDICAL CENTER MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE ¹ EFFECTIVE JANUARY 1, 2025 UPDATED AS OF 12/19/2024																		
Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH	PRIMARY PROCEDURE	57520		\$ 3,496.18	See note ³	\$ 3,496.18	not contracted	\$ 3,496.18	not contracted	\$ 4,020.61	not contracted	\$ 3,496.18	not contracted	\$ 6,293.12	not contracted	\$ 6,293.12	\$ 3,496.18
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		\$ 401.97	See note ³	\$ 401.97	not contracted	\$ 401.97	not contracted	\$ 462.27	not contracted	\$ 401.97	not contracted	\$ 723.55	not contracted	\$ 723.55	\$ 401.97
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		\$ 191.01	See note ³	\$ 191.01	not contracted	\$ 191.01	not contracted	\$ 219.66	not contracted	\$ 191.01	not contracted	\$ 343.82	not contracted	\$ 343.82	\$ 191.01
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		\$ 7.77	See note ³	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 44.85	See note ³	\$ 44.85	not contracted	\$ 44.85	not contracted	\$ 51.58	not contracted	\$ 44.85	not contracted	\$ 80.73	not contracted	\$ 80.73	\$ 44.85

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES HARBOR-UCLA MEDICAL CENTER MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE ¹ EFFECTIVE JANUARY 1, 2025 UPDATED AS OF 12/19/2024																		
Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 142.85	See note ³	\$ 142.85	not contracted	\$ 142.85	not contracted	\$ 164.28	not contracted	\$ 142.85	not contracted	\$ 257.13	not contracted	\$ 257.13	\$ 142.85
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
H1001	PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MAN	PRIMARY PROCEDURE	H1001		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	81000		\$ 4.02	See note ³	\$ 4.02	not contracted	\$ 4.02	not contracted	\$ 4.62	not contracted	\$ 4.02	not contracted	\$ 7.24	not contracted	\$ 7.24	\$ 4.02
32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS,	PRIMARY PROCEDURE	32408		\$ 1,813.07	See note ³	\$ 1,813.07	not contracted	\$ 1,813.07	not contracted	\$ 2,085.03	not contracted	\$ 1,813.07	not contracted	\$ 3,263.53	not contracted	\$ 3,263.53	\$ 1,813.07
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG,	77012		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88341		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		\$ 191.01	See note ³	\$ 191.01	not contracted	\$ 191.01	not contracted	\$ 219.66	not contracted	\$ 191.01	not contracted	\$ 343.82	not contracted	\$ 343.82	\$ 191.01
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 101.62	See note ³	\$ 101.62	not contracted	\$ 101.62	not contracted	\$ 116.86	not contracted	\$ 101.62	not contracted	\$ 182.92	not contracted	\$ 182.92	\$ 101.62
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN	PRIMARY PROCEDURE	57455		\$ 358.75	See note ³	\$ 358.75	not contracted	\$ 358.75	not contracted	\$ 412.56	not contracted	\$ 358.75	not contracted	\$ 645.75	not contracted	\$ 645.75	\$ 358.75

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REP	PRIMARY PROCEDURE	33228		\$ 11,941.41	See note ³	\$ 11,941.41	not contracted	\$ 11,941.41	not contracted	\$ 13,732.62	not contracted	\$ 11,941.41	not contracted	\$ 21,494.54	not contracted	\$ 21,494.54	\$ 11,941.41
		INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPL	33270		\$ 36,790.78	See note ³	\$ 36,790.78	not contracted	\$ 36,790.78	not contracted	\$ 42,309.40	not contracted	\$ 36,790.78	not contracted	\$ 66,223.40	not contracted	\$ 66,223.40	\$ 36,790.78
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
1034F	CURRENT TOBACCO SMOKER (CAD, CAP, COPD, PV) (DM)	PRIMARY PROCEDURE	1034F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR VENA CAVA FILTER,	PRIMARY PROCEDURE	37193		\$ 3,564.54	See note ³	\$ 3,564.54	not contracted	\$ 3,564.54	not contracted	\$ 4,099.22	not contracted	\$ 3,564.54	not contracted	\$ 6,416.17	not contracted	\$ 6,416.17	\$ 3,564.54
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INSERTION OF INTRAVASCULAR VENA CAVA FILTER, ENDOASCUL	37191		\$ 6,145.40	See note ³	\$ 6,145.40	not contracted	\$ 6,145.40	not contracted	\$ 7,067.21	not contracted	\$ 6,145.40	not contracted	\$ 11,061.72	not contracted	\$ 11,061.72	\$ 6,145.40
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92551	SCREENING TEST, PURE TONE, AIR ONLY	PRIMARY PROCEDURE	92551		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERA	99173		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
38500	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	PRIMARY PROCEDURE	38500		\$ 4,262.63	See note ³	\$ 4,262.63	not contracted	\$ 4,262.63	not contracted	\$ 4,902.02	not contracted	\$ 4,262.63	not contracted	\$ 7,672.73	not contracted	\$ 7,672.73	\$ 4,262.63
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNOHISTOCHEM ISTRY OR IMMUNOCYTOCHEMI STRY, PER SPECIM	88341		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		IMMUNOHISTOCHEM ISTRY OR IMMUNOCYTOCHEMI STRY, PER SPECIM	88342		\$ 191.01	See note ³	\$ 191.01	not contracted	\$ 191.01	not contracted	\$ 219.66	not contracted	\$ 191.01	not contracted	\$ 343.82	not contracted	\$ 343.82	\$ 191.01
		INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICAT	38792		\$ 461.23	See note ³	\$ 461.23	not contracted	\$ 461.23	not contracted	\$ 530.41	not contracted	\$ 461.23	not contracted	\$ 830.21	not contracted	\$ 830.21	\$ 461.23
97804	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(	PRIMARY PROCEDURE	97804		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED W	PRIMARY PROCEDURE	90836		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
J0741	INJ, CABOTE RILPIVIR 2MG 3MG INJECTION, CABOTEGRAVIR AN	PRIMARY PROCEDURE	J0741		\$ 26.52	See note ³	\$ 26.52	not contracted	\$ 26.52	not contracted	\$ 30.50	not contracted	\$ 26.52	not contracted	\$ 47.74	not contracted	\$ 47.74	\$ 26.52
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
37224	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS,	PRIMARY PROCEDURE	37224		\$ 6,391.78	See note ³	\$ 6,391.78	not contracted	\$ 6,391.78	not contracted	\$ 7,350.55	not contracted	\$ 6,391.78	not contracted	\$ 11,505.20	not contracted	\$ 11,505.20	\$ 6,391.78
		INTRODUCTION OF NEEDLE OR INTRACATHETER, UPPER OR LOWER	36140		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSE	PRIMARY PROCEDURE	D0160		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR	PRIMARY PROCEDURE	95957		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN	PRIMARY PROCEDURE	57452		\$ 222.84	See note ³	\$ 222.84	not contracted	\$ 222.84	not contracted	\$ 256.27	not contracted	\$ 222.84	not contracted	\$ 401.11	not contracted	\$ 401.11	\$ 222.84
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
11982	REMOVAL, NON- BIODEGRADABLE DRUG DELIVERY IMPLANT	PRIMARY PROCEDURE	11982		\$ 445.57	See note ³	\$ 445.57	not contracted	\$ 445.57	not contracted	\$ 512.41	not contracted	\$ 445.57	not contracted	\$ 802.03	not contracted	\$ 802.03	\$ 445.57
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
49406	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG,	PRIMARY PROCEDURE	49406		\$ 1,813.07	See note ³	\$ 1,813.07	not contracted	\$ 1,813.07	not contracted	\$ 2,085.03	not contracted	\$ 1,813.07	not contracted	\$ 3,263.53	not contracted	\$ 3,263.53	\$ 1,813.07

