

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER  
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR	PRIMARY PROCEDURE	19120		\$ 4,034.95	see footnote <sup>3</sup>	\$ 4,034.95	not contracted	\$ 4,640.19	not contracted	\$ 4,034.95	not contracted	\$ 4,034.95	not contracted	\$ 7,262.91	not contracted	\$ 7,262.91	\$ 4,034.95
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 380.41	see footnote <sup>3</sup>	\$ 380.41	not contracted	\$ 437.47	not contracted	\$ 380.41	not contracted	\$ 380.41	not contracted	\$ 684.74	not contracted	\$ 684.74	\$ 380.41
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF	PRIMARY PROCEDURE	29826		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	29828		\$ 7,763.59	see footnote <sup>3</sup>	\$ 7,763.59	not contracted	\$ 8,928.13	not contracted	\$ 7,763.59	not contracted	\$ 7,763.59	not contracted	\$ 13,974.46	not contracted	\$ 13,974.46	\$ 7,763.59
		ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF	29827		\$ 7,763.59	see footnote <sup>3</sup>	\$ 7,763.59	not contracted	\$ 8,928.13	not contracted	\$ 7,763.59	not contracted	\$ 7,763.59	not contracted	\$ 13,974.46	not contracted	\$ 13,974.46	\$ 7,763.59
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	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<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	J2765		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INSULIN, RAPID ONSET, 5 UNITS	S5550		not available	see footnote <sup>3</sup>	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 39.86	see footnote <sup>3</sup>	\$ 39.86	not contracted	\$ 45.84	not contracted	\$ 39.86	not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	\$ 39.86
		THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOL	85730		\$ 6.01	see footnote <sup>3</sup>	\$ 6.01	not contracted	\$ 6.91	not contracted	\$ 6.01	not contracted	\$ 6.01	not contracted	\$ 10.82	not contracted	\$ 10.82	\$ 6.01
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (ME	PRIMARY PROCEDURE	29881		\$ 3,493.71	see footnote <sup>3</sup>	\$ 3,493.71	not contracted	\$ 4,017.77	not contracted	\$ 3,493.71	not contracted	\$ 3,493.71	not contracted	\$ 6,288.68	not contracted	\$ 6,288.68	\$ 3,493.71
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCE	01400		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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EFFECTIVE JANUARY 1, 2024  
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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
42820	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE	PRIMARY PROCEDURE	42820		\$ 6,267.17	see footnote <sup>3</sup>	\$ 6,267.17	not contracted	\$ 7,207.25	not contracted	\$ 6,267.17	not contracted	\$ 6,267.17	not contracted	\$ 11,280.91	not contracted	\$ 11,280.91	\$ 6,267.17
		ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIO	00170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMI STRY, PER S	88342		\$ 184.56	see footnote <sup>3</sup>	\$ 184.56	not contracted	\$ 212.24	not contracted	\$ 184.56	not contracted	\$ 184.56	not contracted	\$ 332.21	not contracted	\$ 332.21	\$ 184.56
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MORPHINE SULFATE, UP TO 10 MG	J2270		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML	J7040		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ALBUTEROL, INHALATION SOLUTION, FDA- APPROVED FINAL	J7613		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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EFFECTIVE JANUARY 1, 2024  
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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PR	J7642		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43235	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; D	PRIMARY PROCEDURE	43235		\$ 968.90	see footnote <sup>3</sup>	\$ 968.90	not contracted	\$ 1,114.24	not contracted	\$ 968.90	not contracted	\$ 968.90	not contracted	\$ 1,744.02	not contracted	\$ 1,744.02	\$ 968.90
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43239	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; W	PRIMARY PROCEDURE	43239		\$ 968.90	see footnote <sup>3</sup>	\$ 968.90	not contracted	\$ 1,114.24	not contracted	\$ 968.90	not contracted	\$ 968.90	not contracted	\$ 1,744.02	not contracted	\$ 1,744.02	\$ 968.90
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
45378	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLE	PRIMARY PROCEDURE	45378		\$ 975.39	see footnote <sup>3</sup>	\$ 975.39	not contracted	\$ 1,121.70	not contracted	\$ 975.39	not contracted	\$ 975.39	not contracted	\$ 1,755.70	not contracted	\$ 1,755.70	\$ 975.39
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
45380	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULT	PRIMARY PROCEDURE	45380		\$ 1,271.01	see footnote <sup>3</sup>	\$ 1,271.01	not contracted	\$ 1,461.66	not contracted	\$ 1,271.01	not contracted	\$ 1,271.01	not contracted	\$ 2,287.82	not contracted	\$ 2,287.82	\$ 1,271.01
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
45385	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), P	PRIMARY PROCEDURE	45385		\$ 1,271.01	see footnote <sup>3</sup>	\$ 1,271.01	not contracted	\$ 1,461.66	not contracted	\$ 1,271.01	not contracted	\$ 1,271.01	not contracted	\$ 2,287.82	not contracted	\$ 2,287.82	\$ 1,271.01
		COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULT	45380		\$ 1,271.01	see footnote <sup>3</sup>	\$ 1,271.01	not contracted	\$ 1,461.66	not contracted	\$ 1,271.01	not contracted	\$ 1,271.01	not contracted	\$ 2,287.82	not contracted	\$ 2,287.82	\$ 1,271.01
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
45391	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND	PRIMARY PROCEDURE	45391		\$ 1,271.01	see footnote <sup>3</sup>	\$ 1,271.01	not contracted	\$ 1,461.66	not contracted	\$ 1,271.01	not contracted	\$ 1,271.01	not contracted	\$ 2,287.82	not contracted	\$ 2,287.82	\$ 1,271.01
		ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDU	00811		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	PRIMARY PROCEDURE	47562		\$ 6,117.50	see footnote <sup>3</sup>	\$ 6,117.50	not contracted	\$ 7,035.13	not contracted	\$ 6,117.50	not contracted	\$ 6,117.50	not contracted	\$ 11,011.50	not contracted	\$ 11,011.50	\$ 6,117.50
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 39.86	see footnote <sup>3</sup>	\$ 39.86	not contracted	\$ 45.84	not contracted	\$ 39.86	not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	\$ 39.86
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLD	PRIMARY PROCEDURE	49505		\$ 4,157.16	see footnote <sup>3</sup>	\$ 4,157.16	not contracted	\$ 4,780.73	not contracted	\$ 4,157.16	not contracted	\$ 4,157.16	not contracted	\$ 7,482.89	not contracted	\$ 7,482.89	\$ 4,157.16
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTI	PRIMARY PROCEDURE	55700		\$ 2,177.07	see footnote <sup>3</sup>	\$ 2,177.07	not contracted	\$ 2,503.63	not contracted	\$ 2,177.07	not contracted	\$ 2,177.07	not contracted	\$ 3,918.73	not contracted	\$ 3,918.73	\$ 2,177.07
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	J1580		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTAN	PRIMARY PROCEDURE	62322		\$ 1,000.20	see footnote <sup>3</sup>	\$ 1,000.20	not contracted	\$ 1,150.23	not contracted	\$ 1,000.20	not contracted	\$ 1,000.20	not contracted	\$ 1,800.36	not contracted	\$ 1,800.36	\$ 1,000.20
62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTAN	PRIMARY PROCEDURE	62323		\$ 756.26	see footnote <sup>3</sup>	\$ 756.26	not contracted	\$ 869.70	not contracted	\$ 756.26	not contracted	\$ 756.26	not contracted	\$ 1,361.27	not contracted	\$ 1,361.27	\$ 756.26
64483	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID;	PRIMARY PROCEDURE	64483		\$ 1,000.20	see footnote <sup>3</sup>	\$ 1,000.20	not contracted	\$ 1,150.23	not contracted	\$ 1,000.20	not contracted	\$ 1,000.20	not contracted	\$ 1,800.36	not contracted	\$ 1,800.36	\$ 1,000.20
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACI	PRIMARY PROCEDURE	66821		\$ 622.96	see footnote <sup>3</sup>	\$ 622.96	not contracted	\$ 716.40	not contracted	\$ 622.96	not contracted	\$ 622.96	not contracted	\$ 1,121.33	not contracted	\$ 1,121.33	\$ 622.96

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF I	PRIMARY PROCEDURE	66984		\$ 2,534.53	see footnote <sup>3</sup>	\$ 2,534.53	not contracted	\$ 2,914.71	not contracted	\$ 2,534.53	not contracted	\$ 2,534.53	not contracted	\$ 4,562.15	not contracted	\$ 4,562.15	\$ 2,534.53
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		POSTERIOR CHAMBER INTRAOCULAR LENS	V2632		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRA	PRIMARY PROCEDURE	70450		\$ 125.45	see footnote <sup>3</sup>	\$ 125.45	not contracted	\$ 144.27	not contracted	\$ 125.45	not contracted	\$ 125.45	not contracted	\$ 225.81	not contracted	\$ 225.81	\$ 125.45
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$ 8.46	see footnote <sup>3</sup>	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46
		TROPONIN, QUANTITATIVE	84484		\$ 12.47	see footnote <sup>3</sup>	\$ 12.47	not contracted	\$ 14.34	not contracted	\$ 12.47	not contracted	\$ 12.47	not contracted	\$ 22.45	not contracted	\$ 22.45	\$ 12.47
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 7.77	see footnote <sup>3</sup>	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INSULIN, RAPID ONSET, 5 UNITS	S5550		not available	see footnote <sup>3</sup>	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
		MAGNESIUM	83735		\$ 6.70	see footnote <sup>3</sup>	\$ 6.70	not contracted	\$ 7.71	not contracted	\$ 6.70	not contracted	\$ 6.70	not contracted	\$ 12.06	not contracted	\$ 12.06	\$ 6.70
		PHOSPHORUS INORGANIC (PHOSPHATE);	84100		\$ 4.74	see footnote <sup>3</sup>	\$ 4.74	not contracted	\$ 5.45	not contracted	\$ 4.74	not contracted	\$ 4.74	not contracted	\$ 8.53	not contracted	\$ 8.53	\$ 4.74
		PROTHROMBIN TIME;	85610		\$ 4.29	see footnote <sup>3</sup>	\$ 4.29	not contracted	\$ 4.93	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 7.72	not contracted	\$ 7.72	\$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (IN	PRIMARY PROCEDURE	70553		\$ 432.43	see footnote <sup>3</sup>	\$ 432.43	not contracted	\$ 497.29	not contracted	\$ 432.43	not contracted	\$ 432.43	not contracted	\$ 778.37	not contracted	\$ 778.37	\$ 432.43



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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, GADOTERATE MEGLUMINE, 0.1 ML	A9575		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUME	PRIMARY PROCEDURE	76700		\$ 125.45	see footnote <sup>3</sup>	\$ 125.45	not contracted	\$ 144.27	not contracted	\$ 125.45	not contracted	\$ 125.45	not contracted	\$ 225.81	not contracted	\$ 225.81	\$ 125.45
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	PRIMARY PROCEDURE	76805		\$ 125.45	see footnote <sup>3</sup>	\$ 125.45	not contracted	\$ 144.27	not contracted	\$ 125.45	not contracted	\$ 125.45	not contracted	\$ 225.81	not contracted	\$ 225.81	\$ 125.45
		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	76811		\$ 274.08	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
76830	ULTRASOUND, TRANSVAGINAL	PRIMARY PROCEDURE	76830		\$ 125.45	see footnote <sup>3</sup>	\$ 125.45	not contracted	\$ 144.27	not contracted	\$ 125.45	not contracted	\$ 125.45	not contracted	\$ 225.81	not contracted	\$ 225.81	\$ 125.45
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED D	PRIMARY PROCEDURE	77065		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED D	PRIMARY PROCEDURE	77066		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF	PRIMARY PROCEDURE	77067		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
80048	BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	PRIMARY PROCEDURE	80048		\$ 8.46	see footnote <sup>3</sup>	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
80053	COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCL	PRIMARY PROCEDURE	80053		\$ 10.56	see footnote <sup>3</sup>	\$ 10.56	not contracted	\$ 12.14	not contracted	\$ 10.56	not contracted	\$ 10.56	not contracted	\$ 19.01	not contracted	\$ 19.01	\$ 10.56
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 7.77	see footnote <sup>3</sup>	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
80061	LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING:	PRIMARY PROCEDURE	80061		\$ 13.39	see footnote <sup>3</sup>	\$ 13.39	not contracted	\$ 15.40	not contracted	\$ 13.39	not contracted	\$ 13.39	not contracted	\$ 24.10	not contracted	\$ 24.10	\$ 13.39
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
80076	HEPATIC FUNCTION PANEL THIS PANEL MUST INCLUDE THE	PRIMARY PROCEDURE	80076		\$ 8.17	see footnote <sup>3</sup>	\$ 8.17	not contracted	\$ 9.40	not contracted	\$ 8.17	not contracted	\$ 8.17	not contracted	\$ 14.71	not contracted	\$ 14.71	\$ 8.17
		LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING:	80061		\$ 13.39	see footnote <sup>3</sup>	\$ 13.39	not contracted	\$ 15.40	not contracted	\$ 13.39	not contracted	\$ 13.39	not contracted	\$ 24.10	not contracted	\$ 24.10	\$ 13.39
		VITAMIN D, 25 HYDROXY D2 AND D3, BY LC-MS/MS, SERU	0038U		\$ 29.60	see footnote <sup>3</sup>	\$ 29.60	not contracted	\$ 34.04	not contracted	\$ 29.60	not contracted	\$ 29.60	not contracted	\$ 53.28	not contracted	\$ 53.28	\$ 29.60
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99395		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PE	82306		\$ 29.60	see footnote <sup>3</sup>	\$ 29.60	not contracted	\$ 34.04	not contracted	\$ 29.60	not contracted	\$ 29.60	not contracted	\$ 53.28	not contracted	\$ 53.28	\$ 29.60
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BIL	PRIMARY PROCEDURE	81000		\$ 4.02	see footnote <sup>3</sup>	\$ 4.02	not contracted	\$ 4.62	not contracted	\$ 4.02	not contracted	\$ 4.02	not contracted	\$ 7.24	not contracted	\$ 7.24	\$ 4.02
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99395		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BIL	PRIMARY PROCEDURE	81001		\$ 3.17	see footnote <sup>3</sup>	\$ 3.17	not contracted	\$ 3.65	not contracted	\$ 3.17	not contracted	\$ 3.17	not contracted	\$ 5.71	not contracted	\$ 5.71	\$ 3.17
81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BIL	PRIMARY PROCEDURE	81002		\$ 3.48	see footnote <sup>3</sup>	\$ 3.48	not contracted	\$ 4.00	not contracted	\$ 3.48	not contracted	\$ 3.48	not contracted	\$ 6.26	not contracted	\$ 6.26	\$ 3.48
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BIL	PRIMARY PROCEDURE	81003		\$ 2.25	see footnote <sup>3</sup>	\$ 2.25	not contracted	\$ 2.59	not contracted	\$ 2.25	not contracted	\$ 2.25	not contracted	\$ 4.05	not contracted	\$ 4.05	\$ 2.25

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
84153	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	PRIMARY PROCEDURE	84153		\$ 18.39	see footnote <sup>3</sup>	\$ 18.39	not contracted	\$ 21.15	not contracted	\$ 18.39	not contracted	\$ 18.39	not contracted	\$ 33.10	not contracted	\$ 33.10	\$ 18.39
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
84443	THYROID STIMULATING HORMONE (TSH)	PRIMARY PROCEDURE	84443		\$ 16.80	see footnote <sup>3</sup>	\$ 16.80	not contracted	\$ 19.32	not contracted	\$ 16.80	not contracted	\$ 16.80	not contracted	\$ 30.24	not contracted	\$ 30.24	\$ 16.80
		COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCL	80053		\$ 10.56	see footnote <sup>3</sup>	\$ 10.56	not contracted	\$ 12.14	not contracted	\$ 10.56	not contracted	\$ 10.56	not contracted	\$ 19.01	not contracted	\$ 19.01	\$ 10.56
		LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING:	80061		\$ 13.39	see footnote <sup>3</sup>	\$ 13.39	not contracted	\$ 15.40	not contracted	\$ 13.39	not contracted	\$ 13.39	not contracted	\$ 24.10	not contracted	\$ 24.10	\$ 13.39
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 7.77	see footnote <sup>3</sup>	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		HEMOGLOBIN; GLYCOSYLATED (A1C)	83036		\$ 9.71	see footnote <sup>3</sup>	\$ 9.71	not contracted	\$ 11.17	not contracted	\$ 9.71	not contracted	\$ 9.71	not contracted	\$ 17.48	not contracted	\$ 17.48	\$ 9.71
		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BIL	81001		\$ 3.17	see footnote <sup>3</sup>	\$ 3.17	not contracted	\$ 3.65	not contracted	\$ 3.17	not contracted	\$ 3.17	not contracted	\$ 5.71	not contracted	\$ 5.71	\$ 3.17
		PROTHROMBIN TIME;	85610		\$ 4.29	see footnote <sup>3</sup>	\$ 4.29	not contracted	\$ 4.93	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 7.72	not contracted	\$ 7.72	\$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	PRIMARY PROCEDURE	85025		\$ 7.77	see footnote <sup>3</sup>	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
85027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	PRIMARY PROCEDURE	85027		\$ 6.47	see footnote <sup>3</sup>	\$ 6.47	not contracted	\$ 7.44	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 11.65	not contracted	\$ 11.65	\$ 6.47
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90832		\$ 171.01	see footnote <sup>3</sup>	\$ 171.01	not contracted	\$ 196.66	not contracted	\$ 171.01	not contracted	\$ 171.01	not contracted	\$ 307.82	not contracted	\$ 307.82	\$ 171.01

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90834		\$ 171.01	see footnote <sup>3</sup>	\$ 171.01	not contracted	\$ 196.66	not contracted	\$ 171.01	not contracted	\$ 171.01	not contracted	\$ 307.82	not contracted	\$ 307.82	\$ 171.01
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90837		\$ 171.01	see footnote <sup>3</sup>	\$ 171.01	not contracted	\$ 196.66	not contracted	\$ 171.01	not contracted	\$ 171.01	not contracted	\$ 307.82	not contracted	\$ 307.82	\$ 171.01
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	PRIMARY PROCEDURE	90846		\$ 171.01	see footnote <sup>3</sup>	\$ 171.01	not contracted	\$ 196.66	not contracted	\$ 171.01	not contracted	\$ 171.01	not contracted	\$ 307.82	not contracted	\$ 307.82	\$ 171.01
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WIT	PRIMARY PROCEDURE	90847		\$ 171.01	see footnote <sup>3</sup>	\$ 171.01	not contracted	\$ 196.66	not contracted	\$ 171.01	not contracted	\$ 171.01	not contracted	\$ 307.82	not contracted	\$ 307.82	\$ 171.01
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMI	PRIMARY PROCEDURE	90853		\$ 89.03	see footnote <sup>3</sup>	\$ 89.03	not contracted	\$ 102.38	not contracted	\$ 89.03	not contracted	\$ 89.03	not contracted	\$ 160.25	not contracted	\$ 160.25	\$ 89.03
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	PRIMARY PROCEDURE	93000		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99214		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		WEIGHT RECORDED (PAG)	2001F		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDUR	PRIMARY PROCEDURE	93452		\$ 3,472.34	see footnote <sup>3</sup>	\$ 3,472.34	not contracted	\$ 3,993.19	not contracted	\$ 3,472.34	not contracted	\$ 3,472.34	not contracted	\$ 6,250.21	not contracted	\$ 6,250.21	\$ 3,472.34
95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGI	PRIMARY PROCEDURE	95810		\$ 1,096.68	see footnote <sup>3</sup>	\$ 1,096.68	not contracted	\$ 1,261.18	not contracted	\$ 1,096.68	not contracted	\$ 1,096.68	not contracted	\$ 1,974.02	not contracted	\$ 1,974.02	\$ 1,096.68
97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MI	PRIMARY PROCEDURE	97110		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99203		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99204		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99205		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99243	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW	PRIMARY PROCEDURE	99243		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99244	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW	PRIMARY PROCEDURE	99244		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATI	PRIMARY PROCEDURE	99385		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATI	PRIMARY PROCEDURE	99386		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A P	PRIMARY PROCEDURE	99442		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
G0463	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AN	PRIMARY PROCEDURE	G0463		\$ 141.85	see footnote <sup>3</sup>	\$ 141.85	not contracted	\$ 163.13	not contracted	\$ 141.85	not contracted	\$ 141.85	not contracted	\$ 255.33	not contracted	\$ 255.33	\$ 141.85
99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A P	PRIMARY PROCEDURE	99441		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99214		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A P	PRIMARY PROCEDURE	99443		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND	PRIMARY PROCEDURE	92012		\$ 141.85	see footnote <sup>3</sup>	\$ 141.85	not contracted	\$ 163.13	not contracted	\$ 141.85	not contracted	\$ 141.85	not contracted	\$ 255.33	not contracted	\$ 255.33	\$ 141.85

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99211		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99202		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99215		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	PRIMARY PROCEDURE	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	PRIMARY PROCEDURE	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99392	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	PRIMARY PROCEDURE	99392		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	PRIMARY PROCEDURE	99391		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (S	PRIMARY PROCEDURE	67028		\$ 390.40	see footnote <sup>3</sup>	\$ 390.40	not contracted	\$ 448.96	not contracted	\$ 390.40	not contracted	\$ 390.40	not contracted	\$ 702.72	not contracted	\$ 702.72	\$ 390.40
99024	POSTOPERATIVE FOLLOW-UP VISIT, NORMALLY INCLUDED	PRIMARY PROCEDURE	99024		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND	PRIMARY PROCEDURE	92014		\$ 141.85	see footnote <sup>3</sup>	\$ 141.85	not contracted	\$ 163.13	not contracted	\$ 141.85	not contracted	\$ 141.85	not contracted	\$ 255.33	not contracted	\$ 255.33	\$ 141.85
		INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (S	67028		\$ 390.40	see footnote <sup>3</sup>	\$ 390.40	not contracted	\$ 448.96	not contracted	\$ 390.40	not contracted	\$ 390.40	not contracted	\$ 702.72	not contracted	\$ 702.72	\$ 390.40
99393	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	PRIMARY PROCEDURE	99393		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATI	PRIMARY PROCEDURE	D7140		\$ 2,021.62	see footnote <sup>3</sup>	\$ 2,021.62	not contracted	\$ 2,324.86	not contracted	\$ 2,021.62	not contracted	\$ 2,021.62	not contracted	\$ 3,638.92	not contracted	\$ 3,638.92	\$ 2,021.62
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PANORAMIC FILM	D0330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LOCAL ANESTHESIA	D9215		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
98966	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVID	PRIMARY PROCEDURE	98966		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC)	PRIMARY PROCEDURE	49083		\$ 968.90	see footnote <sup>3</sup>	\$ 968.90	not contracted	\$ 1,114.24	not contracted	\$ 968.90	not contracted	\$ 968.90	not contracted	\$ 1,744.02	not contracted	\$ 1,744.02	\$ 968.90
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99394	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	PRIMARY PROCEDURE	99394		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATI	PRIMARY PROCEDURE	99381		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90653	INFLUENZA VACCINE, INACTIVATED (IIV), SUBUNIT, ADJ	PRIMARY PROCEDURE	90653		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
98967	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVID	PRIMARY PROCEDURE	98967		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION	PRIMARY PROCEDURE	96413		\$ 390.40	see footnote <sup>3</sup>	\$ 390.40	not contracted	\$ 448.96	not contracted	\$ 390.40	not contracted	\$ 390.40	not contracted	\$ 702.72	not contracted	\$ 702.72	\$ 390.40

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION	96415		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA AP	Q0163		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA	Q5103		\$ 29.11	see footnote <sup>3</sup>	\$ 29.11	not contracted	\$ 33.48	not contracted	\$ 29.11	not contracted	\$ 29.11	not contracted	\$ 52.40	not contracted	\$ 52.40	\$ 29.11
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
98968	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVID	PRIMARY PROCEDURE	98968		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION	PRIMARY PROCEDURE	96372		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		INJECTION, MEDROXYPROGESTER ONE ACETATE, 1 MG	J1050		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGIN	PRIMARY PROCEDURE	92134		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUBU	PRIMARY PROCEDURE	90750		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
52000	CYSTOURETHROSCOP Y (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	52000		\$ 733.96	see footnote <sup>3</sup>	\$ 733.96	not contracted	\$ 844.05	not contracted	\$ 733.96	not contracted	\$ 733.96	not contracted	\$ 1,321.13	not contracted	\$ 1,321.13	\$ 733.96
67228	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY	PRIMARY PROCEDURE	67228		\$ 622.96	see footnote <sup>3</sup>	\$ 622.96	not contracted	\$ 716.40	not contracted	\$ 622.96	not contracted	\$ 622.96	not contracted	\$ 1,121.33	not contracted	\$ 1,121.33	\$ 622.96



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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	PRIMARY PROCEDURE	D0120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
91300	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (\$	PRIMARY PROCEDURE	91300		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJEC	0004A		\$ 48.73	see footnote <sup>3</sup>	\$ 48.73	not contracted	\$ 56.04	not contracted	\$ 48.73	not contracted	\$ 48.73	not contracted	\$ 87.71	not contracted	\$ 87.71	\$ 48.73
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		SARSCOV2 VAC BVL 30MCG/0.3ML SEVERE ACUTE RESPIRAT	91312		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ADM SARSCV2 BVL 30MCG/.3ML B IMMUNIZATION ADMINIST	0124A		\$ 48.73	see footnote <sup>3</sup>	\$ 48.73	not contracted	\$ 56.04	not contracted	\$ 48.73	not contracted	\$ 48.73	not contracted	\$ 87.71	not contracted	\$ 87.71	\$ 48.73
95806	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF	PRIMARY PROCEDURE	95806		\$ 170.69	see footnote <sup>3</sup>	\$ 170.69	not contracted	\$ 196.29	not contracted	\$ 170.69	not contracted	\$ 170.69	not contracted	\$ 307.24	not contracted	\$ 307.24	\$ 170.69
		EDUCATION AND TRAINING FOR PATIENT SELF- MANAGEMENT	98960		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99395	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	PRIMARY PROCEDURE	99395		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATI	PRIMARY PROCEDURE	99383		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D1110	PROPHYLAXIS-ADULT	PRIMARY PROCEDURE	D1110		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		DENTAL PROPHYLAXIS AND TOPICAL FLUORIDE TREATMENT	D1208		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
99606	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED	PRIMARY PROCEDURE	99606		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR	PRIMARY PROCEDURE	96365		\$ 242.45	see footnote <sup>3</sup>	\$ 242.45	not contracted	\$ 278.82	not contracted	\$ 242.45	not contracted	\$ 242.45	not contracted	\$ 436.41	not contracted	\$ 436.41	\$ 242.45
		INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCR	J2916		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-S	PRIMARY PROCEDURE	97602		\$ 211.95	see footnote <sup>3</sup>	\$ 211.95	not contracted	\$ 243.74	not contracted	\$ 211.95	not contracted	\$ 211.95	not contracted	\$ 381.51	not contracted	\$ 381.51	\$ 211.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER	PRIMARY PROCEDURE	51702		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99396	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	PRIMARY PROCEDURE	99396		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR	PRIMARY PROCEDURE	20610		\$ 319.12	see footnote <sup>3</sup>	\$ 319.12	not contracted	\$ 366.99	not contracted	\$ 319.12	not contracted	\$ 319.12	not contracted	\$ 574.42	not contracted	\$ 574.42	\$ 319.12
		INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE	J3301		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML	S0020		not available	see footnote <sup>3</sup>	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
59025	FETAL NON-STRESS TEST	PRIMARY PROCEDURE	59025		\$ 209.07	see footnote <sup>3</sup>	\$ 209.07	not contracted	\$ 240.43	not contracted	\$ 209.07	not contracted	\$ 209.07	not contracted	\$ 376.33	not contracted	\$ 376.33	\$ 209.07

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
90677	PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20),	PRIMARY PROCEDURE	90677		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90715	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS	PRIMARY PROCEDURE	90715		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATI	PRIMARY PROCEDURE	99382		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTO	96110		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND	PRIMARY PROCEDURE	92002		\$ 141.85	see footnote <sup>3</sup>	\$ 141.85	not contracted	\$ 163.13	not contracted	\$ 141.85	not contracted	\$ 141.85	not contracted	\$ 255.33	not contracted	\$ 255.33	\$ 141.85
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	PRIMARY PROCEDURE	51705		\$ 252.19	see footnote <sup>3</sup>	\$ 252.19	not contracted	\$ 290.02	not contracted	\$ 252.19	not contracted	\$ 252.19	not contracted	\$ 453.94	not contracted	\$ 453.94	\$ 252.19
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDO	PRIMARY PROCEDURE	58100		\$ 209.07	see footnote <sup>3</sup>	\$ 209.07	not contracted	\$ 240.43	not contracted	\$ 209.07	not contracted	\$ 209.07	not contracted	\$ 376.33	not contracted	\$ 376.33	\$ 209.07
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IM	PRIMARY PROCEDURE	93306		\$ 590.52	see footnote <sup>3</sup>	\$ 590.52	not contracted	\$ 679.10	not contracted	\$ 590.52	not contracted	\$ 590.52	not contracted	\$ 1,062.94	not contracted	\$ 1,062.94	\$ 590.52
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATI	PRIMARY PROCEDURE	99384		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLA	PRIMARY PROCEDURE	51700		\$ 252.19	see footnote <sup>3</sup>	\$ 252.19	not contracted	\$ 290.02	not contracted	\$ 252.19	not contracted	\$ 252.19	not contracted	\$ 453.94	not contracted	\$ 453.94	\$ 252.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	J9030		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	PRIMARY PROCEDURE	76815		\$ 125.45	see footnote <sup>3</sup>	\$ 125.45	not contracted	\$ 144.27	not contracted	\$ 125.45	not contracted	\$ 125.45	not contracted	\$ 225.81	not contracted	\$ 225.81	\$ 125.45
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SER	PRIMARY PROCEDURE	90792		\$ 171.01	see footnote <sup>3</sup>	\$ 171.01	not contracted	\$ 196.66	not contracted	\$ 171.01	not contracted	\$ 171.01	not contracted	\$ 307.82	not contracted	\$ 307.82	\$ 171.01
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99205		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/O	PRIMARY PROCEDURE	76827		\$ 125.45	see footnote <sup>3</sup>	\$ 125.45	not contracted	\$ 144.27	not contracted	\$ 125.45	not contracted	\$ 125.45	not contracted	\$ 225.81	not contracted	\$ 225.81	\$ 125.45
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR	PRIMARY PROCEDURE	51798		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLI	PRIMARY PROCEDURE	90686		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92015	DETERMINATION OF REFRACTIVE STATE	PRIMARY PROCEDURE	92015		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D0220	INTRAORAL- PERIAPICAL-FIRST FILM	PRIMARY PROCEDURE	D0220		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL,	PRIMARY PROCEDURE	92083		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
90694	INFLUENZA VIRUS VACCINE, QUADRIVALENT (AIV4), INA	PRIMARY PROCEDURE	90694		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
1220F	PATIENT SCREENED FOR DEPRESSION (SUD)	PRIMARY PROCEDURE	1220F		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	PRIMARY PROCEDURE	76811		\$ 274.08	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED	PRIMARY PROCEDURE	D0150		\$ 2,021.62	see footnote <sup>3</sup>	\$ 2,021.62	not contracted	\$ 2,324.86	not contracted	\$ 2,021.62	not contracted	\$ 2,021.62	not contracted	\$ 3,638.92	not contracted	\$ 3,638.92	\$ 2,021.62
99242	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW	PRIMARY PROCEDURE	99242		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH A	PRIMARY PROCEDURE	93288		\$ 41.08	see footnote <sup>3</sup>	\$ 41.08	not contracted	\$ 47.24	not contracted	\$ 41.08	not contracted	\$ 41.08	not contracted	\$ 73.94	not contracted	\$ 73.94	\$ 41.08
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF	PRIMARY PROCEDURE	58558		\$ 3,318.57	see footnote <sup>3</sup>	\$ 3,318.57	not contracted	\$ 3,816.36	not contracted	\$ 3,318.57	not contracted	\$ 3,318.57	not contracted	\$ 5,973.43	not contracted	\$ 5,973.43	\$ 3,318.57
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 39.86	see footnote <sup>3</sup>	\$ 39.86	not contracted	\$ 45.84	not contracted	\$ 39.86	not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	\$ 39.86
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
93793	ANTICOAGULANT MANAGEMENT FOR A PATIENT TAKING WARF	PRIMARY PROCEDURE	93793		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43244	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; W	PRIMARY PROCEDURE	43244		\$ 2,044.10	see footnote <sup>3</sup>	\$ 2,044.10	not contracted	\$ 2,350.72	not contracted	\$ 2,044.10	not contracted	\$ 2,044.10	not contracted	\$ 3,679.38	not contracted	\$ 3,679.38	\$ 2,044.10

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND	PRIMARY PROCEDURE	92557		\$ 170.69	see footnote <sup>3</sup>	\$ 170.69	not contracted	\$ 196.29	not contracted	\$ 170.69	not contracted	\$ 170.69	not contracted	\$ 307.24	not contracted	\$ 307.24	\$ 170.69
		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550		\$ 170.69	see footnote <sup>3</sup>	\$ 170.69	not contracted	\$ 196.29	not contracted	\$ 170.69	not contracted	\$ 170.69	not contracted	\$ 307.24	not contracted	\$ 307.24	\$ 170.69
90460	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	PRIMARY PROCEDURE	90460		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90461		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC)	PRIMARY PROCEDURE	49082		\$ 968.90	see footnote <sup>3</sup>	\$ 968.90	not contracted	\$ 1,114.24	not contracted	\$ 968.90	not contracted	\$ 968.90	not contracted	\$ 1,744.02	not contracted	\$ 1,744.02	\$ 968.90
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH	PRIMARY PROCEDURE	67040		\$ 4,689.61	see footnote <sup>3</sup>	\$ 4,689.61	not contracted	\$ 5,393.05	not contracted	\$ 4,689.61	not contracted	\$ 4,689.61	not contracted	\$ 8,441.30	not contracted	\$ 8,441.30	\$ 4,689.61
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION	PRIMARY PROCEDURE	D1206		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PROPHYLAXIS-CHILD	D1120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF	D0145		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
50435	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLU	PRIMARY PROCEDURE	50435		\$ 2,177.07	see footnote <sup>3</sup>	\$ 2,177.07	not contracted	\$ 2,503.63	not contracted	\$ 2,177.07	not contracted	\$ 2,177.07	not contracted	\$ 3,918.73	not contracted	\$ 3,918.73	\$ 2,177.07

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER W	75984		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LEVOFLOXACIN, 250 MG	J1956		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML	J7040		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BIL	PRIMARY PROCEDURE	92025		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NE	PRIMARY PROCEDURE	64566		\$ 319.12	see footnote <sup>3</sup>	\$ 319.12	not contracted	\$ 366.99	not contracted	\$ 319.12	not contracted	\$ 319.12	not contracted	\$ 574.42	not contracted	\$ 574.42	\$ 319.12
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING	PRIMARY PROCEDURE	88175		\$ 26.61	see footnote <sup>3</sup>	\$ 26.61	not contracted	\$ 30.60	not contracted	\$ 26.61	not contracted	\$ 26.61	not contracted	\$ 47.90	not contracted	\$ 47.90	\$ 26.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87624		\$ 35.09	see footnote <sup>3</sup>	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING	88142		\$ 20.26	see footnote <sup>3</sup>	\$ 20.26	not contracted	\$ 23.30	not contracted	\$ 20.26	not contracted	\$ 20.26	not contracted	\$ 36.47	not contracted	\$ 36.47	\$ 20.26
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND	PRIMARY PROCEDURE	97802		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -



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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORON	PRIMARY PROCEDURE	93454		\$ 3,472.34	see footnote <sup>3</sup>	\$ 3,472.34	not contracted	\$ 3,993.19	not contracted	\$ 3,472.34	not contracted	\$ 3,472.34	not contracted	\$ 6,250.21	not contracted	\$ 6,250.21	\$ 3,472.34
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
4450F	SELF-CARE EDUCATION PROVIDED TO PATIENT (HF)	PRIMARY PROCEDURE	4450F		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
88152	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH M	PRIMARY PROCEDURE	88152		\$ 27.64	see footnote <sup>3</sup>	\$ 27.64	not contracted	\$ 31.79	not contracted	\$ 27.64	not contracted	\$ 27.64	not contracted	\$ 49.75	not contracted	\$ 49.75	\$ 27.64
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING	88175		\$ 26.61	see footnote <sup>3</sup>	\$ 26.61	not contracted	\$ 30.60	not contracted	\$ 26.61	not contracted	\$ 26.61	not contracted	\$ 47.90	not contracted	\$ 47.90	\$ 26.61
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87624		\$ 35.09	see footnote <sup>3</sup>	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
90736	ZOSTER (SHINGLES) VACCINE (HZV), LIVE, FOR SUBCUTA	PRIMARY PROCEDURE	90736		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, C	PRIMARY PROCEDURE	52310		\$ 2,177.07	see footnote <sup>3</sup>	\$ 2,177.07	not contracted	\$ 2,503.63	not contracted	\$ 2,177.07	not contracted	\$ 2,177.07	not contracted	\$ 3,918.73	not contracted	\$ 3,918.73	\$ 2,177.07
U0003	SARS-COV-2 COVID-19 AMP PRB HIGH THROUGHPUT TECH I	PRIMARY PROCEDURE	U0003		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COV-19 AMP PRB HIGH THRUPT WITHIN 2 DAYS COLLECT	U0005		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
88142	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING	PRIMARY PROCEDURE	88142		\$ 20.26	see footnote <sup>3</sup>	\$ 20.26	not contracted	\$ 23.30	not contracted	\$ 20.26	not contracted	\$ 20.26	not contracted	\$ 36.47	not contracted	\$ 36.47	\$ 20.26
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87624		\$ 35.09	see footnote <sup>3</sup>	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	PRIMARY PROCEDURE	J0585		\$ 7.42	see footnote <sup>3</sup>	\$ 7.42	not contracted	\$ 8.53	not contracted	\$ 7.42	not contracted	\$ 7.42	not contracted	\$ 13.36	not contracted	\$ 13.36	\$ 7.42
52356	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOS	PRIMARY PROCEDURE	52356		\$ 5,518.95	see footnote <sup>3</sup>	\$ 5,518.95	not contracted	\$ 6,346.79	not contracted	\$ 5,518.95	not contracted	\$ 5,518.95	not contracted	\$ 9,934.11	not contracted	\$ 9,934.11	\$ 5,518.95
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 274.08	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
		CALCULUS; INFRARED SPECTROSCOPY	82365		\$ 12.90	see footnote <sup>3</sup>	\$ 12.90	not contracted	\$ 14.84	not contracted	\$ 12.90	not contracted	\$ 12.90	not contracted	\$ 23.22	not contracted	\$ 23.22	\$ 12.90
		LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ON	88300		\$ 29.30	see footnote <sup>3</sup>	\$ 29.30	not contracted	\$ 33.70	not contracted	\$ 29.30	not contracted	\$ 29.30	not contracted	\$ 52.74	not contracted	\$ 52.74	\$ 29.30
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92235	FLUORESCIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGI	PRIMARY PROCEDURE	92235		\$ 328.71	see footnote <sup>3</sup>	\$ 328.71	not contracted	\$ 378.02	not contracted	\$ 328.71	not contracted	\$ 328.71	not contracted	\$ 591.68	not contracted	\$ 591.68	\$ 328.71
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	PRIMARY PROCEDURE	92550		\$ 170.69	see footnote <sup>3</sup>	\$ 170.69	not contracted	\$ 196.29	not contracted	\$ 170.69	not contracted	\$ 170.69	not contracted	\$ 307.24	not contracted	\$ 307.24	\$ 170.69
		COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND	92557		\$ 170.69	see footnote <sup>3</sup>	\$ 170.69	not contracted	\$ 196.29	not contracted	\$ 170.69	not contracted	\$ 170.69	not contracted	\$ 307.24	not contracted	\$ 307.24	\$ 170.69
99423	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE,	PRIMARY PROCEDURE	99423		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A F	PRIMARY PROCEDURE	D0603		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION	D1206		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PROPHYLAXIS-CHILD	D1120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	PRIMARY PROCEDURE	90791		\$ 171.01	see footnote <sup>3</sup>	\$ 171.01	not contracted	\$ 196.66	not contracted	\$ 171.01	not contracted	\$ 171.01	not contracted	\$ 307.82	not contracted	\$ 307.82	\$ 171.01
93247	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE T	PRIMARY PROCEDURE	93247		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
99245	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW	PRIMARY PROCEDURE	99245		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND	PRIMARY PROCEDURE	92004		\$ 141.85	see footnote <sup>3</sup>	\$ 141.85	not contracted	\$ 163.13	not contracted	\$ 141.85	not contracted	\$ 141.85	not contracted	\$ 255.33	not contracted	\$ 255.33	\$ 141.85
99605	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED	PRIMARY PROCEDURE	99605		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MOR	PRIMARY PROCEDURE	D4341		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D0274	BITEWINGS-FOUR FILMS	PRIMARY PROCEDURE	D0274		\$ 2,021.62	see footnote <sup>3</sup>	\$ 2,021.62	not contracted	\$ 2,324.86	not contracted	\$ 2,021.62	not contracted	\$ 2,021.62	not contracted	\$ 3,638.92	not contracted	\$ 3,638.92	\$ 2,021.62
		PROPHYLAXIS-ADULT	D1110		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		DENTAL PROPHYLAXIS AND TOPICAL FLUORIDE TREATMENT	D1208		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
52332	CYSTOURETHROSCOP Y, WITH INSERTION OF INDWELLING UR	PRIMARY PROCEDURE	52332		\$ 3,761.85	see footnote <sup>3</sup>	\$ 3,761.85	not contracted	\$ 4,326.13	not contracted	\$ 3,761.85	not contracted	\$ 3,761.85	not contracted	\$ 6,771.33	not contracted	\$ 6,771.33	\$ 3,761.85
		UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	74420		\$ 432.43	see footnote <sup>3</sup>	\$ 432.43	not contracted	\$ 497.29	not contracted	\$ 432.43	not contracted	\$ 432.43	not contracted	\$ 778.37	not contracted	\$ 778.37	\$ 432.43
		INJECTION, MORPHINE SULFATE, UP TO 10 MG	J2270		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, RE	PRIMARY PROCEDURE	76825		\$ 590.52	see footnote <sup>3</sup>	\$ 590.52	not contracted	\$ 679.10	not contracted	\$ 590.52	not contracted	\$ 590.52	not contracted	\$ 1,062.94	not contracted	\$ 1,062.94	\$ 590.52
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99205		\$ -	see footnote <sup>3</sup>	\$ -	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 (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPH	PRIMARY PROCEDURE	91010		\$ 567.40	see footnote <sup>3</sup>	\$ 567.40	not contracted	\$ 652.51	not contracted	\$ 567.40	not contracted	\$ 567.40	not contracted	\$ 1,021.32	not contracted	\$ 1,021.32	\$ 567.40
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S),	PRIMARY PROCEDURE	20552		\$ 319.12	see footnote <sup>3</sup>	\$ 319.12	not contracted	\$ 366.99	not contracted	\$ 319.12	not contracted	\$ 319.12	not contracted	\$ 574.42	not contracted	\$ 574.42	\$ 319.12
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOP	76942		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93294	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO	PRIMARY PROCEDURE	93294		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO	93295		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION	PRIMARY PROCEDURE	11055		\$ 211.95	see footnote <sup>3</sup>	\$ 211.95	not contracted	\$ 243.74	not contracted	\$ 211.95	not contracted	\$ 211.95	not contracted	\$ 381.51	not contracted	\$ 381.51	\$ 211.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
0124A	ADM SARSCV2 BVL 30MCG/.3ML B IMMUNIZATION ADMINIST	PRIMARY PROCEDURE	0124A		\$ 48.73	see footnote <sup>3</sup>	\$ 48.73	not contracted	\$ 56.04	not contracted	\$ 48.73	not contracted	\$ 48.73	not contracted	\$ 87.71	not contracted	\$ 87.71	\$ 48.73
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		SARSCOV2 VAC BVL 30MCG/0.3ML SEVERE ACUTE RESPIRAT	91312		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18,	PRIMARY PROCEDURE	90651		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORON	PRIMARY PROCEDURE	93460		\$ 3,472.34	see footnote <sup>3</sup>	\$ 3,472.34	not contracted	\$ 3,993.19	not contracted	\$ 3,472.34	not contracted	\$ 3,472.34	not contracted	\$ 6,250.21	not contracted	\$ 6,250.21	\$ 3,472.34
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TI	PRIMARY PROCEDURE	94010		\$ 170.69	see footnote <sup>3</sup>	\$ 170.69	not contracted	\$ 196.29	not contracted	\$ 170.69	not contracted	\$ 170.69	not contracted	\$ 307.24	not contracted	\$ 307.24	\$ 170.69
		PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES	94726		\$ 328.71	see footnote <sup>3</sup>	\$ 328.71	not contracted	\$ 378.02	not contracted	\$ 328.71	not contracted	\$ 328.71	not contracted	\$ 591.68	not contracted	\$ 591.68	\$ 328.71
		DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE)	94729		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENT	94200		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
92133	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGIN	PRIMARY PROCEDURE	92133		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
D0210	INTRAORAL- COMPLETE SERIES (INCLUDING BITEWINGS)	PRIMARY PROCEDURE	D0210		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COL	PRIMARY PROCEDURE	45330		\$ 975.39	see footnote <sup>3</sup>	\$ 975.39	not contracted	\$ 1,121.70	not contracted	\$ 975.39	not contracted	\$ 975.39	not contracted	\$ 1,755.70	not contracted	\$ 1,755.70	\$ 975.39
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORON	PRIMARY PROCEDURE	93456		\$ 3,472.34	see footnote <sup>3</sup>	\$ 3,472.34	not contracted	\$ 3,993.19	not contracted	\$ 3,472.34	not contracted	\$ 3,472.34	not contracted	\$ 6,250.21	not contracted	\$ 6,250.21	\$ 3,472.34
		GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO	82803		\$ 26.07	see footnote <sup>3</sup>	\$ 26.07	not contracted	\$ 29.98	not contracted	\$ 26.07	not contracted	\$ 26.07	not contracted	\$ 46.93	not contracted	\$ 46.93	\$ 26.07
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S),	PRIMARY PROCEDURE	20553		\$ 319.12	see footnote <sup>3</sup>	\$ 319.12	not contracted	\$ 366.99	not contracted	\$ 319.12	not contracted	\$ 319.12	not contracted	\$ 574.42	not contracted	\$ 574.42	\$ 319.12
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOP	76942		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
64644	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCL	PRIMARY PROCEDURE	64644		\$ 756.26	see footnote <sup>3</sup>	\$ 756.26	not contracted	\$ 869.70	not contracted	\$ 756.26	not contracted	\$ 756.26	not contracted	\$ 1,361.27	not contracted	\$ 1,361.27	\$ 756.26
		INJECTION, ONABOTULINUMTOXI NA, 1 UNIT	J0585		\$ 7.42	see footnote <sup>3</sup>	\$ 7.42	not contracted	\$ 8.53	not contracted	\$ 7.42	not contracted	\$ 7.42	not contracted	\$ 13.36	not contracted	\$ 13.36	\$ 7.42
90723	DIPHThERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS V	PRIMARY PROCEDURE	90723		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90460		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T	90648		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90461		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13),	90670		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ROTAVIRUS VACCINE, PENTAVALENT (RV5), 3 DOSE SCHED	90680		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL	90473		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99391		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	PRIMARY PROCEDURE	D2391		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORON	PRIMARY PROCEDURE	93458		\$ 3,472.34	see footnote <sup>3</sup>	\$ 3,472.34	not contracted	\$ 3,993.19	not contracted	\$ 3,472.34	not contracted	\$ 3,472.34	not contracted	\$ 6,250.21	not contracted	\$ 6,250.21	\$ 3,472.34
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -