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
90632	HEPATITIS A VACCINE (HEPA), ADULT DOSAGE, FOR INTRAMUSC	PRIMARY PROCEDURE	90632		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	PRIMARY PROCEDURE	59840		\$ 3,496.18	See note ³	\$ 3,496.18	not contracted	\$ 3,496.18	not contracted	\$ 4,020.61	not contracted	\$ 3,496.18	not contracted	\$ 6,293.12	not contracted	\$ 6,293.12	\$ 3,496.18
		ANESTHESIA FOR INDUCED ABORTION PROCEDURES	01966		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87635		\$ 51.31	See note ³	\$ 51.31	not contracted	\$ 51.31	not contracted	\$ 59.01	not contracted	\$ 51.31	not contracted	\$ 92.36	not contracted	\$ 92.36	\$ 51.31
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87661		\$ 35.09	See note ³	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
		ULTRASOUND, TRANSVAGINAL	76830		\$ 122.95	See note ³	\$ 122.95	not contracted	\$ 122.95	not contracted	\$ 141.39	not contracted	\$ 122.95	not contracted	\$ 221.31	not contracted	\$ 221.31	\$ 122.95
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	76815		\$ 122.95	See note ³	\$ 122.95	not contracted	\$ 122.95	not contracted	\$ 141.39	not contracted	\$ 122.95	not contracted	\$ 221.31	not contracted	\$ 221.31	\$ 122.95
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87491		\$ 35.09	See note ³	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87591		\$ 35.09	See note ³	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
		GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE	84702		\$ 15.05	See note ³	\$ 15.05	not contracted	\$ 15.05	not contracted	\$ 17.31	not contracted	\$ 15.05	not contracted	\$ 27.09	not contracted	\$ 27.09	\$ 15.05
		ANTIBODY; TREPONEMA PALLIDUM	86780		\$ 13.24	See note ³	\$ 13.24	not contracted	\$ 13.24	not contracted	\$ 15.23	not contracted	\$ 13.24	not contracted	\$ 23.83	not contracted	\$ 23.83	\$ 13.24
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		\$ 8.46	See note ³	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46

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UPDATED AS OF 12/19/2024

					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		\$ 7.77	See note ³	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG EFFECTIVE DA	J0696		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSI	PRIMARY PROCEDURE	27829		\$ 8,000.33	See note ³	\$ 8,000.33	not contracted	\$ 8,000.33	not contracted	\$ 9,200.38	not contracted	\$ 8,000.33	not contracted	\$ 14,400.59	not contracted	\$ 14,400.59	\$ 8,000.33
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 V	73610		\$ 101.62	See note ³	\$ 101.62	not contracted	\$ 101.62	not contracted	\$ 116.86	not contracted	\$ 101.62	not contracted	\$ 182.92	not contracted	\$ 182.92	\$ 101.62
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TISSUE-T	C1713		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	PRIMARY PROCEDURE	30420		\$ 6,548.91	See note ³	\$ 6,548.91	not contracted	\$ 6,548.91	not contracted	\$ 7,531.25	not contracted	\$ 6,548.91	not contracted	\$ 11,788.04	not contracted	\$ 11,788.04	\$ 6,548.91
		CARTILAGE GRAFT; NASAL SEPTUM	20912		\$ 4,012.01	See note ³	\$ 4,012.01	not contracted	\$ 4,012.01	not contracted	\$ 4,613.81	not contracted	\$ 4,012.01	not contracted	\$ 7,221.62	not contracted	\$ 7,221.62	\$ 4,012.01
		ALLOGRAFT, INCLUDES TEMPLATING, CUTTING, PLACEMENT AND	20932		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	30930		\$ 3,600.47	See note ³	\$ 3,600.47	not contracted	\$ 3,600.47	not contracted	\$ 4,140.54	not contracted	\$ 3,600.47	not contracted	\$ 6,480.85	not contracted	\$ 6,480.85	\$ 3,600.47

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	PRIMARY PROCEDURE	31653		\$ 4,187.82	See note ³	\$ 4,187.82	not contracted	\$ 4,187.82	not contracted	\$ 4,815.99	not contracted	\$ 4,187.82	not contracted	\$ 7,538.08	not contracted	\$ 7,538.08	\$ 4,187.82
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	31624		\$ 1,898.04	See note ³	\$ 1,898.04	not contracted	\$ 1,898.04	not contracted	\$ 2,182.75	not contracted	\$ 1,898.04	not contracted	\$ 3,416.47	not contracted	\$ 3,416.47	\$ 1,898.04
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	31625		\$ 1,898.04	See note ³	\$ 1,898.04	not contracted	\$ 1,898.04	not contracted	\$ 2,182.75	not contracted	\$ 1,898.04	not contracted	\$ 3,416.47	not contracted	\$ 3,416.47	\$ 1,898.04
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTE	88108		\$ 44.85	See note ³	\$ 44.85	not contracted	\$ 44.85	not contracted	\$ 51.58	not contracted	\$ 44.85	not contracted	\$ 80.73	not contracted	\$ 80.73	\$ 44.85
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES HARBOR-UCLA MEDICAL CENTER MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE ¹ EFFECTIVE JANUARY 1, 2025 UPDATED AS OF 12/19/2024																		
Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CE	88104		\$ 44.85	See note ³	\$ 44.85	not contracted	\$ 44.85	not contracted	\$ 51.58	not contracted	\$ 44.85	not contracted	\$ 80.73	not contracted	\$ 80.73	\$ 44.85
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		\$ 191.01	See note ³	\$ 191.01	not contracted	\$ 191.01	not contracted	\$ 219.66	not contracted	\$ 191.01	not contracted	\$ 343.82	not contracted	\$ 343.82	\$ 191.01
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 101.62	See note ³	\$ 101.62	not contracted	\$ 101.62	not contracted	\$ 116.86	not contracted	\$ 101.62	not contracted	\$ 182.92	not contracted	\$ 182.92	\$ 101.62
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, A	87116		\$ 10.80	See note ³	\$ 10.80	not contracted	\$ 10.80	not contracted	\$ 12.42	not contracted	\$ 10.80	not contracted	\$ 19.44	not contracted	\$ 19.44	\$ 10.80
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76817		\$ 122.95	See note ³	\$ 122.95	not contracted	\$ 122.95	not contracted	\$ 141.39	not contracted	\$ 122.95	not contracted	\$ 221.31	not contracted	\$ 221.31	\$ 122.95
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSS	PRIMARY PROCEDURE	66710		\$ 2,613.22	See note ³	\$ 2,613.22	not contracted	\$ 2,613.22	not contracted	\$ 3,005.20	not contracted	\$ 2,613.22	not contracted	\$ 4,703.80	not contracted	\$ 4,703.80	\$ 2,613.22
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL	PRIMARY PROCEDURE	57160		\$ 222.84	See note ³	\$ 222.84	not contracted	\$ 222.84	not contracted	\$ 256.27	not contracted	\$ 222.84	not contracted	\$ 401.11	not contracted	\$ 401.11	\$ 222.84
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
86480	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPO	PRIMARY PROCEDURE	86480		\$ 61.98	See note ³	\$ 61.98	not contracted	\$ 61.98	not contracted	\$ 71.28	not contracted	\$ 61.98	not contracted	\$ 111.56	not contracted	\$ 111.56	\$ 61.98
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL)	PRIMARY PROCEDURE	96450		\$ 378.73	See note ³	\$ 378.73	not contracted	\$ 378.73	not contracted	\$ 435.54	not contracted	\$ 378.73	not contracted	\$ 681.71	not contracted	\$ 681.71	\$ 378.73

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTE	88108		\$ 44.85	See note ³	\$ 44.85	not contracted	\$ 44.85	not contracted	\$ 51.58	not contracted	\$ 44.85	not contracted	\$ 80.73	not contracted	\$ 80.73	\$ 44.85
		STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 1	A4216		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 M	J1720		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, METHOTREXATE SODIUM, 50 MG EFFECTIVE DATE:	J9260		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PLASMA	84155		\$ 3.67	See note ³	\$ 3.67	not contracted	\$ 3.67	not contracted	\$ 4.22	not contracted	\$ 3.67	not contracted	\$ 6.61	not contracted	\$ 6.61	\$ 3.67
		CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINA	89050		\$ 4.72	See note ³	\$ 4.72	not contracted	\$ 4.72	not contracted	\$ 5.43	not contracted	\$ 4.72	not contracted	\$ 8.50	not contracted	\$ 8.50	\$ 4.72
		GLUCOSE, BODY FLUID, OTHER THAN BLOOD	82945		\$ 3.93	See note ³	\$ 3.93	not contracted	\$ 3.93	not contracted	\$ 4.52	not contracted	\$ 3.93	not contracted	\$ 7.07	not contracted	\$ 7.07	\$ 3.93
46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, 2 OR MORE COLU	PRIMARY PROCEDURE	46260		\$ 3,139.93	See note ³	\$ 3,139.93	not contracted	\$ 3,139.93	not contracted	\$ 3,610.92	not contracted	\$ 3,139.93	not contracted	\$ 5,651.87	not contracted	\$ 5,651.87	\$ 3,139.93
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR	PRIMARY PROCEDURE	66852		\$ 4,546.80	See note ³	\$ 4,546.80	not contracted	\$ 4,546.80	not contracted	\$ 5,228.82	not contracted	\$ 4,546.80	not contracted	\$ 8,184.24	not contracted	\$ 8,184.24	\$ 4,546.80

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY	00142		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO	PRIMARY PROCEDURE	96360		\$ 239.69	See note ³	\$ 239.69	not contracted	\$ 239.69	not contracted	\$ 275.64	not contracted	\$ 239.69	not contracted	\$ 431.44	not contracted	\$ 431.44	\$ 239.69
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99078	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL Q	PRIMARY PROCEDURE	99078		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL JOIN	PRIMARY PROCEDURE	20600		\$ 331.22	See note ³	\$ 331.22	not contracted	\$ 331.22	not contracted	\$ 380.90	not contracted	\$ 331.22	not contracted	\$ 596.20	not contracted	\$ 596.20	\$ 331.22

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES HARBOR-UCLA MEDICAL CENTER MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE ¹ EFFECTIVE JANUARY 1, 2025 UPDATED AS OF 12/19/2024																		
Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43277	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOG RAPHY (ERCP);	PRIMARY PROCEDURE	43277		\$ 4,282.78	See note ³	\$ 4,282.78	not contracted	\$ 4,282.78	not contracted	\$ 4,925.20	not contracted	\$ 4,282.78	not contracted	\$ 7,709.00	not contracted	\$ 7,709.00	\$ 4,282.78
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA TOGRAPHY (ERCP);	43264		\$ 4,282.78	See note ³	\$ 4,282.78	not contracted	\$ 4,282.78	not contracted	\$ 4,925.20	not contracted	\$ 4,282.78	not contracted	\$ 7,709.00	not contracted	\$ 7,709.00	\$ 4,282.78
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHOD	81025		\$ 8.61	See note ³	\$ 8.61	not contracted	\$ 8.61	not contracted	\$ 9.90	not contracted	\$ 8.61	not contracted	\$ 15.50	not contracted	\$ 15.50	\$ 8.61

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
77427	RADIATION TREATMENT MANAGEMENT, 5 TREATMENTS	PRIMARY PROCEDURE	77427		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
10005	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUI	PRIMARY PROCEDURE	10005		\$ 786.80	See note ³	\$ 786.80	not contracted	\$ 786.80	not contracted	\$ 904.82	not contracted	\$ 786.80	not contracted	\$ 1,416.24	not contracted	\$ 1,416.24	\$ 786.80
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
21931	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTAN	PRIMARY PROCEDURE	21931		\$ 1,813.07	See note ³	\$ 1,813.07	not contracted	\$ 1,813.07	not contracted	\$ 2,085.03	not contracted	\$ 1,813.07	not contracted	\$ 3,263.53	not contracted	\$ 3,263.53	\$ 1,813.07
		ANESTHESIA FOR ALL PROCEDURES ON THE INTEGUMENTARY SYST	00300		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJ	PRIMARY PROCEDURE	J2353		\$ 247.45	See note ³	\$ 247.45	not contracted	\$ 247.45	not contracted	\$ 284.57	not contracted	\$ 247.45	not contracted	\$ 445.41	not contracted	\$ 445.41	\$ 247.45
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
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UPDATED AS OF 12/19/2024