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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D1330	ORAL HYGIENE INSTRUCTION	PRIMARY PROCEDURE	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT)	PRIMARY PROCEDURE	78452		\$ 1,557.82	see footnote <sup>3</sup>	\$ 1,557.82	not contracted	\$ 1,791.49	not contracted	\$ 1,557.82	not contracted	\$ 1,557.82	not contracted	\$ 2,804.08	not contracted	\$ 2,804.08	\$ 1,557.82
		INJECTION, REGADENOSON, 0.1 MG	J2785		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
32555	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF T	PRIMARY PROCEDURE	32555		\$ 678.99	see footnote <sup>3</sup>	\$ 678.99	not contracted	\$ 780.84	not contracted	\$ 678.99	not contracted	\$ 678.99	not contracted	\$ 1,222.18	not contracted	\$ 1,222.18	\$ 678.99
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STR	PRIMARY PROCEDURE	58661		\$ 6,117.50	see footnote <sup>3</sup>	\$ 6,117.50	not contracted	\$ 7,035.13	not contracted	\$ 6,117.50	not contracted	\$ 6,117.50	not contracted	\$ 11,011.50	not contracted	\$ 11,011.50	\$ 6,117.50
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88302		\$ 29.30	see footnote <sup>3</sup>	\$ 29.30	not contracted	\$ 33.70	not contracted	\$ 29.30	not contracted	\$ 29.30	not contracted	\$ 52.74	not contracted	\$ 52.74	\$ 29.30
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PR	J7642		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	PRIMARY PROCEDURE	D2392		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	PRIMARY PROCEDURE	41899		\$ 243.93	see footnote <sup>3</sup>	\$ 243.93	not contracted	\$ 280.52	not contracted	\$ 243.93	not contracted	\$ 243.93	not contracted	\$ 439.07	not contracted	\$ 439.07	\$ 243.93
67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFER	PRIMARY PROCEDURE	67113		\$ 4,689.61	see footnote <sup>3</sup>	\$ 4,689.61	not contracted	\$ 5,393.05	not contracted	\$ 4,689.61	not contracted	\$ 4,689.61	not contracted	\$ 8,441.30	not contracted	\$ 8,441.30	\$ 4,689.61
		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SU	00145		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
95125	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY I	PRIMARY PROCEDURE	95125		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, OMALIZUMAB, 5 MG	J2357		\$ 44.83	see footnote <sup>3</sup>	\$ 44.83	not contracted	\$ 51.55	not contracted	\$ 44.83	not contracted	\$ 44.83	not contracted	\$ 80.69	not contracted	\$ 80.69	\$ 44.83
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SC	PRIMARY PROCEDURE	76519		\$ 125.45	see footnote <sup>3</sup>	\$ 125.45	not contracted	\$ 144.27	not contracted	\$ 125.45	not contracted	\$ 125.45	not contracted	\$ 225.81	not contracted	\$ 225.81	\$ 125.45
		COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BIL	92025		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(	PRIMARY PROCEDURE	93451		\$ 3,472.34	see footnote <sup>3</sup>	\$ 3,472.34	not contracted	\$ 3,993.19	not contracted	\$ 3,472.34	not contracted	\$ 3,472.34	not contracted	\$ 6,250.21	not contracted	\$ 6,250.21	\$ 3,472.34
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$ 8.46	see footnote <sup>3</sup>	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85027		\$ 6.47	see footnote <sup>3</sup>	\$ 6.47	not contracted	\$ 7.44	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 11.65	not contracted	\$ 11.65	\$ 6.47
		PROTHROMBIN TIME;	85610		\$ 4.29	see footnote <sup>3</sup>	\$ 4.29	not contracted	\$ 4.93	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 7.72	not contracted	\$ 7.72	\$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
95800	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; H	PRIMARY PROCEDURE	95800		\$ 170.69	see footnote <sup>3</sup>	\$ 170.69	not contracted	\$ 196.29	not contracted	\$ 170.69	not contracted	\$ 170.69	not contracted	\$ 307.24	not contracted	\$ 307.24	\$ 170.69
		EDUCATION AND TRAINING FOR PATIENT SELF- MANAGEMENT	98960		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF	95806		\$ 170.69	see footnote <sup>3</sup>	\$ 170.69	not contracted	\$ 196.29	not contracted	\$ 170.69	not contracted	\$ 170.69	not contracted	\$ 307.24	not contracted	\$ 307.24	\$ 170.69
D0330	PANORAMIC FILM	PRIMARY PROCEDURE	D0330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCE	PRIMARY PROCEDURE	11102		\$ 211.95	see footnote <sup>3</sup>	\$ 211.95	not contracted	\$ 243.74	not contracted	\$ 211.95	not contracted	\$ 211.95	not contracted	\$ 381.51	not contracted	\$ 381.51	\$ 211.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99202		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
90739	HEPATITIS B VACCINE (HEPB), CPG- ADJUVANTED, ADULT	PRIMARY PROCEDURE	90739		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
88150	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL	PRIMARY PROCEDURE	88150		\$ 17.31	see footnote <sup>3</sup>	\$ 17.31	not contracted	\$ 19.91	not contracted	\$ 17.31	not contracted	\$ 17.31	not contracted	\$ 31.16	not contracted	\$ 31.16	\$ 17.31
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87624		\$ 35.09	see footnote <sup>3</sup>	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING	88142		\$ 20.26	see footnote <sup>3</sup>	\$ 20.26	not contracted	\$ 23.30	not contracted	\$ 20.26	not contracted	\$ 20.26	not contracted	\$ 36.47	not contracted	\$ 36.47	\$ 20.26
94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 9	PRIMARY PROCEDURE	94060		\$ 328.71	see footnote <sup>3</sup>	\$ 328.71	not contracted	\$ 378.02	not contracted	\$ 328.71	not contracted	\$ 328.71	not contracted	\$ 591.68	not contracted	\$ 591.68	\$ 328.71
		PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES	94726		\$ 328.71	see footnote <sup>3</sup>	\$ 328.71	not contracted	\$ 378.02	not contracted	\$ 328.71	not contracted	\$ 328.71	not contracted	\$ 591.68	not contracted	\$ 591.68	\$ 328.71
		DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE)	94729		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TI	94010		\$ 170.69	see footnote <sup>3</sup>	\$ 170.69	not contracted	\$ 196.29	not contracted	\$ 170.69	not contracted	\$ 170.69	not contracted	\$ 307.24	not contracted	\$ 307.24	\$ 170.69

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENT	94200		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
		PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT	94640		\$ 224.76	see footnote <sup>3</sup>	\$ 224.76	not contracted	\$ 258.47	not contracted	\$ 224.76	not contracted	\$ 224.76	not contracted	\$ 404.57	not contracted	\$ 404.57	\$ 224.76
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	PRIMARY PROCEDURE	58300		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVONORGESTREL- RELEASING INTRAUTERINE CONTRACEPTIV	J7297		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D9211	REGIONAL BLOCK ANESTHESIA	PRIMARY PROCEDURE	D9211		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	D2392		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SC	PRIMARY PROCEDURE	20680		\$ 3,031.96	see footnote <sup>3</sup>	\$ 3,031.96	not contracted	\$ 3,486.75	not contracted	\$ 3,031.96	not contracted	\$ 3,031.96	not contracted	\$ 5,457.53	not contracted	\$ 5,457.53	\$ 3,031.96
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT	PRIMARY PROCEDURE	57454		\$ 342.67	see footnote <sup>3</sup>	\$ 342.67	not contracted	\$ 394.07	not contracted	\$ 342.67	not contracted	\$ 342.67	not contracted	\$ 616.81	not contracted	\$ 616.81	\$ 342.67

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMI STRY, PER S	88342		\$ 184.56	see footnote <sup>3</sup>	\$ 184.56	not contracted	\$ 212.24	not contracted	\$ 184.56	not contracted	\$ 184.56	not contracted	\$ 332.21	not contracted	\$ 332.21	\$ 184.56
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	PRIMARY PROCEDURE	31624		\$ 1,876.23	see footnote <sup>3</sup>	\$ 1,876.23	not contracted	\$ 2,157.66	not contracted	\$ 1,876.23	not contracted	\$ 1,876.23	not contracted	\$ 3,377.21	not contracted	\$ 3,377.21	\$ 1,876.23
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND	88108		\$ 39.86	see footnote <sup>3</sup>	\$ 39.86	not contracted	\$ 45.84	not contracted	\$ 39.86	not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	\$ 39.86
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87801		\$ 70.20	see footnote <sup>3</sup>	\$ 70.20	not contracted	\$ 80.73	not contracted	\$ 70.20	not contracted	\$ 70.20	not contracted	\$ 126.36	not contracted	\$ 126.36	\$ 70.20
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORE	87281		\$ 11.98	see footnote <sup>3</sup>	\$ 11.98	not contracted	\$ 13.78	not contracted	\$ 11.98	not contracted	\$ 11.98	not contracted	\$ 21.56	not contracted	\$ 21.56	\$ 11.98
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY	87305		\$ 11.98	see footnote <sup>3</sup>	\$ 11.98	not contracted	\$ 13.78	not contracted	\$ 11.98	not contracted	\$ 11.98	not contracted	\$ 21.56	not contracted	\$ 21.56	\$ 11.98
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 101.97	see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG,	87116		\$ 10.80	see footnote <sup>3</sup>	\$ 10.80	not contracted	\$ 12.42	not contracted	\$ 10.80	not contracted	\$ 10.80	not contracted	\$ 19.44	not contracted	\$ 19.44	\$ 10.80
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT;	88312		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRE	87102		\$ 8.41	see footnote <sup>3</sup>	\$ 8.41	not contracted	\$ 9.67	not contracted	\$ 8.41	not contracted	\$ 8.41	not contracted	\$ 15.14	not contracted	\$ 15.14	\$ 8.41

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL	J7613		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; FLUORES	87206		\$ 5.39	see footnote <sup>3</sup>	\$ 5.39	not contracted	\$ 6.20	not contracted	\$ 5.39	not contracted	\$ 5.39	not contracted	\$ 9.70	not contracted	\$ 9.70	\$ 5.39
		CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE,	87070		\$ 8.62	see footnote <sup>3</sup>	\$ 8.62	not contracted	\$ 9.91	not contracted	\$ 8.62	not contracted	\$ 8.62	not contracted	\$ 15.52	not contracted	\$ 15.52	\$ 8.62
92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDUR	PRIMARY PROCEDURE	92504		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	PRIMARY PROCEDURE	93005		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
98960	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT	PRIMARY PROCEDURE	98960		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHO	PRIMARY PROCEDURE	36589		\$ 678.99	see footnote <sup>3</sup>	\$ 678.99	not contracted	\$ 780.84	not contracted	\$ 678.99	not contracted	\$ 678.99	not contracted	\$ 1,222.18	not contracted	\$ 1,222.18	\$ 678.99
		REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	49422		\$ 3,496.42	see footnote <sup>3</sup>	\$ 3,496.42	not contracted	\$ 4,020.88	not contracted	\$ 3,496.42	not contracted	\$ 3,496.42	not contracted	\$ 6,293.56	not contracted	\$ 6,293.56	\$ 3,496.42
43762	REPLACEMENT OF GASTROSTOMY TUBE, PERCUTANEOUS, INC	PRIMARY PROCEDURE	43762		\$ 252.19	see footnote <sup>3</sup>	\$ 252.19	not contracted	\$ 290.02	not contracted	\$ 252.19	not contracted	\$ 252.19	not contracted	\$ 453.94	not contracted	\$ 453.94	\$ 252.19
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MU	PRIMARY PROCEDURE	45331		\$ 975.39	see footnote <sup>3</sup>	\$ 975.39	not contracted	\$ 1,121.70	not contracted	\$ 975.39	not contracted	\$ 975.39	not contracted	\$ 1,755.70	not contracted	\$ 1,755.70	\$ 975.39

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43249	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; W	PRIMARY PROCEDURE	43249		\$ 2,044.10	see footnote <sup>3</sup>	\$ 2,044.10	not contracted	\$ 2,350.72	not contracted	\$ 2,044.10	not contracted	\$ 2,044.10	not contracted	\$ 3,679.38	not contracted	\$ 3,679.38	\$ 2,044.10
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92227	IMAGING OF RETINA FOR DETECTION OR MONITORING OF D	PRIMARY PROCEDURE	92227		\$ 39.86	see footnote <sup>3</sup>	\$ 39.86	not contracted	\$ 45.84	not contracted	\$ 39.86	not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	\$ 39.86
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90648	HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T	PRIMARY PROCEDURE	90648		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13),	90670		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ROTAVIRUS VACCINE, PENTAVALENT (RV5), 3 DOSE SCHED	90680		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		DIPHThERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSS	90700		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90461		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99391		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -



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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BIL	PRIMARY PROCEDURE	99173		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
52287	CYSTOURETHROSCOP Y, WITH INJECTION(S) FOR CHEMODENE	PRIMARY PROCEDURE	52287		\$ 2,177.07	see footnote <sup>3</sup>	\$ 2,177.07	not contracted	\$ 2,503.63	not contracted	\$ 2,177.07	not contracted	\$ 2,177.07	not contracted	\$ 3,918.73	not contracted	\$ 3,918.73	\$ 2,177.07
		INJECTION, ONABOTULINUMTOXI NA, 1 UNIT	J0585		\$ 7.42	see footnote <sup>3</sup>	\$ 7.42	not contracted	\$ 8.53	not contracted	\$ 7.42	not contracted	\$ 7.42	not contracted	\$ 13.36	not contracted	\$ 13.36	\$ 7.42
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	PRIMARY PROCEDURE	58301		\$ 342.67	see footnote <sup>3</sup>	\$ 342.67	not contracted	\$ 394.07	not contracted	\$ 342.67	not contracted	\$ 342.67	not contracted	\$ 616.81	not contracted	\$ 616.81	\$ 342.67
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90746	HEPATITIS B VACCINE (HEPB), ADULT DOSAGE, 3 DOSE S	PRIMARY PROCEDURE	90746		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	PRIMARY PROCEDURE	92250		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
45384	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), P	PRIMARY PROCEDURE	45384		\$ 1,271.01	see footnote <sup>3</sup>	\$ 1,271.01	not contracted	\$ 1,461.66	not contracted	\$ 1,271.01	not contracted	\$ 1,271.01	not contracted	\$ 2,287.82	not contracted	\$ 2,287.82	\$ 1,271.01
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATE	PRIMARY PROCEDURE	64612		\$ 319.12	see footnote <sup>3</sup>	\$ 319.12	not contracted	\$ 366.99	not contracted	\$ 319.12	not contracted	\$ 319.12	not contracted	\$ 574.42	not contracted	\$ 574.42	\$ 319.12
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPH	PRIMARY PROCEDURE	36818		\$ 6,032.54	see footnote <sup>3</sup>	\$ 6,032.54	not contracted	\$ 6,937.42	not contracted	\$ 6,032.54	not contracted	\$ 6,032.54	not contracted	\$ 10,858.57	not contracted	\$ 10,858.57	\$ 6,032.54
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BRE	PRIMARY PROCEDURE	67145		\$ 622.96	see footnote <sup>3</sup>	\$ 622.96	not contracted	\$ 716.40	not contracted	\$ 622.96	not contracted	\$ 622.96	not contracted	\$ 1,121.33	not contracted	\$ 1,121.33	\$ 622.96
90654	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT V	PRIMARY PROCEDURE	90654		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF I	PRIMARY PROCEDURE	66982		\$ 2,534.53	see footnote <sup>3</sup>	\$ 2,534.53	not contracted	\$ 2,914.71	not contracted	\$ 2,534.53	not contracted	\$ 2,534.53	not contracted	\$ 4,562.15	not contracted	\$ 4,562.15	\$ 2,534.53
		POSTERIOR CHAMBER INTRAOCULAR LENS	V2632		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR	PRIMARY PROCEDURE	99401		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MEDICAL GENETICS AND GENETIC COUNSELING SERVICES,	96040		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF	PRIMARY PROCEDURE	D0145		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PROPHYLAXIS-CHILD	D1120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION	D1206		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
95816	ELECTROENCEPHALO GRAM (EEG); INCLUDING RECORDING AW	PRIMARY PROCEDURE	95816		\$ 328.71	see footnote <sup>3</sup>	\$ 328.71	not contracted	\$ 378.02	not contracted	\$ 328.71	not contracted	\$ 328.71	not contracted	\$ 591.68	not contracted	\$ 591.68	\$ 328.71
D9215	LOCAL ANESTHESIA	PRIMARY PROCEDURE	D9215		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATI	D7140		\$ 2,021.62	see footnote <sup>3</sup>	\$ 2,021.62	not contracted	\$ 2,324.86	not contracted	\$ 2,021.62	not contracted	\$ 2,021.62	not contracted	\$ 3,638.92	not contracted	\$ 3,638.92	\$ 2,021.62
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FO	PRIMARY PROCEDURE	58571		\$ 10,665.76	see footnote <sup>3</sup>	\$ 10,665.76	not contracted	\$ 12,265.62	not contracted	\$ 10,665.76	not contracted	\$ 10,665.76	not contracted	\$ 19,198.37	not contracted	\$ 19,198.37	\$ 10,665.76
		CYSTOURETHROSCOP Y (SEPARATE PROCEDURE)	52000		\$ 733.96	see footnote <sup>3</sup>	\$ 733.96	not contracted	\$ 844.05	not contracted	\$ 733.96	not contracted	\$ 733.96	not contracted	\$ 1,321.13	not contracted	\$ 1,321.13	\$ 733.96
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 380.41	see footnote <sup>3</sup>	\$ 380.41	not contracted	\$ 437.47	not contracted	\$ 380.41	not contracted	\$ 380.41	not contracted	\$ 684.74	not contracted	\$ 684.74	\$ 380.41

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
45381	COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL IN	PRIMARY PROCEDURE	45381		\$ 1,271.01	see footnote <sup>3</sup>	\$ 1,271.01	not contracted	\$ 1,461.66	not contracted	\$ 1,271.01	not contracted	\$ 1,271.01	not contracted	\$ 2,287.82	not contracted	\$ 2,287.82	\$ 1,271.01
		COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULT	45380		\$ 1,271.01	see footnote <sup>3</sup>	\$ 1,271.01	not contracted	\$ 1,461.66	not contracted	\$ 1,271.01	not contracted	\$ 1,271.01	not contracted	\$ 2,287.82	not contracted	\$ 2,287.82	\$ 1,271.01
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43238	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; W	PRIMARY PROCEDURE	43238		\$ 2,044.10	see footnote <sup>3</sup>	\$ 2,044.10	not contracted	\$ 2,350.72	not contracted	\$ 2,044.10	not contracted	\$ 2,044.10	not contracted	\$ 3,679.38	not contracted	\$ 3,679.38	\$ 2,044.10

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY	74330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HER	PRIMARY PROCEDURE	49650		\$ 6,117.50	see footnote <sup>3</sup>	\$ 6,117.50	not contracted	\$ 7,035.13	not contracted	\$ 6,117.50	not contracted	\$ 6,117.50	not contracted	\$ 11,011.50	not contracted	\$ 11,011.50	\$ 6,117.50
		MESH (IMPLANTABLE)	C1781		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90700	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSS	PRIMARY PROCEDURE	90700		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90460		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T	90648		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90461		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13),	90670		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SUBCUTA	90713		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ROTAVIRUS VACCINE, PENTAVALENT (RV5), 3 DOSE SCHED	90680		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL	90473		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99391		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QU	PRIMARY PROCEDURE	19301		\$ 4,034.95	see footnote <sup>3</sup>	\$ 4,034.95	not contracted	\$ 4,640.19	not contracted	\$ 4,034.95	not contracted	\$ 4,034.95	not contracted	\$ 7,262.91	not contracted	\$ 7,262.91	\$ 4,034.95
		ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYS	00400		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 380.41	see footnote <sup>3</sup>	\$ 380.41	not contracted	\$ 437.47	not contracted	\$ 380.41	not contracted	\$ 380.41	not contracted	\$ 684.74	not contracted	\$ 684.74	\$ 380.41

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAX	PRIMARY PROCEDURE	93017		\$ 328.71	see footnote <sup>3</sup>	\$ 328.71	not contracted	\$ 378.02	not contracted	\$ 328.71	not contracted	\$ 328.71	not contracted	\$ 591.68	not contracted	\$ 591.68	\$ 328.71
93289	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH A	PRIMARY PROCEDURE	93289		\$ 41.08	see footnote <sup>3</sup>	\$ 41.08	not contracted	\$ 47.24	not contracted	\$ 41.08	not contracted	\$ 41.08	not contracted	\$ 73.94	not contracted	\$ 73.94	\$ 41.08
3008F	BODY MASS INDEX (BMI), DOCUMENTED (PV)	PRIMARY PROCEDURE	3008F		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13),	PRIMARY PROCEDURE	90670		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T	90648		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90472		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS V	90723		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ROTAVIRUS VACCINE, HUMAN, ATTENUATED (RV1), 2 DOSE	90681		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL	90473		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99391		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90649	HUMAN PAPILLOMAVIRUS VACCINE, TYPES 6, 11, 16, 18,	PRIMARY PROCEDURE	90649		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
93248	EXTERNAL ELECTROCARDIOGRAP HIC RECORDING FOR MORE T	PRIMARY PROCEDURE	93248		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		EXTERNAL ELECTROCARDIOGRAP HIC RECORDING FOR MORE T	93247		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
T1014	TELEHEALTH TRANSMISSION, PER MINUTE, PROFESSIONAL	PRIMARY PROCEDURE	T1014		not available	see footnote <sup>3</sup>	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90633	HEPATITIS A VACCINE (HEPA), PEDIATRIC/ADOLESCEN T D	PRIMARY PROCEDURE	90633		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -



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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90460		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99392		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90650	HUMAN PAPILLOMAVIRUS VACCINE, TYPES 16, 18, BIVALE	PRIMARY PROCEDURE	90650		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION -	PRIMARY PROCEDURE	D1354		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
69210	REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION	PRIMARY PROCEDURE	69210		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AN	G0463		\$ 141.85	see footnote <sup>3</sup>	\$ 141.85	not contracted	\$ 163.13	not contracted	\$ 141.85	not contracted	\$ 141.85	not contracted	\$ 255.33	not contracted	\$ 255.33	\$ 141.85
66761	IRIDOTOMY/IRIDECTO MY BY LASER SURGERY (EG, FOR GLA	PRIMARY PROCEDURE	66761		\$ 622.96	see footnote <sup>3</sup>	\$ 622.96	not contracted	\$ 716.40	not contracted	\$ 622.96	not contracted	\$ 622.96	not contracted	\$ 1,121.33	not contracted	\$ 1,121.33	\$ 622.96
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPL	PRIMARY PROCEDURE	11730		\$ 211.95	see footnote <sup>3</sup>	\$ 211.95	not contracted	\$ 243.74	not contracted	\$ 211.95	not contracted	\$ 211.95	not contracted	\$ 381.51	not contracted	\$ 381.51	\$ 211.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99202		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON M	PRIMARY PROCEDURE	81025		\$ 8.61	see footnote <sup>3</sup>	\$ 8.61	not contracted	\$ 9.90	not contracted	\$ 8.61	not contracted	\$ 8.61	not contracted	\$ 15.50	not contracted	\$ 15.50	\$ 8.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA- ARTICULAR FR	PRIMARY PROCEDURE	25607		\$ 7,763.59	see footnote <sup>3</sup>	\$ 7,763.59	not contracted	\$ 8,928.13	not contracted	\$ 7,763.59	not contracted	\$ 7,763.59	not contracted	\$ 13,974.46	not contracted	\$ 13,974.46	\$ 7,763.59
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 274.08	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TIS	C1713		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96040	MEDICAL GENETICS AND GENETIC COUNSELING SERVICES,	PRIMARY PROCEDURE	96040		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
87624	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	PRIMARY PROCEDURE	87624		\$ 35.09	see footnote <sup>3</sup>	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING	88142		\$ 20.26	see footnote <sup>3</sup>	\$ 20.26	not contracted	\$ 23.30	not contracted	\$ 20.26	not contracted	\$ 20.26	not contracted	\$ 36.47	not contracted	\$ 36.47	\$ 20.26

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99396		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
Q2035	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINIS	PRIMARY PROCEDURE	Q2035		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AN	G0463		\$ 141.85	see footnote <sup>3</sup>	\$ 141.85	not contracted	\$ 163.13	not contracted	\$ 141.85	not contracted	\$ 141.85	not contracted	\$ 255.33	not contracted	\$ 255.33	\$ 141.85
99397	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	PRIMARY PROCEDURE	99397		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
52001	CYSTOURETHROSCOP Y WITH IRRIGATION AND EVACUATION O	PRIMARY PROCEDURE	52001		\$ 3,761.85	see footnote <sup>3</sup>	\$ 3,761.85	not contracted	\$ 4,326.13	not contracted	\$ 3,761.85	not contracted	\$ 3,761.85	not contracted	\$ 6,771.33	not contracted	\$ 6,771.33	\$ 3,761.85
		CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECH	88112		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
D8220	FIXED APPLIANCE THERAPY	PRIMARY PROCEDURE	D8220		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONS	D8680		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43276	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA TOGRAPHY (ER	PRIMARY PROCEDURE	43276		\$ 6,151.03	see footnote <sup>3</sup>	\$ 6,151.03	not contracted	\$ 7,073.68	not contracted	\$ 6,151.03	not contracted	\$ 6,151.03	not contracted	\$ 11,071.85	not contracted	\$ 11,071.85	\$ 6,151.03
45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GE	PRIMARY PROCEDURE	45990		\$ 3,015.79	see footnote <sup>3</sup>	\$ 3,015.79	not contracted	\$ 3,468.16	not contracted	\$ 3,015.79	not contracted	\$ 3,015.79	not contracted	\$ 5,428.42	not contracted	\$ 5,428.42	\$ 3,015.79

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/F	46280		\$ 3,015.79	see footnote <sup>3</sup>	\$ 3,015.79	not contracted	\$ 3,468.16	not contracted	\$ 3,015.79	not contracted	\$ 3,015.79	not contracted	\$ 5,428.42	not contracted	\$ 5,428.42	\$ 3,015.79
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP- WATCH FLOW RAT	PRIMARY PROCEDURE	51736		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
		MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR	51798		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
96156	HEALTH BEHAVIOR ASSESSMENT, OR RE- ASSESSMENT (IE,	PRIMARY PROCEDURE	96156		\$ 89.03	see footnote <sup>3</sup>	\$ 89.03	not contracted	\$ 102.38	not contracted	\$ 89.03	not contracted	\$ 89.03	not contracted	\$ 160.25	not contracted	\$ 160.25	\$ 89.03
D0470	DIAGNOSTIC CASTS	PRIMARY PROCEDURE	D0470		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36902	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIAL	PRIMARY PROCEDURE	36902		\$ 6,121.31	see footnote <sup>3</sup>	\$ 6,121.31	not contracted	\$ 7,039.51	not contracted	\$ 6,121.31	not contracted	\$ 6,121.31	not contracted	\$ 11,018.36	not contracted	\$ 11,018.36	\$ 6,121.31
		UROGRAPHY, ANTEGRADE, RADIOLOGICAL SUPERVISION AND	74425		\$ 432.43	see footnote <sup>3</sup>	\$ 432.43	not contracted	\$ 497.29	not contracted	\$ 432.43	not contracted	\$ 432.43	not contracted	\$ 778.37	not contracted	\$ 778.37	\$ 432.43
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90674	INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIIV4), DE	PRIMARY PROCEDURE	90674		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93653	COMPREHENSIVE ELECTROPHYSIOLOGIC	PRIMARY PROCEDURE	93653		\$ 27,559.99	see footnote <sup>3</sup>	\$ 27,559.99	not contracted	\$ 31,693.99	not contracted	\$ 27,559.99	not contracted	\$ 27,559.99	not contracted	\$ 49,607.98	not contracted	\$ 49,607.98	\$ 27,559.99
		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING	76937		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
		COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCL	80053		\$ 10.56	see footnote <sup>3</sup>	\$ 10.56	not contracted	\$ 12.14	not contracted	\$ 10.56	not contracted	\$ 10.56	not contracted	\$ 19.01	not contracted	\$ 19.01	\$ 10.56
		INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPO	J0153		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MAGNESIUM	83735		\$ 6.70	see footnote <sup>3</sup>	\$ 6.70	not contracted	\$ 7.71	not contracted	\$ 6.70	not contracted	\$ 6.70	not contracted	\$ 12.06	not contracted	\$ 12.06	\$ 6.70
		PROTHROMBIN TIME;	85610		\$ 4.29	see footnote <sup>3</sup>	\$ 4.29	not contracted	\$ 4.93	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 7.72	not contracted	\$ 7.72	\$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TEST	PRIMARY PROCEDURE	76819		\$ 125.45	see footnote <sup>3</sup>	\$ 125.45	not contracted	\$ 144.27	not contracted	\$ 125.45	not contracted	\$ 125.45	not contracted	\$ 225.81	not contracted	\$ 225.81	\$ 125.45
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION	PRIMARY PROCEDURE	38222		\$ 3,031.96	see footnote <sup>3</sup>	\$ 3,031.96	not contracted	\$ 3,486.75	not contracted	\$ 3,031.96	not contracted	\$ 3,031.96	not contracted	\$ 5,457.53	not contracted	\$ 5,457.53	\$ 3,031.96
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMI STRY, PER S	88341		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		BONE MARROW, SMEAR INTERPRETATION	85097		\$ 911.39	see footnote <sup>3</sup>	\$ 911.39	not contracted	\$ 1,048.10	not contracted	\$ 911.39	not contracted	\$ 911.39	not contracted	\$ 1,640.50	not contracted	\$ 1,640.50	\$ 911.39
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMI STRY, PER S	88342		\$ 184.56	see footnote <sup>3</sup>	\$ 184.56	not contracted	\$ 212.24	not contracted	\$ 184.56	not contracted	\$ 184.56	not contracted	\$ 332.21	not contracted	\$ 332.21	\$ 184.56
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDI	88311		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT;	88313		\$ 39.86	see footnote <sup>3</sup>	\$ 39.86	not contracted	\$ 45.84	not contracted	\$ 39.86	not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	\$ 39.86
11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WH	PRIMARY PROCEDURE	11104		\$ 437.87	see footnote <sup>3</sup>	\$ 437.87	not contracted	\$ 503.55	not contracted	\$ 437.87	not contracted	\$ 437.87	not contracted	\$ 788.17	not contracted	\$ 788.17	\$ 437.87
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	58555		\$ 3,318.57	see footnote <sup>3</sup>	\$ 3,318.57	not contracted	\$ 3,816.36	not contracted	\$ 3,318.57	not contracted	\$ 3,318.57	not contracted	\$ 5,973.43	not contracted	\$ 5,973.43	\$ 3,318.57
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL-TIME WITH	PRIMARY PROCEDURE	93312		\$ 590.52	see footnote <sup>3</sup>	\$ 590.52	not contracted	\$ 679.10	not contracted	\$ 590.52	not contracted	\$ 590.52	not contracted	\$ 1,062.94	not contracted	\$ 1,062.94	\$ 590.52
		DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPI	93325		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED	PRIMARY PROCEDURE	28890		\$ 1,683.70	see footnote <sup>3</sup>	\$ 1,683.70	not contracted	\$ 1,936.26	not contracted	\$ 1,683.70	not contracted	\$ 1,683.70	not contracted	\$ 3,030.66	not contracted	\$ 3,030.66	\$ 1,683.70
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	PRIMARY PROCEDURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP,	PRIMARY PROCEDURE	54161		\$ 2,177.07	see footnote <sup>3</sup>	\$ 2,177.07	not contracted	\$ 2,503.63	not contracted	\$ 2,177.07	not contracted	\$ 2,177.07	not contracted	\$ 3,918.73	not contracted	\$ 3,918.73	\$ 2,177.07
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43275	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA TOGRAPHY (ER	PRIMARY PROCEDURE	43275		\$ 3,827.07	see footnote <sup>3</sup>	\$ 3,827.07	not contracted	\$ 4,401.13	not contracted	\$ 3,827.07	not contracted	\$ 3,827.07	not contracted	\$ 6,888.73	not contracted	\$ 6,888.73	\$ 3,827.07
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC P	00731		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA TOGRAPHY (ER	43260		\$ 3,827.07	see footnote <sup>3</sup>	\$ 3,827.07	not contracted	\$ 4,401.13	not contracted	\$ 3,827.07	not contracted	\$ 3,827.07	not contracted	\$ 6,888.73	not contracted	\$ 6,888.73	\$ 3,827.07

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 274.08	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93308	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IM	PRIMARY PROCEDURE	93308		\$ 274.08	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
95886	NEEDLE ELECTROMYOGRAPHY , EACH EXTREMITY, WITH RELA	PRIMARY PROCEDURE	95886		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		NERVE CONDUCTION STUDIES; 1-2 STUDIES	95907		\$ 170.69	see footnote <sup>3</sup>	\$ 170.69	not contracted	\$ 196.29	not contracted	\$ 170.69	not contracted	\$ 170.69	not contracted	\$ 307.24	not contracted	\$ 307.24	\$ 170.69
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	PRIMARY PROCEDURE	67036		\$ 4,689.61	see footnote <sup>3</sup>	\$ 4,689.61	not contracted	\$ 5,393.05	not contracted	\$ 4,689.61	not contracted	\$ 4,689.61	not contracted	\$ 8,441.30	not contracted	\$ 8,441.30	\$ 4,689.61
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AN	PRIMARY PROCEDURE	92285		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
		FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	92250		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND	92012		\$ 141.85	see footnote <sup>3</sup>	\$ 141.85	not contracted	\$ 163.13	not contracted	\$ 141.85	not contracted	\$ 141.85	not contracted	\$ 255.33	not contracted	\$ 255.33	\$ 141.85
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRA	PRIMARY PROCEDURE	96401		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19



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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, BORTEZOMIB (VELCADE), 0.1 MG	J9041		\$ 10.58	see footnote <sup>3</sup>	\$ 10.58	not contracted	\$ 12.17	not contracted	\$ 10.58	not contracted	\$ 10.58	not contracted	\$ 19.04	not contracted	\$ 19.04	\$ 10.58
64642	CHEMODENERVATION OF ONE EXTREMITY; 1- 4 MUSCLE(S)	PRIMARY PROCEDURE	64642		\$ 756.26	see footnote <sup>3</sup>	\$ 756.26	not contracted	\$ 869.70	not contracted	\$ 756.26	not contracted	\$ 756.26	not contracted	\$ 1,361.27	not contracted	\$ 1,361.27	\$ 756.26
		CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL	64643		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONABOTULINUMTOXI NA, 1 UNIT	J0585		\$ 7.42	see footnote <sup>3</sup>	\$ 7.42	not contracted	\$ 8.53	not contracted	\$ 7.42	not contracted	\$ 7.42	not contracted	\$ 13.36	not contracted	\$ 13.36	\$ 7.42
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT	PRIMARY PROCEDURE	30520		\$ 3,339.21	see footnote <sup>3</sup>	\$ 3,339.21	not contracted	\$ 3,840.09	not contracted	\$ 3,339.21	not contracted	\$ 3,339.21	not contracted	\$ 6,010.58	not contracted	\$ 6,010.58	\$ 3,339.21
		SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR	30140		\$ 3,339.21	see footnote <sup>3</sup>	\$ 3,339.21	not contracted	\$ 3,840.09	not contracted	\$ 3,339.21	not contracted	\$ 3,339.21	not contracted	\$ 6,010.58	not contracted	\$ 6,010.58	\$ 3,339.21
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	PRIMARY PROCEDURE	59841		\$ 3,318.57	see footnote <sup>3</sup>	\$ 3,318.57	not contracted	\$ 3,816.36	not contracted	\$ 3,318.57	not contracted	\$ 3,318.57	not contracted	\$ 5,973.43	not contracted	\$ 5,973.43	\$ 3,318.57
		ANESTHESIA FOR INDUCED ABORTION PROCEDURES	01966		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CHROMOSOME ANALYSIS; COUNT 15- 20 CELLS, 2 KARYOTYP	88262		\$ 125.49	see footnote <sup>3</sup>	\$ 125.49	not contracted	\$ 144.31	not contracted	\$ 125.49	not contracted	\$ 125.49	not contracted	\$ 225.88	not contracted	\$ 225.88	\$ 125.49
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMI STRY, PER S	88341		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMI STRY, PER S	88342		\$ 184.56	see footnote <sup>3</sup>	\$ 184.56	not contracted	\$ 212.24	not contracted	\$ 184.56	not contracted	\$ 184.56	not contracted	\$ 332.21	not contracted	\$ 332.21	\$ 184.56
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D0170	RE-EVALUATION- LIMITED, PROBLEM FOCUSED (ESTABLISHE	PRIMARY PROCEDURE	D0170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY	PRIMARY PROCEDURE	D5899		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION	PRIMARY PROCEDURE	96374		\$ 242.45	see footnote <sup>3</sup>	\$ 242.45	not contracted	\$ 278.82	not contracted	\$ 242.45	not contracted	\$ 242.45	not contracted	\$ 436.41	not contracted	\$ 436.41	\$ 242.45
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ZOLEDRONIC ACID, 1 MG	J3489		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D1351	SEALANT-PER TOOTH	PRIMARY PROCEDURE	D1351		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C,	PRIMARY PROCEDURE	90734		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90472		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93295	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO	PRIMARY PROCEDURE	93295		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THR	PRIMARY PROCEDURE	36832		\$ 6,032.54	see footnote <sup>3</sup>	\$ 6,032.54	not contracted	\$ 6,937.42	not contracted	\$ 6,032.54	not contracted	\$ 6,032.54	not contracted	\$ 10,858.57	not contracted	\$ 10,858.57	\$ 6,032.54
		ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION,	01844		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
10005	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUN	PRIMARY PROCEDURE	10005		\$ 761.70	see footnote <sup>3</sup>	\$ 761.70	not contracted	\$ 875.96	not contracted	\$ 761.70	not contracted	\$ 761.70	not contracted	\$ 1,371.06	not contracted	\$ 1,371.06	\$ 761.70
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE;	88173		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
43247	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; W	PRIMARY PROCEDURE	43247		\$ 968.90	see footnote <sup>3</sup>	\$ 968.90	not contracted	\$ 1,114.24	not contracted	\$ 968.90	not contracted	\$ 968.90	not contracted	\$ 1,744.02	not contracted	\$ 1,744.02	\$ 968.90
		RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	74018		\$ 101.97	see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG,	PRIMARY PROCEDURE	91110		\$ 968.90	see footnote <sup>3</sup>	\$ 968.90	not contracted	\$ 1,114.24	not contracted	\$ 968.90	not contracted	\$ 968.90	not contracted	\$ 1,744.02	not contracted	\$ 1,744.02	\$ 968.90
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REG	PRIMARY PROCEDURE	54150		\$ 2,177.07	see footnote <sup>3</sup>	\$ 2,177.07	not contracted	\$ 2,503.63	not contracted	\$ 2,177.07	not contracted	\$ 2,177.07	not contracted	\$ 3,918.73	not contracted	\$ 3,918.73	\$ 2,177.07