					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92555	SPEECH AUDIOMETRY THRESHOLD;	PRIMARY PROCEDURE	92555		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		VISUAL REINFORCEMENT AUDIOMETRY (VRA)	92579		\$ 174.68	See note ³	\$ 174.68	not contracted	\$ 174.68	not contracted	\$ 200.88	not contracted	\$ 174.68	not contracted	\$ 314.42	not contracted	\$ 314.42	\$ 174.68
		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550		\$ 174.68	See note ³	\$ 174.68	not contracted	\$ 174.68	not contracted	\$ 200.88	not contracted	\$ 174.68	not contracted	\$ 314.42	not contracted	\$ 314.42	\$ 174.68
		DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; LIMITE	92587		\$ 351.01	See note ³	\$ 351.01	not contracted	\$ 351.01	not contracted	\$ 403.66	not contracted	\$ 351.01	not contracted	\$ 631.82	not contracted	\$ 631.82	\$ 351.01
51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIP	PRIMARY PROCEDURE	51728		\$ 763.91	See note ³	\$ 763.91	not contracted	\$ 763.91	not contracted	\$ 878.50	not contracted	\$ 763.91	not contracted	\$ 1,375.04	not contracted	\$ 1,375.04	\$ 763.91
		VOIDING PRESSURE STUDIES, INTRA- ABDOMINAL (IE, RECTAL,	51797		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96379	UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRA	PRIMARY PROCEDURE	96379		\$ 53.12	See note ³	\$ 53.12	not contracted	\$ 53.12	not contracted	\$ 61.09	not contracted	\$ 53.12	not contracted	\$ 95.62	not contracted	\$ 95.62	\$ 53.12
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MEDROXYPROGESTER ONE ACETATE, 1 MG	J1050		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA- ARTICULAR FRACTUR	PRIMARY PROCEDURE	25608		\$ 8,000.33	See note ³	\$ 8,000.33	not contracted	\$ 8,000.33	not contracted	\$ 9,200.38	not contracted	\$ 8,000.33	not contracted	\$ 14,400.59	not contracted	\$ 14,400.59	\$ 8,000.33
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TISSUE-T	C1713		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES HARBOR-UCLA MEDICAL CENTER MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE ¹ EFFECTIVE JANUARY 1, 2025 UPDATED AS OF 12/19/2024																		
Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	55250		\$ 2,277.75	See note ³	\$ 2,277.75	not contracted	\$ 2,277.75	not contracted	\$ 2,619.41	not contracted	\$ 2,277.75	not contracted	\$ 4,099.95	not contracted	\$ 4,099.95	\$ 2,277.75
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		\$ 33.30	See note ³	\$ 33.30	not contracted	\$ 33.30	not contracted	\$ 38.30	not contracted	\$ 33.30	not contracted	\$ 59.94	not contracted	\$ 59.94	\$ 33.30
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALL	PRIMARY PROCEDURE	27792		\$ 8,000.33	See note ³	\$ 8,000.33	not contracted	\$ 8,000.33	not contracted	\$ 9,200.38	not contracted	\$ 8,000.33	not contracted	\$ 14,400.59	not contracted	\$ 14,400.59	\$ 8,000.33
		OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSI	27829		\$ 8,000.33	See note ³	\$ 8,000.33	not contracted	\$ 8,000.33	not contracted	\$ 9,200.38	not contracted	\$ 8,000.33	not contracted	\$ 14,400.59	not contracted	\$ 14,400.59	\$ 8,000.33
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 V	73610		\$ 101.62	See note ³	\$ 101.62	not contracted	\$ 101.62	not contracted	\$ 116.86	not contracted	\$ 101.62	not contracted	\$ 182.92	not contracted	\$ 182.92	\$ 101.62
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
33263	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WI	PRIMARY PROCEDURE	33263		\$ 26,359.72	See note ³	\$ 26,359.72	not contracted	\$ 26,359.72	not contracted	\$ 30,313.68	not contracted	\$ 26,359.72	not contracted	\$ 47,447.50	not contracted	\$ 47,447.50	\$ 26,359.72
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2025
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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	PRIMARY PROCEDURE	43260		\$ 4,282.78	See note ³	\$ 4,282.78	not contracted	\$ 4,282.78	not contracted	\$ 4,925.20	not contracted	\$ 4,282.78	not contracted	\$ 7,709.00	not contracted	\$ 7,709.00	\$ 4,282.78
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN	76000		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02
		INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200	J0744		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISH	PRIMARY PROCEDURE	D0180		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
D2330	RESIN-ONE SURFACE, ANTERIOR	PRIMARY PROCEDURE	D2330		\$ 984.62	See note ³	\$ 984.62	not contracted	\$ 984.62	not contracted	\$ 1,132.31	not contracted	\$ 984.62	not contracted	\$ 1,772.32	not contracted	\$ 1,772.32	\$ 984.62

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH	PRIMARY PROCEDURE	36590		\$ 1,790.98	See note ³	\$ 1,790.98	not contracted	\$ 1,790.98	not contracted	\$ 2,059.63	not contracted	\$ 1,790.98	not contracted	\$ 3,223.76	not contracted	\$ 3,223.76	\$ 1,790.98
		REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	49422		\$ 3,564.54	See note ³	\$ 3,564.54	not contracted	\$ 3,564.54	not contracted	\$ 4,099.22	not contracted	\$ 3,564.54	not contracted	\$ 6,416.17	not contracted	\$ 6,416.17	\$ 3,564.54
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
67311	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; 1	PRIMARY PROCEDURE	67311		\$ 2,613.22	See note ³	\$ 2,613.22	not contracted	\$ 2,613.22	not contracted	\$ 3,005.20	not contracted	\$ 2,613.22	not contracted	\$ 4,703.80	not contracted	\$ 4,703.80	\$ 2,613.22
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMU	PRIMARY PROCEDURE	51715		\$ 3,898.54	See note ³	\$ 3,898.54	not contracted	\$ 3,898.54	not contracted	\$ 4,483.32	not contracted	\$ 3,898.54	not contracted	\$ 7,017.37	not contracted	\$ 7,017.37	\$ 3,898.54

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URET	00910		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMPLANTABLE/INSERTABLE DEVICE, NOT OTHERWISE CLASSIFIED	C1889		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		\$ 7.77	See note ³	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 44.85	See note ³	\$ 44.85	not contracted	\$ 44.85	not contracted	\$ 51.58	not contracted	\$ 44.85	not contracted	\$ 80.73	not contracted	\$ 80.73	\$ 44.85
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 142.85	See note ³	\$ 142.85	not contracted	\$ 142.85	not contracted	\$ 164.28	not contracted	\$ 142.85	not contracted	\$ 257.13	not contracted	\$ 257.13	\$ 142.85
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TI	PRIMARY PROCEDURE	76826		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99215		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPOR	PRIMARY PROCEDURE	D5899		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TO	PRIMARY PROCEDURE	11765		\$ 445.91	See note ³	\$ 445.91	not contracted	\$ 445.91	not contracted	\$ 512.80	not contracted	\$ 445.91	not contracted	\$ 802.64	not contracted	\$ 802.64	\$ 445.91