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERM	PRIMARY PROCEDURE	11042		\$ 437.87	see footnote <sup>3</sup>	\$ 437.87	not contracted	\$ 503.55	not contracted	\$ 437.87	not contracted	\$ 437.87	not contracted	\$ 788.17	not contracted	\$ 788.17	\$ 437.87
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90697	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS	PRIMARY PROCEDURE	90697		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T	90648		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13),	90670		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ROTAVIRUS VACCINE, PENTAVALENT (RV5), 3 DOSE SCHED	90680		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CR	PRIMARY PROCEDURE	17110		\$ 211.95	see footnote <sup>3</sup>	\$ 211.95	not contracted	\$ 243.74	not contracted	\$ 211.95	not contracted	\$ 211.95	not contracted	\$ 381.51	not contracted	\$ 381.51	\$ 211.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL V	PRIMARY PROCEDURE	36561		\$ 3,496.42	see footnote <sup>3</sup>	\$ 3,496.42	not contracted	\$ 4,020.88	not contracted	\$ 3,496.42	not contracted	\$ 3,496.42	not contracted	\$ 6,293.56	not contracted	\$ 6,293.56	\$ 3,496.42
		TELETHERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIE	77306		\$ 421.03	see footnote <sup>3</sup>	\$ 421.03	not contracted	\$ 484.18	not contracted	\$ 421.03	not contracted	\$ 421.03	not contracted	\$ 757.85	not contracted	\$ 757.85	\$ 421.03

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
66180	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESE	PRIMARY PROCEDURE	66180		\$ 4,689.61	see footnote <sup>3</sup>	\$ 4,689.61	not contracted	\$ 5,393.05	not contracted	\$ 4,689.61	not contracted	\$ 4,689.61	not contracted	\$ 8,441.30	not contracted	\$ 8,441.30	\$ 4,689.61
		CONNECTIVE TISSUE, HUMAN (INCLUDES FASCIA LATA)	C1762		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		AQUEOUS SHUNT	L8612		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE	PRIMARY PROCEDURE	36821		\$ 3,496.42	see footnote <sup>3</sup>	\$ 3,496.42	not contracted	\$ 4,020.88	not contracted	\$ 3,496.42	not contracted	\$ 3,496.42	not contracted	\$ 6,293.56	not contracted	\$ 6,293.56	\$ 3,496.42
		BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANE	80047		\$ 13.73	see footnote <sup>3</sup>	\$ 13.73	not contracted	\$ 15.79	not contracted	\$ 13.73	not contracted	\$ 13.73	not contracted	\$ 24.71	not contracted	\$ 24.71	\$ 13.73
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVE	PRIMARY PROCEDURE	42826		\$ 3,339.21	see footnote <sup>3</sup>	\$ 3,339.21	not contracted	\$ 3,840.09	not contracted	\$ 3,339.21	not contracted	\$ 3,339.21	not contracted	\$ 6,010.58	not contracted	\$ 6,010.58	\$ 3,339.21
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA- ARTICULAR FR	PRIMARY PROCEDURE	25608		\$ 7,763.59	see footnote <sup>3</sup>	\$ 7,763.59	not contracted	\$ 8,928.13	not contracted	\$ 7,763.59	not contracted	\$ 7,763.59	not contracted	\$ 13,974.46	not contracted	\$ 13,974.46	\$ 7,763.59
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/END OS	01830		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 274.08	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TIS	C1713		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIAL	PRIMARY PROCEDURE	36901		\$ 1,746.29	see footnote <sup>3</sup>	\$ 1,746.29	not contracted	\$ 2,008.23	not contracted	\$ 1,746.29	not contracted	\$ 1,746.29	not contracted	\$ 3,143.32	not contracted	\$ 3,143.32	\$ 1,746.29
		INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIAL	36903		\$ 12,459.19	see footnote <sup>3</sup>	\$ 12,459.19	not contracted	\$ 14,328.07	not contracted	\$ 12,459.19	not contracted	\$ 12,459.19	not contracted	\$ 22,426.54	not contracted	\$ 22,426.54	\$ 12,459.19
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML	J7040		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PAR	PRIMARY PROCEDURE	64493		\$ 1,000.20	see footnote <sup>3</sup>	\$ 1,000.20	not contracted	\$ 1,150.23	not contracted	\$ 1,000.20	not contracted	\$ 1,000.20	not contracted	\$ 1,800.36	not contracted	\$ 1,800.36	\$ 1,000.20



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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PAR	64494		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 274.08	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
11981	INSERTION, DRUG- DELIVERY IMPLANT (IE, BIORESORBABL	PRIMARY PROCEDURE	11981		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLU	J7307		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATI	PRIMARY PROCEDURE	19125		\$ 4,034.95	see footnote <sup>3</sup>	\$ 4,034.95	not contracted	\$ 4,640.19	not contracted	\$ 4,034.95	not contracted	\$ 4,034.95	not contracted	\$ 7,262.91	not contracted	\$ 7,262.91	\$ 4,034.95
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 380.41	see footnote <sup>3</sup>	\$ 380.41	not contracted	\$ 437.47	not contracted	\$ 380.41	not contracted	\$ 380.41	not contracted	\$ 684.74	not contracted	\$ 684.74	\$ 380.41
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMI STRY, PER S	88342		\$ 184.56	see footnote <sup>3</sup>	\$ 184.56	not contracted	\$ 212.24	not contracted	\$ 184.56	not contracted	\$ 184.56	not contracted	\$ 332.21	not contracted	\$ 332.21	\$ 184.56
		RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	76098		\$ 590.52	see footnote <sup>3</sup>	\$ 590.52	not contracted	\$ 679.10	not contracted	\$ 590.52	not contracted	\$ 590.52	not contracted	\$ 1,062.94	not contracted	\$ 1,062.94	\$ 590.52
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
97161	PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY, REQUI	PRIMARY PROCEDURE	97161		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TEC	PRIMARY PROCEDURE	96409		\$ 242.45	see footnote <sup>3</sup>	\$ 242.45	not contracted	\$ 278.82	not contracted	\$ 242.45	not contracted	\$ 242.45	not contracted	\$ 436.41	not contracted	\$ 436.41	\$ 242.45
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION	Q0162		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, AZACITIDINE, 1 MG	J9025		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
J2357	INJECTION, OMALIZUMAB, 5 MG	PRIMARY PROCEDURE	J2357		\$ 44.83	see footnote <sup>3</sup>	\$ 44.83	not contracted	\$ 51.55	not contracted	\$ 44.83	not contracted	\$ 44.83	not contracted	\$ 80.69	not contracted	\$ 80.69	\$ 44.83
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION	PRIMARY PROCEDURE	11056		\$ 211.95	see footnote <sup>3</sup>	\$ 211.95	not contracted	\$ 243.74	not contracted	\$ 211.95	not contracted	\$ 211.95	not contracted	\$ 381.51	not contracted	\$ 381.51	\$ 211.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	PRIMARY PROCEDURE	54200		\$ 252.19	see footnote <sup>3</sup>	\$ 252.19	not contracted	\$ 290.02	not contracted	\$ 252.19	not contracted	\$ 252.19	not contracted	\$ 453.94	not contracted	\$ 453.94	\$ 252.19
		INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM,	J0775		\$ 73.37	see footnote <sup>3</sup>	\$ 73.37	not contracted	\$ 84.38	not contracted	\$ 73.37	not contracted	\$ 73.37	not contracted	\$ 132.07	not contracted	\$ 132.07	\$ 73.37
H2010	COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	PRIMARY PROCEDURE	H2010		not available	see footnote <sup>3</sup>	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	PRIMARY PROCEDURE	D2750		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION,	PRIMARY PROCEDURE	57522		\$ 3,318.57	see footnote <sup>3</sup>	\$ 3,318.57	not contracted	\$ 3,816.36	not contracted	\$ 3,318.57	not contracted	\$ 3,318.57	not contracted	\$ 5,973.43	not contracted	\$ 5,973.43	\$ 3,318.57
		ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILA	57505		\$ 825.66	see footnote <sup>3</sup>	\$ 825.66	not contracted	\$ 949.51	not contracted	\$ 825.66	not contracted	\$ 825.66	not contracted	\$ 1,486.19	not contracted	\$ 1,486.19	\$ 825.66
		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPS	00940		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 380.41	see footnote <sup>3</sup>	\$ 380.41	not contracted	\$ 437.47	not contracted	\$ 380.41	not contracted	\$ 380.41	not contracted	\$ 684.74	not contracted	\$ 684.74	\$ 380.41
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMI STRY, PER S	88342		\$ 184.56	see footnote <sup>3</sup>	\$ 184.56	not contracted	\$ 212.24	not contracted	\$ 184.56	not contracted	\$ 184.56	not contracted	\$ 332.21	not contracted	\$ 332.21	\$ 184.56
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 7.77	see footnote <sup>3</sup>	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 39.86	see footnote <sup>3</sup>	\$ 39.86	not contracted	\$ 45.84	not contracted	\$ 39.86	not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	\$ 39.86
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNA	PRIMARY PROCEDURE	47536		\$ 4,157.16	see footnote <sup>3</sup>	\$ 4,157.16	not contracted	\$ 4,780.73	not contracted	\$ 4,157.16	not contracted	\$ 4,157.16	not contracted	\$ 7,482.89	not contracted	\$ 7,482.89	\$ 4,157.16
		CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER W	75984		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	J0696		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML	J7040		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	PRIMARY PROCEDURE	20206		\$ 1,760.02	see footnote <sup>3</sup>	\$ 1,760.02	not contracted	\$ 2,024.02	not contracted	\$ 1,760.02	not contracted	\$ 1,760.02	not contracted	\$ 3,168.04	not contracted	\$ 3,168.04	\$ 1,760.02
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOP	76942		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAS	73701		\$ 211.67	see footnote <sup>3</sup>	\$ 211.67	not contracted	\$ 243.42	not contracted	\$ 211.67	not contracted	\$ 211.67	not contracted	\$ 381.01	not contracted	\$ 381.01	\$ 211.67
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 380.41	see footnote <sup>3</sup>	\$ 380.41	not contracted	\$ 437.47	not contracted	\$ 380.41	not contracted	\$ 380.41	not contracted	\$ 684.74	not contracted	\$ 684.74	\$ 380.41
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMI STRY, PER S	88342		\$ 184.56	see footnote <sup>3</sup>	\$ 184.56	not contracted	\$ 212.24	not contracted	\$ 184.56	not contracted	\$ 184.56	not contracted	\$ 332.21	not contracted	\$ 332.21	\$ 184.56
90662	INFLUENZA VIRUS VACCINE (IIV), SPLIT VIRUS, PRESER	PRIMARY PROCEDURE	90662		\$ -	see footnote <sup>3</sup>	\$ -	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 (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Medicare Advantage)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
					Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (S	91300		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJEC	0004A		\$ 48.73	see footnote <sup>3</sup>	\$ 48.73	not contracted	\$ 56.04	not contracted	\$ 48.73	not contracted	\$ 48.73	not contracted	\$ 87.71	not contracted	\$ 87.71	\$ 48.73
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		SARSCOV2 VAC BVL 30MCG/0.3ML SEVERE ACUTE RESPIRAT	91312		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ADM SARSCV2 BVL 30MCG/.3ML B IMMUNIZATION ADMINIST	0124A		\$ 48.73	see footnote <sup>3</sup>	\$ 48.73	not contracted	\$ 56.04	not contracted	\$ 48.73	not contracted	\$ 48.73	not contracted	\$ 87.71	not contracted	\$ 87.71	\$ 48.73
37243	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF A	PRIMARY PROCEDURE	37243		\$ 12,459.19	see footnote <sup>3</sup>	\$ 12,459.19	not contracted	\$ 14,328.07	not contracted	\$ 12,459.19	not contracted	\$ 12,459.19	not contracted	\$ 22,426.54	not contracted	\$ 22,426.54	\$ 12,459.19
		TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, R	75894		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	J0696		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT	PRIMARY PROCEDURE	29888		\$ 7,763.59	see footnote <sup>3</sup>	\$ 7,763.59	not contracted	\$ 8,928.13	not contracted	\$ 7,763.59	not contracted	\$ 7,763.59	not contracted	\$ 13,974.46	not contracted	\$ 13,974.46	\$ 7,763.59
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCE	01400		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY, REQUI	97161		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MI	97116		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TIS	C1713		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING 7 LE	PRIMARY PROCEDURE	11900		\$ 211.95	see footnote <sup>3</sup>	\$ 211.95	not contracted	\$ 243.74	not contracted	\$ 211.95	not contracted	\$ 211.95	not contracted	\$ 381.51	not contracted	\$ 381.51	\$ 211.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
2028F	FOOT EXAMINATION PERFORMED (INCLUDES EXAMINATION T	PRIMARY PROCEDURE	2028F		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
11982	REMOVAL, NON- BIODEGRADABLE DRUG DELIVERY IMPLANT	PRIMARY PROCEDURE	11982		\$ 443.15	see footnote <sup>3</sup>	\$ 443.15	not contracted	\$ 509.62	not contracted	\$ 443.15	not contracted	\$ 443.15	not contracted	\$ 797.67	not contracted	\$ 797.67	\$ 443.15
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUB	PRIMARY PROCEDURE	D3910		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ENDODONTIC THERAPY, MOLAR (EXCLUDING FINAL RESTORA	D3330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93656	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUD	PRIMARY PROCEDURE	93656		\$ 27,559.99	see footnote <sup>3</sup>	\$ 27,559.99	not contracted	\$ 31,693.99	not contracted	\$ 27,559.99	not contracted	\$ 27,559.99	not contracted	\$ 49,607.98	not contracted	\$ 49,607.98	\$ 27,559.99
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$ 8.46	see footnote <sup>3</sup>	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROTAMINE SULFATE, PER 10 MG	J2720		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85027		\$ 6.47	see footnote <sup>3</sup>	\$ 6.47	not contracted	\$ 7.44	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 11.65	not contracted	\$ 11.65	\$ 6.47
		PROTHROMBIN TIME;	85610		\$ 4.29	see footnote <sup>3</sup>	\$ 4.29	not contracted	\$ 4.93	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 7.72	not contracted	\$ 7.72	\$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTER	PRIMARY PROCEDURE	20605		\$ 319.12	see footnote <sup>3</sup>	\$ 319.12	not contracted	\$ 366.99	not contracted	\$ 319.12	not contracted	\$ 319.12	not contracted	\$ 574.42	not contracted	\$ 574.42	\$ 319.12
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WIT	PRIMARY PROCEDURE	33228		\$ 12,122.88	see footnote <sup>3</sup>	\$ 12,122.88	not contracted	\$ 13,941.31	not contracted	\$ 12,122.88	not contracted	\$ 12,122.88	not contracted	\$ 21,821.18	not contracted	\$ 21,821.18	\$ 12,122.88
		INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS	33270		\$ 37,647.99	see footnote <sup>3</sup>	\$ 37,647.99	not contracted	\$ 43,295.19	not contracted	\$ 37,647.99	not contracted	\$ 37,647.99	not contracted	\$ 67,766.38	not contracted	\$ 67,766.38	\$ 37,647.99
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -



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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL	PRIMARY PROCEDURE	27792		\$ 7,763.59	see footnote <sup>3</sup>	\$ 7,763.59	not contracted	\$ 8,928.13	not contracted	\$ 7,763.59	not contracted	\$ 7,763.59	not contracted	\$ 13,974.46	not contracted	\$ 13,974.46	\$ 7,763.59
		ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER L	01480		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 274.08	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM O	73610		\$ 101.97	see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TIS	C1713		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION	PRIMARY PROCEDURE	96416		\$ 390.40	see footnote <sup>3</sup>	\$ 390.40	not contracted	\$ 448.96	not contracted	\$ 390.40	not contracted	\$ 390.40	not contracted	\$ 702.72	not contracted	\$ 702.72	\$ 390.40
		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION	96413		\$ 390.40	see footnote <sup>3</sup>	\$ 390.40	not contracted	\$ 448.96	not contracted	\$ 390.40	not contracted	\$ 390.40	not contracted	\$ 702.72	not contracted	\$ 702.72	\$ 390.40

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION	96415		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION	96417		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION	96375		\$ 49.73	see footnote <sup>3</sup>	\$ 49.73	not contracted	\$ 57.19	not contracted	\$ 49.73	not contracted	\$ 49.73	not contracted	\$ 89.51	not contracted	\$ 89.51	\$ 49.73
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV)	Q5118		\$ 39.55	see footnote <sup>3</sup>	\$ 39.55	not contracted	\$ 45.48	not contracted	\$ 39.55	not contracted	\$ 39.55	not contracted	\$ 71.19	not contracted	\$ 71.19	\$ 39.55
		INJECTION, ATROPINE SULFATE, 0.01 MG	J0461		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	J0640		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FLUOROURACIL, 500 MG	J9190		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, IRINOTECAN, 20 MG	J9206		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
31575	LARYNGOSCOPY, FLEXIBLE; DIAGNOSTIC	PRIMARY PROCEDURE	31575		\$ 209.80	see footnote <sup>3</sup>	\$ 209.80	not contracted	\$ 241.27	not contracted	\$ 209.80	not contracted	\$ 209.80	not contracted	\$ 377.64	not contracted	\$ 377.64	\$ 209.80

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D4910	PERIODONTAL MAINTENANCE	PRIMARY PROCEDURE	D4910		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	PRIMARY PROCEDURE	50200		\$ 1,760.02	see footnote <sup>3</sup>	\$ 1,760.02	not contracted	\$ 2,024.02	not contracted	\$ 1,760.02	not contracted	\$ 1,760.02	not contracted	\$ 3,168.04	not contracted	\$ 3,168.04	\$ 1,760.02
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOP	76942		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT;	88312		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT;	88313		\$ 39.86	see footnote <sup>3</sup>	\$ 39.86	not contracted	\$ 45.84	not contracted	\$ 39.86	not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	\$ 39.86
43277	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA TOGRAPHY (ER	PRIMARY PROCEDURE	43277		\$ 3,827.07	see footnote <sup>3</sup>	\$ 3,827.07	not contracted	\$ 4,401.13	not contracted	\$ 3,827.07	not contracted	\$ 3,827.07	not contracted	\$ 6,888.73	not contracted	\$ 6,888.73	\$ 3,827.07
		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA TOGRAPHY (ER	43275		\$ 3,827.07	see footnote <sup>3</sup>	\$ 3,827.07	not contracted	\$ 4,401.13	not contracted	\$ 3,827.07	not contracted	\$ 3,827.07	not contracted	\$ 6,888.73	not contracted	\$ 6,888.73	\$ 3,827.07
		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA TOGRAPHY (ER	43260		\$ 3,827.07	see footnote <sup>3</sup>	\$ 3,827.07	not contracted	\$ 4,401.13	not contracted	\$ 3,827.07	not contracted	\$ 3,827.07	not contracted	\$ 6,888.73	not contracted	\$ 6,888.73	\$ 3,827.07
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 274.08	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG,	PRIMARY PROCEDURE	27814		\$ 7,763.59	see footnote <sup>3</sup>	\$ 7,763.59	not contracted	\$ 8,928.13	not contracted	\$ 7,763.59	not contracted	\$ 7,763.59	not contracted	\$ 13,974.46	not contracted	\$ 13,974.46	\$ 7,763.59
		ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER L	01480		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 274.08	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM O	73610		\$ 101.97	see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TIS	C1713		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE	PRIMARY PROCEDURE	J3301		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR	20610		\$ 319.12	see footnote <sup>3</sup>	\$ 319.12	not contracted	\$ 366.99	not contracted	\$ 319.12	not contracted	\$ 319.12	not contracted	\$ 574.42	not contracted	\$ 574.42	\$ 319.12
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AN	G0463		\$ 141.85	see footnote <sup>3</sup>	\$ 141.85	not contracted	\$ 163.13	not contracted	\$ 141.85	not contracted	\$ 141.85	not contracted	\$ 255.33	not contracted	\$ 255.33	\$ 141.85
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML	S0020		not available	see footnote <sup>3</sup>	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
99387	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATI	PRIMARY PROCEDURE	99387		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99170	ANOGENITAL EXAMINATION, MAGNIFIED, IN CHILDHOOD FO	PRIMARY PROCEDURE	99170		\$ 209.07	see footnote <sup>3</sup>	\$ 209.07	not contracted	\$ 240.43	not contracted	\$ 209.07	not contracted	\$ 209.07	not contracted	\$ 376.33	not contracted	\$ 376.33	\$ 209.07
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87491		\$ 35.09	see footnote <sup>3</sup>	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87591		\$ 35.09	see footnote <sup>3</sup>	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE	PRIMARY PROCEDURE	33249		\$ 37,647.99	see footnote <sup>3</sup>	\$ 37,647.99	not contracted	\$ 43,295.19	not contracted	\$ 37,647.99	not contracted	\$ 37,647.99	not contracted	\$ 67,766.38	not contracted	\$ 67,766.38	\$ 37,647.99
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
		RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	71046		\$ 101.97	see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASI	PRIMARY PROCEDURE	36819		\$ 6,032.54	see footnote <sup>3</sup>	\$ 6,032.54	not contracted	\$ 6,937.42	not contracted	\$ 6,032.54	not contracted	\$ 6,032.54	not contracted	\$ 10,858.57	not contracted	\$ 10,858.57	\$ 6,032.54
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY	PRIMARY PROCEDURE	67108		\$ 4,689.61	see footnote <sup>3</sup>	\$ 4,689.61	not contracted	\$ 5,393.05	not contracted	\$ 4,689.61	not contracted	\$ 4,689.61	not contracted	\$ 8,441.30	not contracted	\$ 8,441.30	\$ 4,689.61
		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SU	00145		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT) EFFECTIVE DATE:	PRIMARY PROCEDURE	96900		\$ 39.86	see footnote <sup>3</sup>	\$ 39.86	not contracted	\$ 45.84	not contracted	\$ 39.86	not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	\$ 39.86
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT	PRIMARY PROCEDURE	57452		\$ 209.07	see footnote <sup>3</sup>	\$ 209.07	not contracted	\$ 240.43	not contracted	\$ 209.07	not contracted	\$ 209.07	not contracted	\$ 376.33	not contracted	\$ 376.33	\$ 209.07
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH	PRIMARY PROCEDURE	67043		\$ 4,689.61	see footnote <sup>3</sup>	\$ 4,689.61	not contracted	\$ 5,393.05	not contracted	\$ 4,689.61	not contracted	\$ 4,689.61	not contracted	\$ 8,441.30	not contracted	\$ 8,441.30	\$ 4,689.61
		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SU	00145		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCI	PRIMARY PROCEDURE	57288		\$ 5,440.23	see footnote <sup>3</sup>	\$ 5,440.23	not contracted	\$ 6,256.26	not contracted	\$ 5,440.23	not contracted	\$ 5,440.23	not contracted	\$ 9,792.41	not contracted	\$ 9,792.41	\$ 5,440.23
		ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER	00860		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 7.77	see footnote <sup>3</sup>	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		REPAIR DEVICE, URINARY, INCONTINENCE, WITH SLING G	C1771		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML DEACTIVE	J2370		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
65426	EXCISION OR TRANSPPOSITION OF PTERYGIUM; WITH GRAFT	PRIMARY PROCEDURE	65426		\$ 2,481.46	see footnote <sup>3</sup>	\$ 2,481.46	not contracted	\$ 2,853.68	not contracted	\$ 2,481.46	not contracted	\$ 2,481.46	not contracted	\$ 4,466.63	not contracted	\$ 4,466.63	\$ 2,481.46
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/F	PRIMARY PROCEDURE	46270		\$ 3,015.79	see footnote <sup>3</sup>	\$ 3,015.79	not contracted	\$ 3,468.16	not contracted	\$ 3,015.79	not contracted	\$ 3,015.79	not contracted	\$ 5,428.42	not contracted	\$ 5,428.42	\$ 3,015.79
		ANESTHESIA FOR; ANORECTAL PROCEDURE	00902		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -



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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PR	J7642		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT	PRIMARY PROCEDURE	64721		\$ 2,109.75	see footnote <sup>3</sup>	\$ 2,109.75	not contracted	\$ 2,426.21	not contracted	\$ 2,109.75	not contracted	\$ 2,109.75	not contracted	\$ 3,797.55	not contracted	\$ 3,797.55	\$ 2,109.75
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99078	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIO	PRIMARY PROCEDURE	99078		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
87635	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	PRIMARY PROCEDURE	87635		\$ 51.31	see footnote <sup>3</sup>	\$ 51.31	not contracted	\$ 59.01	not contracted	\$ 51.31	not contracted	\$ 51.31	not contracted	\$ 92.36	not contracted	\$ 92.36	\$ 51.31
		SARS-COV-2 COVID-19 AMP PRB HIGH THROUGHPUT TECH I	U0003		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		COV-19 AMP PRB HGH THRUPUT WITHIN 2 DAYS COLLECT	U0005		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
46600	ANOSCOPY; DIAGNOSTIC, INCLUDING COLLECTION OF SPEC	PRIMARY PROCEDURE	46600		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99203		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT (PP	PRIMARY PROCEDURE	90732		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA- ARTICULAR FR	PRIMARY PROCEDURE	25609		\$ 7,763.59	see footnote <sup>3</sup>	\$ 7,763.59	not contracted	\$ 8,928.13	not contracted	\$ 7,763.59	not contracted	\$ 7,763.59	not contracted	\$ 13,974.46	not contracted	\$ 13,974.46	\$ 7,763.59
		APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND);	29126		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 274.08	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TIS	C1713		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93770	DETERMINATION OF VENOUS PRESSURE	PRIMARY PROCEDURE	93770		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR VENA CAVA FIL	PRIMARY PROCEDURE	37193		\$ 3,496.42	see footnote <sup>3</sup>	\$ 3,496.42	not contracted	\$ 4,020.88	not contracted	\$ 3,496.42	not contracted	\$ 3,496.42	not contracted	\$ 6,293.56	not contracted	\$ 6,293.56	\$ 3,496.42
		INSERTION OF INTRAVASCULAR VENA CAVA FILTER, ENDOV	37191		\$ 6,032.54	see footnote <sup>3</sup>	\$ 6,032.54	not contracted	\$ 6,937.42	not contracted	\$ 6,032.54	not contracted	\$ 6,032.54	not contracted	\$ 10,858.57	not contracted	\$ 10,858.57	\$ 6,032.54
		LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ON	88300		\$ 29.30	see footnote <sup>3</sup>	\$ 29.30	not contracted	\$ 33.70	not contracted	\$ 29.30	not contracted	\$ 29.30	not contracted	\$ 52.74	not contracted	\$ 52.74	\$ 29.30
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML	J7040		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQ	PRIMARY PROCEDURE	51741		\$ 170.69	see footnote <sup>3</sup>	\$ 170.69	not contracted	\$ 196.29	not contracted	\$ 170.69	not contracted	\$ 170.69	not contracted	\$ 307.24	not contracted	\$ 307.24	\$ 170.69
		MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR	51798		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
88161	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; PREPARATI	PRIMARY PROCEDURE	88161		\$ 29.30	see footnote <sup>3</sup>	\$ 29.30	not contracted	\$ 33.70	not contracted	\$ 29.30	not contracted	\$ 29.30	not contracted	\$ 52.74	not contracted	\$ 52.74	\$ 29.30

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99396		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87624		\$ 35.09	see footnote <sup>3</sup>	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING	88142		\$ 20.26	see footnote <sup>3</sup>	\$ 20.26	not contracted	\$ 23.30	not contracted	\$ 20.26	not contracted	\$ 20.26	not contracted	\$ 36.47	not contracted	\$ 36.47	\$ 20.26
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	PRIMARY PROCEDURE	36430		\$ 478.58	see footnote <sup>3</sup>	\$ 478.58	not contracted	\$ 550.37	not contracted	\$ 478.58	not contracted	\$ 478.58	not contracted	\$ 861.44	not contracted	\$ 861.44	\$ 478.58
		DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA AP	Q0163		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, E	P9040		\$ 304.13	see footnote <sup>3</sup>	\$ 304.13	not contracted	\$ 349.75	not contracted	\$ 304.13	not contracted	\$ 304.13	not contracted	\$ 547.43	not contracted	\$ 547.43	\$ 304.13
92928	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORON	PRIMARY PROCEDURE	92928		\$ 12,459.19	see footnote <sup>3</sup>	\$ 12,459.19	not contracted	\$ 14,328.07	not contracted	\$ 12,459.19	not contracted	\$ 12,459.19	not contracted	\$ 22,426.54	not contracted	\$ 22,426.54	\$ 12,459.19
		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORON	93454		\$ 3,472.34	see footnote <sup>3</sup>	\$ 3,472.34	not contracted	\$ 3,993.19	not contracted	\$ 3,472.34	not contracted	\$ 3,472.34	not contracted	\$ 6,250.21	not contracted	\$ 6,250.21	\$ 3,472.34
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$ 8.46	see footnote <sup>3</sup>	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85027		\$ 6.47	see footnote <sup>3</sup>	\$ 6.47	not contracted	\$ 7.44	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 11.65	not contracted	\$ 11.65	\$ 6.47
		PROTHROMBIN TIME;	85610		\$ 4.29	see footnote <sup>3</sup>	\$ 4.29	not contracted	\$ 4.93	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 7.72	not contracted	\$ 7.72	\$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INC	PRIMARY PROCEDURE	27822		\$ 7,763.59	see footnote <sup>3</sup>	\$ 7,763.59	not contracted	\$ 8,928.13	not contracted	\$ 7,763.59	not contracted	\$ 7,763.59	not contracted	\$ 13,974.46	not contracted	\$ 13,974.46	\$ 7,763.59
		ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER L	01480		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 274.08	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM O	73610		\$ 101.97	see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TIS	C1713		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D2330	RESIN-ONE SURFACE, ANTERIOR	PRIMARY PROCEDURE	D2330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D0270	BITEWING-SINGLE FILM	PRIMARY PROCEDURE	D0270		\$ 2,021.62	see footnote <sup>3</sup>	\$ 2,021.62	not contracted	\$ 2,324.86	not contracted	\$ 2,021.62	not contracted	\$ 2,021.62	not contracted	\$ 3,638.92	not contracted	\$ 3,638.92	\$ 2,021.62
		INTRAORAL- PERIAPICAL-FIRST FILM	D0220		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGUL ATION, T	PRIMARY PROCEDURE	66710		\$ 2,481.46	see footnote <sup>3</sup>	\$ 2,481.46	not contracted	\$ 2,853.68	not contracted	\$ 2,481.46	not contracted	\$ 2,481.46	not contracted	\$ 4,466.63	not contracted	\$ 4,466.63	\$ 2,481.46
91312	SARSCOV2 VAC BVL 30MCG/0.3ML SEVERE ACUTE RESPIRAT	PRIMARY PROCEDURE	91312		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ADM SARSCV2 BVL 30MCG/.3ML B IMMUNIZATION ADMINIST	0124A		\$ 48.73	see footnote <sup>3</sup>	\$ 48.73	not contracted	\$ 56.04	not contracted	\$ 48.73	not contracted	\$ 48.73	not contracted	\$ 87.71	not contracted	\$ 87.71	\$ 48.73
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATER	PRIMARY PROCEDURE	31231		\$ 209.80	see footnote <sup>3</sup>	\$ 209.80	not contracted	\$ 241.27	not contracted	\$ 209.80	not contracted	\$ 209.80	not contracted	\$ 377.64	not contracted	\$ 377.64	\$ 209.80
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	PRIMARY PROCEDURE	31652		\$ 3,912.71	see footnote <sup>3</sup>	\$ 3,912.71	not contracted	\$ 4,499.62	not contracted	\$ 3,912.71	not contracted	\$ 3,912.71	not contracted	\$ 7,042.88	not contracted	\$ 7,042.88	\$ 3,912.71
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	31624		\$ 1,876.23	see footnote <sup>3</sup>	\$ 1,876.23	not contracted	\$ 2,157.66	not contracted	\$ 1,876.23	not contracted	\$ 1,876.23	not contracted	\$ 3,377.21	not contracted	\$ 3,377.21	\$ 1,876.23
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	31628		\$ 3,912.71	see footnote <sup>3</sup>	\$ 3,912.71	not contracted	\$ 4,499.62	not contracted	\$ 3,912.71	not contracted	\$ 3,912.71	not contracted	\$ 7,042.88	not contracted	\$ 7,042.88	\$ 3,912.71
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	31629		\$ 3,912.71	see footnote <sup>3</sup>	\$ 3,912.71	not contracted	\$ 4,499.62	not contracted	\$ 3,912.71	not contracted	\$ 3,912.71	not contracted	\$ 7,042.88	not contracted	\$ 7,042.88	\$ 3,912.71

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE;	88173		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND	88108		\$ 39.86	see footnote <sup>3</sup>	\$ 39.86	not contracted	\$ 45.84	not contracted	\$ 39.86	not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	\$ 39.86
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87801		\$ 70.20	see footnote <sup>3</sup>	\$ 70.20	not contracted	\$ 80.73	not contracted	\$ 70.20	not contracted	\$ 70.20	not contracted	\$ 126.36	not contracted	\$ 126.36	\$ 70.20
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY	87305		\$ 11.98	see footnote <sup>3</sup>	\$ 11.98	not contracted	\$ 13.78	not contracted	\$ 11.98	not contracted	\$ 11.98	not contracted	\$ 21.56	not contracted	\$ 21.56	\$ 11.98
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 101.97	see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG,	87116		\$ 10.80	see footnote <sup>3</sup>	\$ 10.80	not contracted	\$ 12.42	not contracted	\$ 10.80	not contracted	\$ 10.80	not contracted	\$ 19.44	not contracted	\$ 19.44	\$ 10.80
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$ 8.46	see footnote <sup>3</sup>	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT;	88312		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 7.77	see footnote <sup>3</sup>	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRE	87102		\$ 8.41	see footnote <sup>3</sup>	\$ 8.41	not contracted	\$ 9.67	not contracted	\$ 8.41	not contracted	\$ 8.41	not contracted	\$ 15.14	not contracted	\$ 15.14	\$ 8.41
D2331	RESIN-TWO SURFACES, ANTERIOR	PRIMARY PROCEDURE	D2331		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	PRIMARY PROCEDURE	93010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
D1120	PROPHYLAXIS-CHILD	PRIMARY PROCEDURE	D1120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION	D1206		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D0272	BITEWINGS-TWO FILMS	PRIMARY PROCEDURE	D0272		\$ 2,021.62	see footnote <sup>3</sup>	\$ 2,021.62	not contracted	\$ 2,324.86	not contracted	\$ 2,021.62	not contracted	\$ 2,021.62	not contracted	\$ 3,638.92	not contracted	\$ 3,638.92	\$ 2,021.62
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INTRAORAL-PERIAPICAL-FIRST FILM	D0220		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	D0230		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A F	D0603		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PROPHYLAXIS-CHILD	D1120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION	D1206		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CAN	PRIMARY PROCEDURE	69631		\$ 6,267.17	see footnote <sup>3</sup>	\$ 6,267.17	not contracted	\$ 7,207.25	not contracted	\$ 6,267.17	not contracted	\$ 6,267.17	not contracted	\$ 11,280.91	not contracted	\$ 11,280.91	\$ 6,267.17



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Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND	00120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL S	PRIMARY PROCEDURE	75710		\$ 3,496.42	see footnote <sup>3</sup>	\$ 3,496.42	not contracted	\$ 4,020.88	not contracted	\$ 3,496.42	not contracted	\$ 3,496.42	not contracted	\$ 6,293.56	not contracted	\$ 6,293.56	\$ 3,496.42
		SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EAC	36245		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANE	80047		\$ 13.73	see footnote <sup>3</sup>	\$ 13.73	not contracted	\$ 15.79	not contracted	\$ 13.73	not contracted	\$ 13.73	not contracted	\$ 24.71	not contracted	\$ 24.71	\$ 13.73
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML DEACTIVE	J2370		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PR	J7642		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	PRIMARY PROCEDURE	D2999		\$ 2,021.62	see footnote <sup>3</sup>	\$ 2,021.62	not contracted	\$ 2,324.86	not contracted	\$ 2,021.62	not contracted	\$ 2,021.62	not contracted	\$ 3,638.92	not contracted	\$ 3,638.92	\$ 2,021.62
		LOCAL ANESTHESIA	D9215		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT	PRIMARY PROCEDURE	57455		\$ 342.67	see footnote <sup>3</sup>	\$ 342.67	not contracted	\$ 394.07	not contracted	\$ 342.67	not contracted	\$ 342.67	not contracted	\$ 616.81	not contracted	\$ 616.81	\$ 342.67
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF	PRIMARY PROCEDURE	29827		\$ 7,763.59	see footnote <sup>3</sup>	\$ 7,763.59	not contracted	\$ 8,928.13	not contracted	\$ 7,763.59	not contracted	\$ 7,763.59	not contracted	\$ 13,974.46	not contracted	\$ 13,974.46	\$ 7,763.59
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCE	01630		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TIS	C1713		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D0191	ASSESSMENT OF A PATIENT	PRIMARY PROCEDURE	D0191		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLI	PRIMARY PROCEDURE	D7997		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPL	PRIMARY PROCEDURE	11750		\$ 437.87	see footnote <sup>3</sup>	\$ 437.87	not contracted	\$ 503.55	not contracted	\$ 437.87	not contracted	\$ 437.87	not contracted	\$ 788.17	not contracted	\$ 788.17	\$ 437.87
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43259	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; W	PRIMARY PROCEDURE	43259		\$ 2,044.10	see footnote <sup>3</sup>	\$ 2,044.10	not contracted	\$ 2,350.72	not contracted	\$ 2,044.10	not contracted	\$ 2,044.10	not contracted	\$ 3,679.38	not contracted	\$ 3,679.38	\$ 2,044.10
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FO	PRIMARY PROCEDURE	58573		\$ 10,665.76	see footnote <sup>3</sup>	\$ 10,665.76	not contracted	\$ 12,265.62	not contracted	\$ 10,665.76	not contracted	\$ 10,665.76	not contracted	\$ 19,198.37	not contracted	\$ 19,198.37	\$ 10,665.76

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER	00840		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 380.41	see footnote <sup>3</sup>	\$ 380.41	not contracted	\$ 437.47	not contracted	\$ 380.41	not contracted	\$ 380.41	not contracted	\$ 684.74	not contracted	\$ 684.74	\$ 380.41
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87635		\$ 51.31	see footnote <sup>3</sup>	\$ 51.31	not contracted	\$ 59.01	not contracted	\$ 51.31	not contracted	\$ 51.31	not contracted	\$ 92.36	not contracted	\$ 92.36	\$ 51.31
		RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	74018		\$ 101.97	see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 7.77	see footnote <sup>3</sup>	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML DEACTIVE	J2370		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
44388	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, INCLUDING C	PRIMARY PROCEDURE	44388		\$ 975.39	see footnote <sup>3</sup>	\$ 975.39	not contracted	\$ 1,121.70	not contracted	\$ 975.39	not contracted	\$ 975.39	not contracted	\$ 1,755.70	not contracted	\$ 1,755.70	\$ 975.39
		COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLE	45378		\$ 975.39	see footnote <sup>3</sup>	\$ 975.39	not contracted	\$ 1,121.70	not contracted	\$ 975.39	not contracted	\$ 975.39	not contracted	\$ 1,755.70	not contracted	\$ 1,755.70	\$ 975.39
		INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	J2175		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTO	PRIMARY PROCEDURE	66170		\$ 2,534.53	see footnote <sup>3</sup>	\$ 2,534.53	not contracted	\$ 2,914.71	not contracted	\$ 2,534.53	not contracted	\$ 2,534.53	not contracted	\$ 4,562.15	not contracted	\$ 4,562.15	\$ 2,534.53
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION,	PRIMARY PROCEDURE	57520		\$ 3,318.57	see footnote <sup>3</sup>	\$ 3,318.57	not contracted	\$ 3,816.36	not contracted	\$ 3,318.57	not contracted	\$ 3,318.57	not contracted	\$ 5,973.43	not contracted	\$ 5,973.43	\$ 3,318.57
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 380.41	see footnote <sup>3</sup>	\$ 380.41	not contracted	\$ 437.47	not contracted	\$ 380.41	not contracted	\$ 380.41	not contracted	\$ 684.74	not contracted	\$ 684.74	\$ 380.41
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	PRIMARY PROCEDURE	62270		\$ 756.26	see footnote <sup>3</sup>	\$ 756.26	not contracted	\$ 869.70	not contracted	\$ 756.26	not contracted	\$ 756.26	not contracted	\$ 1,361.27	not contracted	\$ 1,361.27	\$ 756.26
		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PL	84155		\$ 3.67	see footnote <sup>3</sup>	\$ 3.67	not contracted	\$ 4.22	not contracted	\$ 3.67	not contracted	\$ 3.67	not contracted	\$ 6.61	not contracted	\$ 6.61	\$ 3.67
		SYPHILIS TEST, NON- TREPONEMAL ANTIBODY; QUANTITATI	86593		\$ 4.40	see footnote <sup>3</sup>	\$ 4.40	not contracted	\$ 5.06	not contracted	\$ 4.40	not contracted	\$ 4.40	not contracted	\$ 7.92	not contracted	\$ 7.92	\$ 4.40
		CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBRO	89050		\$ 4.72	see footnote <sup>3</sup>	\$ 4.72	not contracted	\$ 5.43	not contracted	\$ 4.72	not contracted	\$ 4.72	not contracted	\$ 8.50	not contracted	\$ 8.50	\$ 4.72
		GLUCOSE, BODY FLUID, OTHER THAN BLOOD	82945		\$ 3.93	see footnote <sup>3</sup>	\$ 3.93	not contracted	\$ 4.52	not contracted	\$ 3.93	not contracted	\$ 3.93	not contracted	\$ 7.07	not contracted	\$ 7.07	\$ 3.93
D0230	INTRAORAL- PERIAPICAL-EACH ADDITIONAL FILM	PRIMARY PROCEDURE	D0230		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INTRAORAL- PERIAPICAL-FIRST FILM	D0220		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
49591	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGAS	PRIMARY PROCEDURE	49591		\$ 4,157.16	see footnote <sup>3</sup>	\$ 4,157.16	not contracted	\$ 4,780.73	not contracted	\$ 4,157.16	not contracted	\$ 4,157.16	not contracted	\$ 7,482.89	not contracted	\$ 7,482.89	\$ 4,157.16
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS	PRIMARY PROCEDURE	D7321		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIE	PRIMARY PROCEDURE	99241		not available	see footnote <sup>3</sup>	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
D6199	UNSPECIFIED IMPLANT PROCEDURE, BY REPORT	PRIMARY PROCEDURE	D6199		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAI	PRIMARY PROCEDURE	30420		\$ 6,267.17	see footnote <sup>3</sup>	\$ 6,267.17	not contracted	\$ 7,207.25	not contracted	\$ 6,267.17	not contracted	\$ 6,267.17	not contracted	\$ 11,280.91	not contracted	\$ 11,280.91	\$ 6,267.17
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	PRIMARY PROCEDURE	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLI	PRIMARY PROCEDURE	90688		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
87491	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	PRIMARY PROCEDURE	87491		\$ 35.09	see footnote <sup>3</sup>	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87661		\$ 35.09	see footnote <sup>3</sup>	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99395		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87591		\$ 35.09	see footnote <sup>3</sup>	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09