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99202		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
46280	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTUL	PRIMARY PROCEDURE	46280		\$ 3,139.93	See note ³	\$ 3,139.93	not contracted	\$ 3,139.93	not contracted	\$ 3,610.92	not contracted	\$ 3,139.93	not contracted	\$ 5,651.87	not contracted	\$ 5,651.87	\$ 3,139.93
		ANESTHESIA FOR; ANORECTAL PROCEDURE	00902		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
66991	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAO	PRIMARY PROCEDURE	66991		\$ 5,844.79	See note ³	\$ 5,844.79	not contracted	\$ 5,844.79	not contracted	\$ 6,721.51	not contracted	\$ 5,844.79	not contracted	\$ 10,520.62	not contracted	\$ 10,520.62	\$ 5,844.79
		OCULAR IMPLANT, AQUEOUS DRAINAGE ASSIST DEVICE	C1783		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90472	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	PRIMARY PROCEDURE	90472		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
87522	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	PRIMARY PROCEDURE	87522		\$ 42.84	See note ³	\$ 42.84	not contracted	\$ 42.84	not contracted	\$ 49.27	not contracted	\$ 42.84	not contracted	\$ 77.11	not contracted	\$ 77.11	\$ 42.84
		MOST RECENT HEMOGLOBIN A1C (HBA1C) LEVEL LESS THAN 7.0%	3044F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE T	80053		\$ 10.56	See note ³	\$ 10.56	not contracted	\$ 10.56	not contracted	\$ 12.14	not contracted	\$ 10.56	not contracted	\$ 19.01	not contracted	\$ 19.01	\$ 10.56
		LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOL	80061		\$ 13.39	See note ³	\$ 13.39	not contracted	\$ 13.39	not contracted	\$ 15.40	not contracted	\$ 13.39	not contracted	\$ 24.10	not contracted	\$ 24.10	\$ 13.39
		ANTIBODY; TREPONEMA PALLIDUM	86780		\$ 13.24	See note ³	\$ 13.24	not contracted	\$ 13.24	not contracted	\$ 15.23	not contracted	\$ 13.24	not contracted	\$ 23.83	not contracted	\$ 23.83	\$ 13.24
		ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	86703		\$ 13.71	See note ³	\$ 13.71	not contracted	\$ 13.71	not contracted	\$ 15.77	not contracted	\$ 13.71	not contracted	\$ 24.68	not contracted	\$ 24.68	\$ 13.71
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		\$ 7.77	See note ³	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHN	87340		\$ 10.33	See note ³	\$ 10.33	not contracted	\$ 10.33	not contracted	\$ 11.88	not contracted	\$ 10.33	not contracted	\$ 18.59	not contracted	\$ 18.59	\$ 10.33
		HEMOGLOBIN; GLYCOSYLATED (A1C)	83036		\$ 9.71	See note ³	\$ 9.71	not contracted	\$ 9.71	not contracted	\$ 11.17	not contracted	\$ 9.71	not contracted	\$ 17.48	not contracted	\$ 17.48	\$ 9.71
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
55040	EXCISION OF HYDROCELE; UNILATERAL	PRIMARY PROCEDURE	55040		\$ 3,868.91	See note ³	\$ 3,868.91	not contracted	\$ 3,868.91	not contracted	\$ 4,449.25	not contracted	\$ 3,868.91	not contracted	\$ 6,964.04	not contracted	\$ 6,964.04	\$ 3,868.91
		ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING	00920		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		\$ 33.30	See note ³	\$ 33.30	not contracted	\$ 33.30	not contracted	\$ 38.30	not contracted	\$ 33.30	not contracted	\$ 59.94	not contracted	\$ 59.94	\$ 33.30
		LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY	88300		\$ 33.30	See note ³	\$ 33.30	not contracted	\$ 33.30	not contracted	\$ 38.30	not contracted	\$ 33.30	not contracted	\$ 59.94	not contracted	\$ 59.94	\$ 33.30
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
58260	VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	PRIMARY PROCEDURE	58260		\$ 5,562.28	See note ³	\$ 5,562.28	not contracted	\$ 5,562.28	not contracted	\$ 6,396.62	not contracted	\$ 5,562.28	not contracted	\$ 10,012.10	not contracted	\$ 10,012.10	\$ 5,562.28
		CYSTOURETHROSCOP Y (SEPARATE PROCEDURE)	52000		\$ 763.91	See note ³	\$ 763.91	not contracted	\$ 763.91	not contracted	\$ 878.50	not contracted	\$ 763.91	not contracted	\$ 1,375.04	not contracted	\$ 1,375.04	\$ 763.91
		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF	00944		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		\$ 401.97	See note ³	\$ 401.97	not contracted	\$ 401.97	not contracted	\$ 462.27	not contracted	\$ 401.97	not contracted	\$ 723.55	not contracted	\$ 723.55	\$ 401.97
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		INJECTION, ACETAMINOPHEN, 10 MG	J0131		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, METRONIDAZOLE, 10 MG EFF. DATE: 7/1/2023	J1836		\$ 0.03	See note ³	\$ 0.03	not contracted	\$ 0.03	not contracted	\$ 0.03	not contracted	\$ 0.03	not contracted	\$ 0.05	not contracted	\$ 0.05	\$ 0.03

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
31575	LARYNGOSCOPY, FLEXIBLE; DIAGNOSTIC	PRIMARY PROCEDURE	31575		\$ 221.51	See note ³	\$ 221.51	not contracted	\$ 221.51	not contracted	\$ 254.74	not contracted	\$ 221.51	not contracted	\$ 398.72	not contracted	\$ 398.72	\$ 221.51
93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERA	PRIMARY PROCEDURE	93580		\$ 19,609.37	See note ³	\$ 19,609.37	not contracted	\$ 19,609.37	not contracted	\$ 22,550.78	not contracted	\$ 19,609.37	not contracted	\$ 35,296.87	not contracted	\$ 35,296.87	\$ 19,609.37
		GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE	84702		\$ 15.05	See note ³	\$ 15.05	not contracted	\$ 15.05	not contracted	\$ 17.31	not contracted	\$ 15.05	not contracted	\$ 27.09	not contracted	\$ 27.09	\$ 15.05
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		\$ 8.46	See note ³	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		\$ 6.47	See note ³	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 7.44	not contracted	\$ 6.47	not contracted	\$ 11.65	not contracted	\$ 11.65	\$ 6.47
		PROTHROMBIN TIME; COLLECTION OF	85610		\$ 4.29	See note ³	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.93	not contracted	\$ 4.29	not contracted	\$ 7.72	not contracted	\$ 7.72	\$ 4.29
		VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECI	PRIMARY PROCEDURE	J3301		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99396		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
15822	BLEPHAROPLASTY, UPPER EYELID;	PRIMARY PROCEDURE	15822		\$ 2,039.34	See note ³	\$ 2,039.34	not contracted	\$ 2,039.34	not contracted	\$ 2,345.24	not contracted	\$ 2,039.34	not contracted	\$ 3,670.81	not contracted	\$ 3,670.81	\$ 2,039.34
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92014		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	PRIMARY PROCEDURE	D1206		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PROPHYLAXIS-CHILD	D1120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	D0603		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		\$ 147.83	See note ³	\$ 147.83	not contracted	\$ 147.83	not contracted	\$ 170.00	not contracted	\$ 147.83	not contracted	\$ 266.09	not contracted	\$ 266.09	\$ 147.83
52204	CYSTOURETHROSCOPY, WITH BIOPSY(S)	PRIMARY PROCEDURE	52204		\$ 2,277.75	See note ³	\$ 2,277.75	not contracted	\$ 2,277.75	not contracted	\$ 2,619.41	not contracted	\$ 2,277.75	not contracted	\$ 4,099.95	not contracted	\$ 4,099.95	\$ 2,277.75
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE	88112		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	52000		\$ 763.91	See note ³	\$ 763.91	not contracted	\$ 763.91	not contracted	\$ 878.50	not contracted	\$ 763.91	not contracted	\$ 1,375.04	not contracted	\$ 1,375.04	\$ 763.91
57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN	PRIMARY PROCEDURE	57460		\$ 3,496.18	See note ³	\$ 3,496.18	not contracted	\$ 3,496.18	not contracted	\$ 4,020.61	not contracted	\$ 3,496.18	not contracted	\$ 6,293.12	not contracted	\$ 6,293.12	\$ 3,496.18

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN	57456		\$ 358.75	See note ³	\$ 358.75	not contracted	\$ 358.75	not contracted	\$ 412.56	not contracted	\$ 358.75	not contracted	\$ 645.75	not contracted	\$ 645.75	\$ 358.75
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		\$ 401.97	See note ³	\$ 401.97	not contracted	\$ 401.97	not contracted	\$ 462.27	not contracted	\$ 401.97	not contracted	\$ 723.55	not contracted	\$ 723.55	\$ 401.97
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (S	PRIMARY PROCEDURE	31231		\$ 221.51	See note ³	\$ 221.51	not contracted	\$ 221.51	not contracted	\$ 254.74	not contracted	\$ 221.51	not contracted	\$ 398.72	not contracted	\$ 398.72	\$ 221.51
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY	PRIMARY PROCEDURE	11200		\$ 223.88	See note ³	\$ 223.88	not contracted	\$ 223.88	not contracted	\$ 257.46	not contracted	\$ 223.88	not contracted	\$ 402.98	not contracted	\$ 402.98	\$ 223.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
46020	PLACEMENT OF SETON	PRIMARY PROCEDURE	46020		\$ 3,139.93	See note ³	\$ 3,139.93	not contracted	\$ 3,139.93	not contracted	\$ 3,610.92	not contracted	\$ 3,139.93	not contracted	\$ 5,651.87	not contracted	\$ 5,651.87	\$ 3,139.93
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
92700	UNLISTED OTORHINOLARYNGOLOGIC AL SERVICE OR PROCEDURE	PRIMARY PROCEDURE	92700		\$ 33.30	See note ³	\$ 33.30	not contracted	\$ 33.30	not contracted	\$ 38.30	not contracted	\$ 33.30	not contracted	\$ 59.94	not contracted	\$ 59.94	\$ 33.30
		BASIC VESTIBULAR EVALUATION, INCLUDES SPONTANEOUS NYSTA	92540		\$ 174.68	See note ³	\$ 174.68	not contracted	\$ 174.68	not contracted	\$ 200.88	not contracted	\$ 174.68	not contracted	\$ 314.42	not contracted	\$ 314.42	\$ 174.68
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN	PRIMARY PROCEDURE	11406		\$ 1,813.07	See note ³	\$ 1,813.07	not contracted	\$ 1,813.07	not contracted	\$ 2,085.03	not contracted	\$ 1,813.07	not contracted	\$ 3,263.53	not contracted	\$ 3,263.53	\$ 1,813.07
		REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK A	12032		\$ 445.91	See note ³	\$ 445.91	not contracted	\$ 445.91	not contracted	\$ 512.80	not contracted	\$ 445.91	not contracted	\$ 802.64	not contracted	\$ 802.64	\$ 445.91
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NON- STRESS TESTING	PRIMARY PROCEDURE	76819		\$ 122.95	See note ³	\$ 122.95	not contracted	\$ 122.95	not contracted	\$ 141.39	not contracted	\$ 122.95	not contracted	\$ 221.31	not contracted	\$ 221.31	\$ 122.95
		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	76811		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPUR	PRIMARY PROCEDURE	10060		\$ 223.88	See note ³	\$ 223.88	not contracted	\$ 223.88	not contracted	\$ 257.46	not contracted	\$ 223.88	not contracted	\$ 402.98	not contracted	\$ 402.98	\$ 223.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
J0897	INJECTION, DENOSUMAB, 1 MG	PRIMARY PROCEDURE	J0897		\$ 29.57	See note ³	\$ 29.57	not contracted	\$ 29.57	not contracted	\$ 34.01	not contracted	\$ 29.57	not contracted	\$ 53.23	not contracted	\$ 53.23	\$ 29.57
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90611	SMALLPOX AND MONKEYPOX VACCINE, ATTENUATED VACCINIA VIR	PRIMARY PROCEDURE	90611		\$ 0.01	See note ³	\$ 0.01	not contracted	\$ 0.01	not contracted	\$ 0.01	not contracted	\$ 0.01	not contracted	\$ 0.02	not contracted	\$ 0.02	\$ 0.01
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 78.78	See note ³	\$ 78.78	not contracted	\$ 78.78	not contracted	\$ 90.60	not contracted	\$ 78.78	not contracted	\$ 141.80	not contracted	\$ 141.80	\$ 78.78