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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
38221	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	PRIMARY PROCEDURE	38221		\$ 1,760.02	see footnote <sup>3</sup>	\$ 1,760.02	not contracted	\$ 2,024.02	not contracted	\$ 1,760.02	not contracted	\$ 1,760.02	not contracted	\$ 3,168.04	not contracted	\$ 3,168.04	\$ 1,760.02
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMI STRY, PER S	88342		\$ 184.56	see footnote <sup>3</sup>	\$ 184.56	not contracted	\$ 212.24	not contracted	\$ 184.56	not contracted	\$ 184.56	not contracted	\$ 332.21	not contracted	\$ 332.21	\$ 184.56
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDI	88311		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT;	88313		\$ 39.86	see footnote <sup>3</sup>	\$ 39.86	not contracted	\$ 45.84	not contracted	\$ 39.86	not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	\$ 39.86
		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), P	J1642		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA TOGRAPHY (ER	PRIMARY PROCEDURE	43264		\$ 3,827.07	see footnote <sup>3</sup>	\$ 3,827.07	not contracted	\$ 4,401.13	not contracted	\$ 3,827.07	not contracted	\$ 3,827.07	not contracted	\$ 6,888.73	not contracted	\$ 6,888.73	\$ 3,827.07
		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA TOGRAPHY (ER	43275		\$ 3,827.07	see footnote <sup>3</sup>	\$ 3,827.07	not contracted	\$ 4,401.13	not contracted	\$ 3,827.07	not contracted	\$ 3,827.07	not contracted	\$ 6,888.73	not contracted	\$ 6,888.73	\$ 3,827.07
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LEVOFLOXACIN, 250 MG	J1956		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
10021	FINE NEEDLE ASPIRATION BIOPSY, WITHOUT IMAGING GUI	PRIMARY PROCEDURE	10021		\$ 437.87	see footnote <sup>3</sup>	\$ 437.87	not contracted	\$ 503.55	not contracted	\$ 437.87	not contracted	\$ 437.87	not contracted	\$ 788.17	not contracted	\$ 788.17	\$ 437.87
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE;	88173		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHET	PRIMARY PROCEDURE	27096		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCE	PRIMARY PROCEDURE	55250		\$ 2,177.07	see footnote <sup>3</sup>	\$ 2,177.07	not contracted	\$ 2,503.63	not contracted	\$ 2,177.07	not contracted	\$ 2,177.07	not contracted	\$ 3,918.73	not contracted	\$ 3,918.73	\$ 2,177.07
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88302		\$ 29.30	see footnote <sup>3</sup>	\$ 29.30	not contracted	\$ 33.70	not contracted	\$ 29.30	not contracted	\$ 29.30	not contracted	\$ 52.74	not contracted	\$ 52.74	\$ 29.30
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
65820	GONIOTOMY	PRIMARY PROCEDURE	65820		\$ 4,689.61	see footnote <sup>3</sup>	\$ 4,689.61	not contracted	\$ 5,393.05	not contracted	\$ 4,689.61	not contracted	\$ 4,689.61	not contracted	\$ 8,441.30	not contracted	\$ 8,441.30	\$ 4,689.61
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	PRIMARY PROCEDURE	47000		\$ 1,760.02	see footnote <sup>3</sup>	\$ 1,760.02	not contracted	\$ 2,024.02	not contracted	\$ 1,760.02	not contracted	\$ 1,760.02	not contracted	\$ 3,168.04	not contracted	\$ 3,168.04	\$ 1,760.02
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT	77012		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 380.41	see footnote <sup>3</sup>	\$ 380.41	not contracted	\$ 437.47	not contracted	\$ 380.41	not contracted	\$ 380.41	not contracted	\$ 684.74	not contracted	\$ 684.74	\$ 380.41
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMI STRY, PER S	88341		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER 5	88342		\$ 184.56	see footnote <sup>3</sup>	\$ 184.56	not contracted	\$ 212.24	not contracted	\$ 184.56	not contracted	\$ 184.56	not contracted	\$ 332.21	not contracted	\$ 332.21	\$ 184.56
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	PRIMARY PROCEDURE	44970		\$ 6,117.50	see footnote <sup>3</sup>	\$ 6,117.50	not contracted	\$ 7,035.13	not contracted	\$ 6,117.50	not contracted	\$ 6,117.50	not contracted	\$ 11,011.50	not contracted	\$ 11,011.50	\$ 6,117.50
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER	00840		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELV	74174		\$ 432.43	see footnote <sup>3</sup>	\$ 432.43	not contracted	\$ 497.29	not contracted	\$ 432.43	not contracted	\$ 432.43	not contracted	\$ 778.37	not contracted	\$ 778.37	\$ 432.43
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88302		\$ 29.30	see footnote <sup>3</sup>	\$ 29.30	not contracted	\$ 33.70	not contracted	\$ 29.30	not contracted	\$ 29.30	not contracted	\$ 52.74	not contracted	\$ 52.74	\$ 29.30
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 101.97	see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$ 8.46	see footnote <sup>3</sup>	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 7.77	see footnote <sup>3</sup>	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	J0696		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MORPHINE SULFATE, UP TO 10 MG	J2270		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
29580	STRAPPING; UNNA BOOT	PRIMARY PROCEDURE	29580		\$ 171.08	see footnote <sup>3</sup>	\$ 171.08	not contracted	\$ 196.74	not contracted	\$ 171.08	not contracted	\$ 171.08	not contracted	\$ 307.94	not contracted	\$ 307.94	\$ 171.08
64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXC	PRIMARY PROCEDURE	64616		\$ 319.12	see footnote <sup>3</sup>	\$ 319.12	not contracted	\$ 366.99	not contracted	\$ 319.12	not contracted	\$ 319.12	not contracted	\$ 574.42	not contracted	\$ 574.42	\$ 319.12
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90664	INFLUENZA VIRUS VACCINE, LIVE (LAIV), PANDEMIC FOR	PRIMARY PROCEDURE	90664		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL	90473		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF	PRIMARY PROCEDURE	92960		\$ 690.30	see footnote <sup>3</sup>	\$ 690.30	not contracted	\$ 793.85	not contracted	\$ 690.30	not contracted	\$ 690.30	not contracted	\$ 1,242.54	not contracted	\$ 1,242.54	\$ 690.30
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$ 8.46	see footnote <sup>3</sup>	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85027		\$ 6.47	see footnote <sup>3</sup>	\$ 6.47	not contracted	\$ 7.44	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 11.65	not contracted	\$ 11.65	\$ 6.47
		PROTHROMBIN TIME;	85610		\$ 4.29	see footnote <sup>3</sup>	\$ 4.29	not contracted	\$ 4.93	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 7.72	not contracted	\$ 7.72	\$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING	PRIMARY PROCEDURE	D7250		\$ 2,021.62	see footnote <sup>3</sup>	\$ 2,021.62	not contracted	\$ 2,324.86	not contracted	\$ 2,021.62	not contracted	\$ 2,021.62	not contracted	\$ 3,638.92	not contracted	\$ 3,638.92	\$ 2,021.62
		LOCAL ANESTHESIA	D9215		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PANORAMIC FILM	D0330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE	PRIMARY PROCEDURE	65800		\$ 2,534.53	see footnote <sup>3</sup>	\$ 2,534.53	not contracted	\$ 2,914.71	not contracted	\$ 2,534.53	not contracted	\$ 2,534.53	not contracted	\$ 4,562.15	not contracted	\$ 4,562.15	\$ 2,534.53
D0460	PULP VITALITY TESTS	PRIMARY PROCEDURE	D0460		\$ 2,021.62	see footnote <sup>3</sup>	\$ 2,021.62	not contracted	\$ 2,324.86	not contracted	\$ 2,021.62	not contracted	\$ 2,021.62	not contracted	\$ 3,638.92	not contracted	\$ 3,638.92	\$ 2,021.62
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43251	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; W	PRIMARY PROCEDURE	43251		\$ 2,044.10	see footnote <sup>3</sup>	\$ 2,044.10	not contracted	\$ 2,350.72	not contracted	\$ 2,044.10	not contracted	\$ 2,044.10	not contracted	\$ 3,679.38	not contracted	\$ 3,679.38	\$ 2,044.10
		ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; W	43239		\$ 968.90	see footnote <sup>3</sup>	\$ 968.90	not contracted	\$ 1,114.24	not contracted	\$ 968.90	not contracted	\$ 968.90	not contracted	\$ 1,744.02	not contracted	\$ 1,744.02	\$ 968.90
		ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; W	43255		\$ 2,044.10	see footnote <sup>3</sup>	\$ 2,044.10	not contracted	\$ 2,350.72	not contracted	\$ 2,044.10	not contracted	\$ 2,044.10	not contracted	\$ 3,679.38	not contracted	\$ 3,679.38	\$ 2,044.10
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
90696	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS V	PRIMARY PROCEDURE	90696		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90460		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFLUENZA VACCINE, INACTIVATED (IIV), SUBUNIT, ADJ	90653		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90461		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MM	90710		\$ 187.79	see footnote <sup>3</sup>	\$ 187.79	not contracted	\$ 215.96	not contracted	\$ 187.79	not contracted	\$ 187.79	not contracted	\$ 338.02	not contracted	\$ 338.02	\$ 187.79
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99392		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LI	PRIMARY PROCEDURE	90707		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	PRIMARY PROCEDURE	76817		\$ 125.45	see footnote <sup>3</sup>	\$ 125.45	not contracted	\$ 144.27	not contracted	\$ 125.45	not contracted	\$ 125.45	not contracted	\$ 225.81	not contracted	\$ 225.81	\$ 125.45
J1050	INJECTION, MEDROXYPROGESTER ONE ACETATE, 1 MG	PRIMARY PROCEDURE	J1050		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION	96372		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL,	PRIMARY PROCEDURE	92082		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
D0190	SCREENING OF A PATIENT	PRIMARY PROCEDURE	D0190		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
65855	TRABECULOPLASTY BY LASER SURGERY	PRIMARY PROCEDURE	65855		\$ 622.96	see footnote <sup>3</sup>	\$ 622.96	not contracted	\$ 716.40	not contracted	\$ 622.96	not contracted	\$ 622.96	not contracted	\$ 1,121.33	not contracted	\$ 1,121.33	\$ 622.96
36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ART	PRIMARY PROCEDURE	36224		\$ 6,032.54	see footnote <sup>3</sup>	\$ 6,032.54	not contracted	\$ 6,937.42	not contracted	\$ 6,032.54	not contracted	\$ 6,032.54	not contracted	\$ 10,858.57	not contracted	\$ 10,858.57	\$ 6,032.54
		SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UN	36226		\$ 6,032.54	see footnote <sup>3</sup>	\$ 6,032.54	not contracted	\$ 6,937.42	not contracted	\$ 6,032.54	not contracted	\$ 6,032.54	not contracted	\$ 10,858.57	not contracted	\$ 10,858.57	\$ 6,032.54
		3D RENDERING WITH INTERPRETATION AND REPORTING OF	76376		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR IN	36223		\$ 6,032.54	see footnote <sup>3</sup>	\$ 6,032.54	not contracted	\$ 6,937.42	not contracted	\$ 6,032.54	not contracted	\$ 6,032.54	not contracted	\$ 10,858.57	not contracted	\$ 10,858.57	\$ 6,032.54
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
91310	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (S	PRIMARY PROCEDURE	91310		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJEC	0104A		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99396		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		SARSCOV2 VAC BVL 30MCG/0.3ML SEVERE ACUTE RESPIRAT	91312		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ADM SARSCV2 BVL 30MCG/.3ML B IMMUNIZATION ADMINIST	0124A		\$ 48.73	see footnote <sup>3</sup>	\$ 48.73	not contracted	\$ 56.04	not contracted	\$ 48.73	not contracted	\$ 48.73	not contracted	\$ 87.71	not contracted	\$ 87.71	\$ 48.73
47382	ABLATION, 1 OR MORE LIVER TUMOR(S), PERCUTANEOUS,	PRIMARY PROCEDURE	47382		\$ 6,117.50	see footnote <sup>3</sup>	\$ 6,117.50	not contracted	\$ 7,035.13	not contracted	\$ 6,117.50	not contracted	\$ 6,117.50	not contracted	\$ 11,011.50	not contracted	\$ 11,011.50	\$ 6,117.50
		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;	74183		\$ 432.43	see footnote <sup>3</sup>	\$ 432.43	not contracted	\$ 497.29	not contracted	\$ 432.43	not contracted	\$ 432.43	not contracted	\$ 778.37	not contracted	\$ 778.37	\$ 432.43
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT	77012		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IM	PRIMARY PROCEDURE	93307		\$ 274.08	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
		TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARD	93303		\$ 590.52	see footnote <sup>3</sup>	\$ 590.52	not contracted	\$ 679.10	not contracted	\$ 590.52	not contracted	\$ 590.52	not contracted	\$ 1,062.94	not contracted	\$ 1,062.94	\$ 590.52
57500	BIOPSY OF CERVIX, SINGLE OR MULTIPLE, OR LOCAL EXC	PRIMARY PROCEDURE	57500		\$ 825.66	see footnote <sup>3</sup>	\$ 825.66	not contracted	\$ 949.51	not contracted	\$ 825.66	not contracted	\$ 825.66	not contracted	\$ 1,486.19	not contracted	\$ 1,486.19	\$ 825.66
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99204		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85



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Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION,	PRIMARY PROCEDURE	52005		\$ 2,177.07	see footnote <sup>3</sup>	\$ 2,177.07	not contracted	\$ 2,503.63	not contracted	\$ 2,177.07	not contracted	\$ 2,177.07	not contracted	\$ 3,918.73	not contracted	\$ 3,918.73	\$ 2,177.07
		UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	74420		\$ 432.43	see footnote <sup>3</sup>	\$ 432.43	not contracted	\$ 497.29	not contracted	\$ 432.43	not contracted	\$ 432.43	not contracted	\$ 778.37	not contracted	\$ 778.37	\$ 432.43
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	PRIMARY PROCEDURE	91299		\$ 170.69	see footnote <sup>3</sup>	\$ 170.69	not contracted	\$ 196.29	not contracted	\$ 170.69	not contracted	\$ 170.69	not contracted	\$ 307.24	not contracted	\$ 307.24	\$ 170.69
		COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULT	45380		\$ 1,271.01	see footnote <sup>3</sup>	\$ 1,271.01	not contracted	\$ 1,461.66	not contracted	\$ 1,271.01	not contracted	\$ 1,271.01	not contracted	\$ 2,287.82	not contracted	\$ 2,287.82	\$ 1,271.01
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEU	PRIMARY PROCEDURE	58120		\$ 3,318.57	see footnote <sup>3</sup>	\$ 3,318.57	not contracted	\$ 3,816.36	not contracted	\$ 3,318.57	not contracted	\$ 3,318.57	not contracted	\$ 5,973.43	not contracted	\$ 5,973.43	\$ 3,318.57
		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPS	00940		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 7.77	see footnote <sup>3</sup>	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 39.86	see footnote <sup>3</sup>	\$ 39.86	not contracted	\$ 45.84	not contracted	\$ 39.86	not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	\$ 39.86
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WI	PRIMARY PROCEDURE	65222		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99203		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D7230	REMOVAL OF IMPACTED TOOTH- PARTIALLY BONY	PRIMARY PROCEDURE	D7230		\$ 2,021.62	see footnote <sup>3</sup>	\$ 2,021.62	not contracted	\$ 2,324.86	not contracted	\$ 2,021.62	not contracted	\$ 2,021.62	not contracted	\$ 3,638.92	not contracted	\$ 3,638.92	\$ 2,021.62
		LOCAL ANESTHESIA	D9215		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PANORAMIC FILM	D0330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRA	PRIMARY PROCEDURE	96402		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	J9217		\$ 221.04	see footnote <sup>3</sup>	\$ 221.04	not contracted	\$ 254.20	not contracted	\$ 221.04	not contracted	\$ 221.04	not contracted	\$ 397.87	not contracted	\$ 397.87	\$ 221.04

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF	PRIMARY PROCEDURE	17311		\$ 681.86	see footnote <sup>3</sup>	\$ 681.86	not contracted	\$ 784.14	not contracted	\$ 681.86	not contracted	\$ 681.86	not contracted	\$ 1,227.35	not contracted	\$ 1,227.35	\$ 681.86
33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS	PRIMARY PROCEDURE	33270		\$ 37,647.99	see footnote <sup>3</sup>	\$ 37,647.99	not contracted	\$ 43,295.19	not contracted	\$ 37,647.99	not contracted	\$ 37,647.99	not contracted	\$ 67,766.38	not contracted	\$ 67,766.38	\$ 37,647.99
		FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DE	77001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
		RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	71046		\$ 101.97	see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA TOGRAPHY (ER	PRIMARY PROCEDURE	43260		\$ 3,827.07	see footnote <sup>3</sup>	\$ 3,827.07	not contracted	\$ 4,401.13	not contracted	\$ 3,827.07	not contracted	\$ 3,827.07	not contracted	\$ 6,888.73	not contracted	\$ 6,888.73	\$ 3,827.07
		ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL S	74328		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISIO	PRIMARY PROCEDURE	58662		\$ 6,117.50	see footnote <sup>3</sup>	\$ 6,117.50	not contracted	\$ 7,035.13	not contracted	\$ 6,117.50	not contracted	\$ 6,117.50	not contracted	\$ 11,011.50	not contracted	\$ 11,011.50	\$ 6,117.50
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER	00840		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87522		\$ 42.84	see footnote <sup>3</sup>	\$ 42.84	not contracted	\$ 49.27	not contracted	\$ 42.84	not contracted	\$ 42.84	not contracted	\$ 77.11	not contracted	\$ 77.11	\$ 42.84
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	74018		\$ 101.97	see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
		ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	86703		\$ 13.71	see footnote <sup>3</sup>	\$ 13.71	not contracted	\$ 15.77	not contracted	\$ 13.71	not contracted	\$ 13.71	not contracted	\$ 24.68	not contracted	\$ 24.68	\$ 13.71
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 7.77	see footnote <sup>3</sup>	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY	87340		\$ 10.33	see footnote <sup>3</sup>	\$ 10.33	not contracted	\$ 11.88	not contracted	\$ 10.33	not contracted	\$ 10.33	not contracted	\$ 18.59	not contracted	\$ 18.59	\$ 10.33
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93296	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO	PRIMARY PROCEDURE	93296		\$ 41.08	see footnote <sup>3</sup>	\$ 41.08	not contracted	\$ 47.24	not contracted	\$ 41.08	not contracted	\$ 41.08	not contracted	\$ 73.94	not contracted	\$ 73.94	\$ 41.08
D9944	OCCUSAL GUARD - HARD APPLIANCE, FULL ARCH. REMOV	PRIMARY PROCEDURE	D9944		\$ 2,021.62	see footnote <sup>3</sup>	\$ 2,021.62	not contracted	\$ 2,324.86	not contracted	\$ 2,021.62	not contracted	\$ 2,021.62	not contracted	\$ 3,638.92	not contracted	\$ 3,638.92	\$ 2,021.62
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, RE	PRIMARY PROCEDURE	76826		\$ 274.08	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99215		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	PRIMARY PROCEDURE	29515		\$ 171.08	see footnote <sup>3</sup>	\$ 171.08	not contracted	\$ 196.74	not contracted	\$ 171.08	not contracted	\$ 171.08	not contracted	\$ 307.94	not contracted	\$ 307.94	\$ 171.08
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99203		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90935	HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A	PRIMARY PROCEDURE	90935		\$ 740.04	see footnote <sup>3</sup>	\$ 740.04	not contracted	\$ 851.05	not contracted	\$ 740.04	not contracted	\$ 740.04	not contracted	\$ 1,332.07	not contracted	\$ 1,332.07	\$ 740.04
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$ 8.46	see footnote <sup>3</sup>	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS	PRIMARY PROCEDURE	11200		\$ 211.95	see footnote <sup>3</sup>	\$ 211.95	not contracted	\$ 243.74	not contracted	\$ 211.95	not contracted	\$ 211.95	not contracted	\$ 381.51	not contracted	\$ 381.51	\$ 211.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
20611	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR	PRIMARY PROCEDURE	20611		\$ 319.12	see footnote <sup>3</sup>	\$ 319.12	not contracted	\$ 366.99	not contracted	\$ 319.12	not contracted	\$ 319.12	not contracted	\$ 574.42	not contracted	\$ 574.42	\$ 319.12
D1208	DENTAL PROPHYLAXIS AND TOPICAL FLUORIDE TREATMENT	PRIMARY PROCEDURE	D1208		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVI	PRIMARY PROCEDURE	G0121		\$ 975.39	see footnote <sup>3</sup>	\$ 975.39	not contracted	\$ 1,121.70	not contracted	\$ 975.39	not contracted	\$ 975.39	not contracted	\$ 1,755.70	not contracted	\$ 1,755.70	\$ 975.39
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMAT	PRIMARY PROCEDURE	58561		\$ 5,440.23	see footnote <sup>3</sup>	\$ 5,440.23	not contracted	\$ 6,256.26	not contracted	\$ 5,440.23	not contracted	\$ 5,440.23	not contracted	\$ 9,792.41	not contracted	\$ 9,792.41	\$ 5,440.23
		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPS	00952		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 39.86	see footnote <sup>3</sup>	\$ 39.86	not contracted	\$ 45.84	not contracted	\$ 39.86	not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	\$ 39.86
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFOR	PRIMARY PROCEDURE	90836		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATE	PRIMARY PROCEDURE	64615		\$ 319.12	see footnote <sup>3</sup>	\$ 319.12	not contracted	\$ 366.99	not contracted	\$ 319.12	not contracted	\$ 319.12	not contracted	\$ 574.42	not contracted	\$ 574.42	\$ 319.12
		INJECTION, ONABOTULINUMTOXI NA, 1 UNIT	J0585		\$ 7.42	see footnote <sup>3</sup>	\$ 7.42	not contracted	\$ 8.53	not contracted	\$ 7.42	not contracted	\$ 7.42	not contracted	\$ 13.36	not contracted	\$ 13.36	\$ 7.42
1034F	CURRENT TOBACCO SMOKER (CAD, CAP, COPD, PV) (DM)	PRIMARY PROCEDURE	1034F		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, INCLUDES IN	PRIMARY PROCEDURE	23515		\$ 7,763.59	see footnote <sup>3</sup>	\$ 7,763.59	not contracted	\$ 8,928.13	not contracted	\$ 7,763.59	not contracted	\$ 7,763.59	not contracted	\$ 13,974.46	not contracted	\$ 13,974.46	\$ 7,763.59