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
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Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCE	PRIMARY PROCEDURE	65800		\$ 2,606.02	See note ³	\$ 2,606.02	not contracted	\$ 2,606.02	not contracted	\$ 2,996.92	not contracted	\$ 2,606.02	not contracted	\$ 4,690.84	not contracted	\$ 4,690.84	\$ 2,606.02
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS	PRIMARY PROCEDURE	11900		\$ 223.88	See note ³	\$ 223.88	not contracted	\$ 223.88	not contracted	\$ 257.46	not contracted	\$ 223.88	not contracted	\$ 402.98	not contracted	\$ 402.98	\$ 223.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEU	PRIMARY PROCEDURE	20550		\$ 331.22	See note ³	\$ 331.22	not contracted	\$ 331.22	not contracted	\$ 380.90	not contracted	\$ 331.22	not contracted	\$ 596.20	not contracted	\$ 596.20	\$ 331.22
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA- ARTICULAR FRACTUR	PRIMARY PROCEDURE	25609		\$ 8,000.33	See note ³	\$ 8,000.33	not contracted	\$ 8,000.33	not contracted	\$ 9,200.38	not contracted	\$ 8,000.33	not contracted	\$ 14,400.59	not contracted	\$ 14,400.59	\$ 8,000.33
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/END OSCOPIC	01830		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 274.02	See note ³	\$ 274.02	not contracted	\$ 274.02	not contracted	\$ 315.12	not contracted	\$ 274.02	not contracted	\$ 493.24	not contracted	\$ 493.24	\$ 274.02
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TISSUE-T	C1713		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPL	PRIMARY PROCEDURE	33270		\$ 36,790.78	See note ³	\$ 36,790.78	not contracted	\$ 36,790.78	not contracted	\$ 42,309.40	not contracted	\$ 36,790.78	not contracted	\$ 66,223.40	not contracted	\$ 66,223.40	\$ 36,790.78
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 68.40	See note ³	\$ 68.40	not contracted	\$ 68.40	not contracted	\$ 78.66	not contracted	\$ 68.40	not contracted	\$ 123.12	not contracted	\$ 123.12	\$ 68.40
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 101.62	See note ³	\$ 101.62	not contracted	\$ 101.62	not contracted	\$ 116.86	not contracted	\$ 101.62	not contracted	\$ 182.92	not contracted	\$ 182.92	\$ 101.62
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		\$ 8.46	See note ³	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		\$ 6.47	See note ³	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 7.44	not contracted	\$ 6.47	not contracted	\$ 11.65	not contracted	\$ 11.65	\$ 6.47
		PROTHROMBIN TIME;	85610		\$ 4.29	See note ³	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.93	not contracted	\$ 4.29	not contracted	\$ 7.72	not contracted	\$ 7.72	\$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER	PRIMARY PROCEDURE	75630		\$ 3,564.54	See note ³	\$ 3,564.54	not contracted	\$ 3,564.54	not contracted	\$ 4,099.22	not contracted	\$ 3,564.54	not contracted	\$ 6,416.17	not contracted	\$ 6,416.17	\$ 3,564.54
		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRA	76937		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL	36247		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		GUIDE WIRE	C1769		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDIN	PRIMARY PROCEDURE	64616		\$ 331.22	See note ³	\$ 331.22	not contracted	\$ 331.22	not contracted	\$ 380.90	not contracted	\$ 331.22	not contracted	\$ 596.20	not contracted	\$ 596.20	\$ 331.22
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT	PRIMARY PROCEDURE	36830		\$ 6,145.40	See note ³	\$ 6,145.40	not contracted	\$ 6,145.40	not contracted	\$ 7,067.21	not contracted	\$ 6,145.40	not contracted	\$ 11,061.72	not contracted	\$ 11,061.72	\$ 6,145.40
		ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY T	01844		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANEL MUS	80047		\$ 13.73	See note ³	\$ 13.73	not contracted	\$ 13.73	not contracted	\$ 15.79	not contracted	\$ 13.73	not contracted	\$ 24.71	not contracted	\$ 24.71	\$ 13.73
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		\$ 8.46	See note ³	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LABETALOL HYDROCHLORIDE, 5 MG EFF. DATE: 7/	J1920		\$ 0.22	See note ³	\$ 0.22	not contracted	\$ 0.22	not contracted	\$ 0.25	not contracted	\$ 0.22	not contracted	\$ 0.40	not contracted	\$ 0.40	\$ 0.22
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 44.85	See note ³	\$ 44.85	not contracted	\$ 44.85	not contracted	\$ 51.58	not contracted	\$ 44.85	not contracted	\$ 80.73	not contracted	\$ 80.73	\$ 44.85
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 142.85	See note ³	\$ 142.85	not contracted	\$ 142.85	not contracted	\$ 164.28	not contracted	\$ 142.85	not contracted	\$ 257.13	not contracted	\$ 257.13	\$ 142.85
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
37228	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS,	PRIMARY PROCEDURE	37228		\$ 12,302.50	See note ³	\$ 12,302.50	not contracted	\$ 12,302.50	not contracted	\$ 14,147.88	not contracted	\$ 12,302.50	not contracted	\$ 22,144.50	not contracted	\$ 22,144.50	\$ 12,302.50
		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS,	37224		\$ 6,391.78	See note ³	\$ 6,391.78	not contracted	\$ 6,391.78	not contracted	\$ 7,350.55	not contracted	\$ 6,391.78	not contracted	\$ 11,505.20	not contracted	\$ 11,505.20	\$ 6,391.78
		AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER	75630		\$ 3,564.54	See note ³	\$ 3,564.54	not contracted	\$ 3,564.54	not contracted	\$ 4,099.22	not contracted	\$ 3,564.54	not contracted	\$ 6,416.17	not contracted	\$ 6,416.17	\$ 3,564.54
		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRA	76937		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		DISCHARGE MEDICATIONS RECONCILED WITH THE CURRENT MEDIC	1111F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF TUNNELED INTRA	PRIMARY PROCEDURE	49324		\$ 6,452.52	See note ³	\$ 6,452.52	not contracted	\$ 6,452.52	not contracted	\$ 7,420.40	not contracted	\$ 6,452.52	not contracted	\$ 11,614.54	not contracted	\$ 11,614.54	\$ 6,452.52
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDO	00790		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES HARBOR-UCLA MEDICAL CENTER MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE ¹ EFFECTIVE JANUARY 1, 2025 UPDATED AS OF 12/19/2024																		
Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 44.85	See note ³	\$ 44.85	not contracted	\$ 44.85	not contracted	\$ 51.58	not contracted	\$ 44.85	not contracted	\$ 80.73	not contracted	\$ 80.73	\$ 44.85
93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG,	PRIMARY PROCEDURE	93503		\$ 1,790.98	See note ³	\$ 1,790.98	not contracted	\$ 1,790.98	not contracted	\$ 2,059.63	not contracted	\$ 1,790.98	not contracted	\$ 3,223.76	not contracted	\$ 3,223.76	\$ 1,790.98
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		\$ 8.46	See note ³	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		\$ 6.47	See note ³	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 7.44	not contracted	\$ 6.47	not contracted	\$ 11.65	not contracted	\$ 11.65	\$ 6.47
		PROTHROMBIN TIME;	85610		\$ 4.29	See note ³	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 4.93	not contracted	\$ 4.29	not contracted	\$ 7.72	not contracted	\$ 7.72	\$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
49180	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS	PRIMARY PROCEDURE	49180		\$ 1,813.07	See note ³	\$ 1,813.07	not contracted	\$ 1,813.07	not contracted	\$ 2,085.03	not contracted	\$ 1,813.07	not contracted	\$ 3,263.53	not contracted	\$ 3,263.53	\$ 1,813.07
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG,	77012		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 60.60	See note ³	\$ 60.60	not contracted	\$ 60.60	not contracted	\$ 69.69	not contracted	\$ 60.60	not contracted	\$ 109.08	not contracted	\$ 109.08	\$ 60.60
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		\$ 191.01	See note ³	\$ 191.01	not contracted	\$ 191.01	not contracted	\$ 219.66	not contracted	\$ 191.01	not contracted	\$ 343.82	not contracted	\$ 343.82	\$ 191.01
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES HARBOR-UCLA MEDICAL CENTER MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE ¹ EFFECTIVE JANUARY 1, 2025 UPDATED AS OF 12/19/2024																		
Primary Code	Service Category	Service Description	CPT Code	Note	BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY A	PRIMARY PROCEDURE	52317		\$ 3,898.54	See note ³	\$ 3,898.54	not contracted	\$ 3,898.54	not contracted	\$ 4,483.32	not contracted	\$ 3,898.54	not contracted	\$ 7,017.37	not contracted	\$ 7,017.37	\$ 3,898.54
		ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URET	00910		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CALCULUS; INFRARED SPECTROSCOPY	82365		\$ 12.90	See note ³	\$ 12.90	not contracted	\$ 12.90	not contracted	\$ 14.84	not contracted	\$ 12.90	not contracted	\$ 23.22	not contracted	\$ 23.22	\$ 12.90
		INJECTION, HYDRALAZINE HCL, UP TO 20 MG	J0360		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG EFFECTIVE DA	J0696		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LABETALOL HYDROCHLORIDE, 5 MG EFF. DATE: 7/	J1920		\$ 0.22	See note ³	\$ 0.22	not contracted	\$ 0.22	not contracted	\$ 0.25	not contracted	\$ 0.22	not contracted	\$ 0.40	not contracted	\$ 0.40	\$ 0.22
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, NITROGLYCERIN, 5 MG EFF. DATE: 7/1/2023	J2305		\$ 1.51	See note ³	\$ 1.51	not contracted	\$ 1.51	not contracted	\$ 1.74	not contracted	\$ 1.51	not contracted	\$ 2.72	not contracted	\$ 2.72	\$ 1.51
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOV	PRIMARY PROCEDURE	67042		\$ 4,546.80	See note ³	\$ 4,546.80	not contracted	\$ 4,546.80	not contracted	\$ 5,228.82	not contracted	\$ 4,546.80	not contracted	\$ 8,184.24	not contracted	\$ 8,184.24	\$ 4,546.80
		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	00145		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
87491	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	PRIMARY PROCEDURE	87491		\$ 35.09	See note ³	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87591		\$ 35.09	See note ³	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANTIBODY; TREPONEMA PALLIDUM	86780		\$ 13.24	See note ³	\$ 13.24	not contracted	\$ 13.24	not contracted	\$ 15.23	not contracted	\$ 13.24	not contracted	\$ 23.83	not contracted	\$ 23.83	\$ 13.24
		ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	86703		\$ 13.71	See note ³	\$ 13.71	not contracted	\$ 13.71	not contracted	\$ 15.77	not contracted	\$ 13.71	not contracted	\$ 24.68	not contracted	\$ 24.68	\$ 13.71
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		\$ 7.77	See note ³	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.83	See note ³	\$ 8.83	not contracted	\$ 8.83	not contracted	\$ 10.15	not contracted	\$ 8.83	not contracted	\$ 15.89	not contracted	\$ 15.89	\$ 8.83
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, INCLUDES INTERNA	PRIMARY PROCEDURE	23515		\$ 8,000.33	See note ³	\$ 8,000.33	not contracted	\$ 8,000.33	not contracted	\$ 9,200.38	not contracted	\$ 8,000.33	not contracted	\$ 14,400.59	not contracted	\$ 14,400.59	\$ 8,000.33
		ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; NOT	00450		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	73000		\$ 101.62	See note ³	\$ 101.62	not contracted	\$ 101.62	not contracted	\$ 116.86	not contracted	\$ 101.62	not contracted	\$ 182.92	not contracted	\$ 182.92	\$ 101.62
		RADIOLOGIC EXAMINATION, SHOULDER; 1 VIEW	73020		\$ 101.62	See note ³	\$ 101.62	not contracted	\$ 101.62	not contracted	\$ 116.86	not contracted	\$ 101.62	not contracted	\$ 182.92	not contracted	\$ 182.92	\$ 101.62

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TISSUE-T	C1713		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, NITROGLYCERIN, 5 MG EFF. DATE: 7/1/2023	J2305		\$ 1.51	See note ³	\$ 1.51	not contracted	\$ 1.51	not contracted	\$ 1.74	not contracted	\$ 1.51	not contracted	\$ 2.72	not contracted	\$ 2.72	\$ 1.51
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	See note ³	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBAC			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
55866	SURGICAL REMOVAL OF PROSTATE AND SURROUNDING LYMPH NODES USING AN ENDOSCOPE			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
59510	ROUTINE OBSTETRIC CARE FOR CESAREAN DELIVERY, INCLUDING PRE-AND POST- DELIVERY CARE			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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					BLUE SHIELD TRIWEST (Commercial)		KAISER (Medicare Advantage)		L.A. CARE (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility ²	Professional ³	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Professional ⁴	Facility ²	Facility ²
59610	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY AFTER PRIOR CESAREAN DELIVERY INCLUDING PRE- AND POST-DELIVERY CARE			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
72148	MRI SCAN OF LOWER SPINAL CANAL			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
72193	CT SCAN, PELVIS, WITH CONTRAST			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
73721	MRI SCAN OF LEG JOINT			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
80069	RENAL FUNCTION PANEL			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
80076	HEPATIC FUNCTION PANEL			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
81002	URINALYSIS NONAUTO W/O SCOPE			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
81003	URINALYSIS AUTO W/O SCOPE			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
84153	ASSAY OF PSA TOTAL			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
85730	THROMBOPLASTIN TIME PARTIAL			this procedure was provided in inpatient setting only	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
80055	OBSTETRIC PANEL			not offered	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
84154	ASSAY OF PSA FREE			not offered	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Footnotes:

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

2. Facility Rates are calculated based on the contract terms, using Addendum B.-Final OPPS Payment by HCPCS Code for CY 2024 updated on 04/25/24.

3. Outpatient professional services can be found in schedule "Consumer Shoppable Services_Harbor-UCLA Medical Center_Commercial Payor Contracts - Shoppable Professional Services By Procedure for Blue Shield Triwest and Anthem Blue Cross".

4. Professional Services are not contracted.