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 274.08	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
		RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	73000		\$ 101.97	see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 7.77	see footnote <sup>3</sup>	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TIS	C1713		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PR	J7642		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85



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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	PRIMARY PROCEDURE	81479		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
97597	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHO	PRIMARY PROCEDURE	97597		\$ 211.95	see footnote <sup>3</sup>	\$ 211.95	not contracted	\$ 243.74	not contracted	\$ 211.95	not contracted	\$ 211.95	not contracted	\$ 381.51	not contracted	\$ 381.51	\$ 211.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGRO	PRIMARY PROCEDURE	11765		\$ 437.87	see footnote <sup>3</sup>	\$ 437.87	not contracted	\$ 503.55	not contracted	\$ 437.87	not contracted	\$ 437.87	not contracted	\$ 788.17	not contracted	\$ 788.17	\$ 437.87
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, INCLU	PRIMARY PROCEDURE	27766		\$ 7,763.59	see footnote <sup>3</sup>	\$ 7,763.59	not contracted	\$ 8,928.13	not contracted	\$ 7,763.59	not contracted	\$ 7,763.59	not contracted	\$ 13,974.46	not contracted	\$ 13,974.46	\$ 7,763.59
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TIS	C1713		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 274.08	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM O	73610		\$ 101.97	see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH	PRIMARY PROCEDURE	67042		\$ 4,689.61	see footnote <sup>3</sup>	\$ 4,689.61	not contracted	\$ 5,393.05	not contracted	\$ 4,689.61	not contracted	\$ 4,689.61	not contracted	\$ 8,441.30	not contracted	\$ 8,441.30	\$ 4,689.61
		INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LI	67025		\$ 2,534.53	see footnote <sup>3</sup>	\$ 2,534.53	not contracted	\$ 2,914.71	not contracted	\$ 2,534.53	not contracted	\$ 2,534.53	not contracted	\$ 4,562.15	not contracted	\$ 4,562.15	\$ 2,534.53
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
31629	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	PRIMARY PROCEDURE	31629		\$ 3,912.71	see footnote <sup>3</sup>	\$ 3,912.71	not contracted	\$ 4,499.62	not contracted	\$ 3,912.71	not contracted	\$ 3,912.71	not contracted	\$ 7,042.88	not contracted	\$ 7,042.88	\$ 3,912.71
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	31624		\$ 1,876.23	see footnote <sup>3</sup>	\$ 1,876.23	not contracted	\$ 2,157.66	not contracted	\$ 1,876.23	not contracted	\$ 1,876.23	not contracted	\$ 3,377.21	not contracted	\$ 3,377.21	\$ 1,876.23
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	31654		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE;	88173		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND	88108		\$ 39.86	see footnote <sup>3</sup>	\$ 39.86	not contracted	\$ 45.84	not contracted	\$ 39.86	not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	\$ 39.86
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87801		\$ 70.20	see footnote <sup>3</sup>	\$ 70.20	not contracted	\$ 80.73	not contracted	\$ 70.20	not contracted	\$ 70.20	not contracted	\$ 126.36	not contracted	\$ 126.36	\$ 70.20
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY	87305		\$ 11.98	see footnote <sup>3</sup>	\$ 11.98	not contracted	\$ 13.78	not contracted	\$ 11.98	not contracted	\$ 11.98	not contracted	\$ 21.56	not contracted	\$ 21.56	\$ 11.98
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 101.97	see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG,	87116		\$ 10.80	see footnote <sup>3</sup>	\$ 10.80	not contracted	\$ 12.42	not contracted	\$ 10.80	not contracted	\$ 10.80	not contracted	\$ 19.44	not contracted	\$ 19.44	\$ 10.80
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT;	88312		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRE	87102		\$ 8.41	see footnote <sup>3</sup>	\$ 8.41	not contracted	\$ 9.67	not contracted	\$ 8.41	not contracted	\$ 8.41	not contracted	\$ 15.14	not contracted	\$ 15.14	\$ 8.41
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAX	PRIMARY PROCEDURE	93015		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAX	93017		\$ 328.71	see footnote <sup>3</sup>	\$ 328.71	not contracted	\$ 378.02	not contracted	\$ 328.71	not contracted	\$ 328.71	not contracted	\$ 591.68	not contracted	\$ 591.68	\$ 328.71
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVAT	PRIMARY PROCEDURE	D7210		\$ 2,021.62	see footnote <sup>3</sup>	\$ 2,021.62	not contracted	\$ 2,324.86	not contracted	\$ 2,021.62	not contracted	\$ 2,021.62	not contracted	\$ 3,638.92	not contracted	\$ 3,638.92	\$ 2,021.62

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
J0586	INJECTION, ABOBOTULINUMTOXI NA, 5 UNITS	PRIMARY PROCEDURE	J0586		\$ 10.25	see footnote <sup>3</sup>	\$ 10.25	not contracted	\$ 11.79	not contracted	\$ 10.25	not contracted	\$ 10.25	not contracted	\$ 18.45	not contracted	\$ 18.45	\$ 10.25
		CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCL	64644		\$ 756.26	see footnote <sup>3</sup>	\$ 756.26	not contracted	\$ 869.70	not contracted	\$ 756.26	not contracted	\$ 756.26	not contracted	\$ 1,361.27	not contracted	\$ 1,361.27	\$ 756.26
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
96110	DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTO	PRIMARY PROCEDURE	96110		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	PRIMARY PROCEDURE	D7999		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INC	PRIMARY PROCEDURE	26615		\$ 3,493.71	see footnote <sup>3</sup>	\$ 3,493.71	not contracted	\$ 4,017.77	not contracted	\$ 3,493.71	not contracted	\$ 3,493.71	not contracted	\$ 6,288.68	not contracted	\$ 6,288.68	\$ 3,493.71
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/END OS	01830		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 274.08	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TIS	C1713		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90680	ROTAVIRUS VACCINE, PENTAVALENT (RV5), 3 DOSE SCHED	PRIMARY PROCEDURE	90680		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
43255	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; W	PRIMARY PROCEDURE	43255		\$ 2,044.10	see footnote <sup>3</sup>	\$ 2,044.10	not contracted	\$ 2,350.72	not contracted	\$ 2,044.10	not contracted	\$ 2,044.10	not contracted	\$ 3,679.38	not contracted	\$ 3,679.38	\$ 2,044.10
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	PRIMARY PROCEDURE	31653		\$ 3,912.71	see footnote <sup>3</sup>	\$ 3,912.71	not contracted	\$ 4,499.62	not contracted	\$ 3,912.71	not contracted	\$ 3,912.71	not contracted	\$ 7,042.88	not contracted	\$ 7,042.88	\$ 3,912.71
		ANESTHESIA FOR CLOSED CHEST PROCEDURES; (INCLUDING	00520		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANESTHESIA FOR PATIENT OF EXTREME AGE, YOUNGER THA	99100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE;	88173		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND	88108		\$ 39.86	see footnote <sup>3</sup>	\$ 39.86	not contracted	\$ 45.84	not contracted	\$ 39.86	not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	\$ 39.86
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 101.97	see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT;	88312		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85027		\$ 6.47	see footnote <sup>3</sup>	\$ 6.47	not contracted	\$ 7.44	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 11.65	not contracted	\$ 11.65	\$ 6.47
		CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE,	87070		\$ 8.62	see footnote <sup>3</sup>	\$ 8.62	not contracted	\$ 9.91	not contracted	\$ 8.62	not contracted	\$ 8.62	not contracted	\$ 15.52	not contracted	\$ 15.52	\$ 8.62
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	PRIMARY PROCEDURE	59840		\$ 3,318.57	see footnote <sup>3</sup>	\$ 3,318.57	not contracted	\$ 3,816.36	not contracted	\$ 3,318.57	not contracted	\$ 3,318.57	not contracted	\$ 5,973.43	not contracted	\$ 5,973.43	\$ 3,318.57
		ANESTHESIA FOR INDUCED ABORTION PROCEDURES	01966		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 7.77	see footnote <sup>3</sup>	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 39.86	see footnote <sup>3</sup>	\$ 39.86	not contracted	\$ 45.84	not contracted	\$ 39.86	not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	\$ 39.86
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
99426	PRINCIPAL CARE MANAGEMENT SERVICES, FOR A SINGLE H	PRIMARY PROCEDURE	99426		\$ 89.03	see footnote <sup>3</sup>	\$ 89.03	not contracted	\$ 102.38	not contracted	\$ 89.03	not contracted	\$ 89.03	not contracted	\$ 160.25	not contracted	\$ 160.25	\$ 89.03
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFERO	PRIMARY PROCEDURE	92136		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
		COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BIL	92025		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	PRIMARY PROCEDURE	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, A	PRIMARY PROCEDURE	20550		\$ 319.12	see footnote <sup>3</sup>	\$ 319.12	not contracted	\$ 366.99	not contracted	\$ 319.12	not contracted	\$ 319.12	not contracted	\$ 574.42	not contracted	\$ 574.42	\$ 319.12
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTA	PRIMARY PROCEDURE	D0180		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE,	PRIMARY PROCEDURE	36590		\$ 1,746.29	see footnote <sup>3</sup>	\$ 1,746.29	not contracted	\$ 2,008.23	not contracted	\$ 1,746.29	not contracted	\$ 1,746.29	not contracted	\$ 3,143.32	not contracted	\$ 3,143.32	\$ 1,746.29
		REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	49422		\$ 3,496.42	see footnote <sup>3</sup>	\$ 3,496.42	not contracted	\$ 4,020.88	not contracted	\$ 3,496.42	not contracted	\$ 3,496.42	not contracted	\$ 6,293.56	not contracted	\$ 6,293.56	\$ 3,496.42
90656	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT V	PRIMARY PROCEDURE	90656		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT	PRIMARY PROCEDURE	11406		\$ 1,760.02	see footnote <sup>3</sup>	\$ 1,760.02	not contracted	\$ 2,024.02	not contracted	\$ 1,760.02	not contracted	\$ 1,760.02	not contracted	\$ 3,168.04	not contracted	\$ 3,168.04	\$ 1,760.02
		ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYS	00400		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -



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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARD	PRIMARY PROCEDURE	93303		\$ 590.52	see footnote <sup>3</sup>	\$ 590.52	not contracted	\$ 679.10	not contracted	\$ 590.52	not contracted	\$ 590.52	not contracted	\$ 1,062.94	not contracted	\$ 1,062.94	\$ 590.52
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALO GRAM (EEG) (EG	PRIMARY PROCEDURE	95957		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT	PRIMARY PROCEDURE	57456		\$ 342.67	see footnote <sup>3</sup>	\$ 342.67	not contracted	\$ 394.07	not contracted	\$ 342.67	not contracted	\$ 342.67	not contracted	\$ 616.81	not contracted	\$ 616.81	\$ 342.67
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
33262	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERAT	PRIMARY PROCEDURE	33262		\$ 26,781.86	see footnote <sup>3</sup>	\$ 26,781.86	not contracted	\$ 30,799.14	not contracted	\$ 26,781.86	not contracted	\$ 26,781.86	not contracted	\$ 48,207.35	not contracted	\$ 48,207.35	\$ 26,781.86
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
67312	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDU	PRIMARY PROCEDURE	67312		\$ 4,102.67	see footnote <sup>3</sup>	\$ 4,102.67	not contracted	\$ 4,718.07	not contracted	\$ 4,102.67	not contracted	\$ 4,102.67	not contracted	\$ 7,384.81	not contracted	\$ 7,384.81	\$ 4,102.67
		STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQU	67318		\$ 2,481.46	see footnote <sup>3</sup>	\$ 2,481.46	not contracted	\$ 2,853.68	not contracted	\$ 2,481.46	not contracted	\$ 2,481.46	not contracted	\$ 4,466.63	not contracted	\$ 4,466.63	\$ 2,481.46
		PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMU	67335		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
28805	AMPUTATION, FOOT; TRANSMETATARSAL	PRIMARY PROCEDURE	28805		\$ 3,493.71	see footnote <sup>3</sup>	\$ 3,493.71	not contracted	\$ 4,017.77	not contracted	\$ 3,493.71	not contracted	\$ 3,493.71	not contracted	\$ 6,288.68	not contracted	\$ 6,288.68	\$ 3,493.71
		ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER L	01480		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF	73630		\$ 101.97	see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDI	88311		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRE	87102		\$ 8.41	see footnote <sup>3</sup>	\$ 8.41	not contracted	\$ 9.67	not contracted	\$ 8.41	not contracted	\$ 8.41	not contracted	\$ 15.14	not contracted	\$ 15.14	\$ 8.41
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CULTURE, BACTERIAL; ANY SOURCE, EXCEPT BLOOD, ANAE	87075		\$ 9.47	see footnote <sup>3</sup>	\$ 9.47	not contracted	\$ 10.89	not contracted	\$ 9.47	not contracted	\$ 9.47	not contracted	\$ 17.05	not contracted	\$ 17.05	\$ 9.47
		CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE,	87070		\$ 8.62	see footnote <sup>3</sup>	\$ 8.62	not contracted	\$ 9.91	not contracted	\$ 8.62	not contracted	\$ 8.62	not contracted	\$ 15.52	not contracted	\$ 15.52	\$ 8.62
		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR	87205		\$ 4.27	see footnote <sup>3</sup>	\$ 4.27	not contracted	\$ 4.91	not contracted	\$ 4.27	not contracted	\$ 4.27	not contracted	\$ 7.69	not contracted	\$ 7.69	\$ 4.27
33263	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERAT	PRIMARY PROCEDURE	33263		\$ 26,781.86	see footnote <sup>3</sup>	\$ 26,781.86	not contracted	\$ 30,799.14	not contracted	\$ 26,781.86	not contracted	\$ 26,781.86	not contracted	\$ 48,207.35	not contracted	\$ 48,207.35	\$ 26,781.86
		REPAIR OF SINGLE TRANSVENOUS ELECTRODE, PERMANENT	33218		\$ 3,932.99	see footnote <sup>3</sup>	\$ 3,932.99	not contracted	\$ 4,522.94	not contracted	\$ 3,932.99	not contracted	\$ 3,932.99	not contracted	\$ 7,079.38	not contracted	\$ 7,079.38	\$ 3,932.99
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
		LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ON	88300		\$ 29.30	see footnote <sup>3</sup>	\$ 29.30	not contracted	\$ 33.70	not contracted	\$ 29.30	not contracted	\$ 29.30	not contracted	\$ 52.74	not contracted	\$ 52.74	\$ 29.30

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$ 8.46	see footnote <sup>3</sup>	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ 8.46
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 7.77	see footnote <sup>3</sup>	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML	S0020		not available	see footnote <sup>3</sup>	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
		THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOL	85730		\$ 6.01	see footnote <sup>3</sup>	\$ 6.01	not contracted	\$ 6.91	not contracted	\$ 6.01	not contracted	\$ 6.01	not contracted	\$ 10.82	not contracted	\$ 10.82	\$ 6.01
		PROTHROMBIN TIME;	85610		\$ 4.29	see footnote <sup>3</sup>	\$ 4.29	not contracted	\$ 4.93	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 7.72	not contracted	\$ 7.72	\$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
90710	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MM	PRIMARY PROCEDURE	90710		\$ 187.79	see footnote <sup>3</sup>	\$ 187.79	not contracted	\$ 215.96	not contracted	\$ 187.79	not contracted	\$ 187.79	not contracted	\$ 338.02	not contracted	\$ 338.02	\$ 187.79
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90460		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-O	90647		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90461		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13),	90670		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99392		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
95819	ELECTROENCEPHALO GRAM (EEG); INCLUDING RECORDING AW	PRIMARY PROCEDURE	95819		\$ 328.71	see footnote <sup>3</sup>	\$ 328.71	not contracted	\$ 378.02	not contracted	\$ 328.71	not contracted	\$ 328.71	not contracted	\$ 591.68	not contracted	\$ 591.68	\$ 328.71

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ELECTROENCEPHALO GRAM (EEG); INCLUDING RECORDING AW	95816		\$ 328.71	see footnote <sup>3</sup>	\$ 328.71	not contracted	\$ 378.02	not contracted	\$ 328.71	not contracted	\$ 328.71	not contracted	\$ 591.68	not contracted	\$ 591.68	\$ 328.71
92700	UNLISTED OTORHINOLARYNGOL OGICAL SERVICE OR PROCEDU	PRIMARY PROCEDURE	92700		\$ 29.30	see footnote <sup>3</sup>	\$ 29.30	not contracted	\$ 33.70	not contracted	\$ 29.30	not contracted	\$ 29.30	not contracted	\$ 52.74	not contracted	\$ 52.74	\$ 29.30
		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550		\$ 170.69	see footnote <sup>3</sup>	\$ 170.69	not contracted	\$ 196.29	not contracted	\$ 170.69	not contracted	\$ 170.69	not contracted	\$ 307.24	not contracted	\$ 307.24	\$ 170.69
		COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND	92557		\$ 170.69	see footnote <sup>3</sup>	\$ 170.69	not contracted	\$ 196.29	not contracted	\$ 170.69	not contracted	\$ 170.69	not contracted	\$ 307.24	not contracted	\$ 307.24	\$ 170.69
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL	PRIMARY PROCEDURE	20600		\$ 319.12	see footnote <sup>3</sup>	\$ 319.12	not contracted	\$ 366.99	not contracted	\$ 319.12	not contracted	\$ 319.12	not contracted	\$ 574.42	not contracted	\$ 574.42	\$ 319.12
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
49406	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER	PRIMARY PROCEDURE	49406		\$ 1,760.02	see footnote <sup>3</sup>	\$ 1,760.02	not contracted	\$ 2,024.02	not contracted	\$ 1,760.02	not contracted	\$ 1,760.02	not contracted	\$ 3,168.04	not contracted	\$ 3,168.04	\$ 1,760.02
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTAN	PRIMARY PROCEDURE	62321		\$ 756.26	see footnote <sup>3</sup>	\$ 756.26	not contracted	\$ 869.70	not contracted	\$ 756.26	not contracted	\$ 756.26	not contracted	\$ 1,361.27	not contracted	\$ 1,361.27	\$ 756.26
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TI	PRIMARY PROCEDURE	D7510		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATI	D7140		\$ 2,021.62	see footnote <sup>3</sup>	\$ 2,021.62	not contracted	\$ 2,324.86	not contracted	\$ 2,021.62	not contracted	\$ 2,021.62	not contracted	\$ 3,638.92	not contracted	\$ 3,638.92	\$ 2,021.62
		LOCAL ANESTHESIA	D9215		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PANORAMIC FILM	D0330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANG	PRIMARY PROCEDURE	26727		\$ 3,493.71	see footnote <sup>3</sup>	\$ 3,493.71	not contracted	\$ 4,017.77	not contracted	\$ 3,493.71	not contracted	\$ 3,493.71	not contracted	\$ 6,288.68	not contracted	\$ 6,288.68	\$ 3,493.71
		ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS, UL	01820		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99422	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE,	PRIMARY PROCEDURE	99422		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D7286	BIOPSY OF ORAL TISSUE - SOFT	PRIMARY PROCEDURE	D7286		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
32554	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF T	PRIMARY PROCEDURE	32554		\$ 678.99	see footnote <sup>3</sup>	\$ 678.99	not contracted	\$ 780.84	not contracted	\$ 678.99	not contracted	\$ 678.99	not contracted	\$ 1,222.18	not contracted	\$ 1,222.18	\$ 678.99
29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	PRIMARY PROCEDURE	29705		\$ 281.58	see footnote <sup>3</sup>	\$ 281.58	not contracted	\$ 323.82	not contracted	\$ 281.58	not contracted	\$ 281.58	not contracted	\$ 506.84	not contracted	\$ 506.84	\$ 281.58
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTINUM, PERCUTANE	PRIMARY PROCEDURE	32408		\$ 1,760.02	see footnote <sup>3</sup>	\$ 1,760.02	not contracted	\$ 2,024.02	not contracted	\$ 1,760.02	not contracted	\$ 1,760.02	not contracted	\$ 3,168.04	not contracted	\$ 3,168.04	\$ 1,760.02
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT	77012		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMI STRY, PER S	88341		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMI STRY, PER S	88342		\$ 184.56	see footnote <sup>3</sup>	\$ 184.56	not contracted	\$ 212.24	not contracted	\$ 184.56	not contracted	\$ 184.56	not contracted	\$ 332.21	not contracted	\$ 332.21	\$ 184.56
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 101.97	see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
76873	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR	PRIMARY PROCEDURE	76873		\$ 125.45	see footnote <sup>3</sup>	\$ 125.45	not contracted	\$ 144.27	not contracted	\$ 125.45	not contracted	\$ 125.45	not contracted	\$ 225.81	not contracted	\$ 225.81	\$ 125.45
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	J1580		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTI	55700		\$ 2,177.07	see footnote <sup>3</sup>	\$ 2,177.07	not contracted	\$ 2,503.63	not contracted	\$ 2,177.07	not contracted	\$ 2,177.07	not contracted	\$ 3,918.73	not contracted	\$ 3,918.73	\$ 2,177.07
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SY	PRIMARY PROCEDURE	20694		\$ 1,683.70	see footnote <sup>3</sup>	\$ 1,683.70	not contracted	\$ 1,936.26	not contracted	\$ 1,683.70	not contracted	\$ 1,683.70	not contracted	\$ 3,030.66	not contracted	\$ 3,030.66	\$ 1,683.70
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
21931	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUB	PRIMARY PROCEDURE	21931		\$ 1,760.02	see footnote <sup>3</sup>	\$ 1,760.02	not contracted	\$ 2,024.02	not contracted	\$ 1,760.02	not contracted	\$ 1,760.02	not contracted	\$ 3,168.04	not contracted	\$ 3,168.04	\$ 1,760.02
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
50432	PLACEMENT OF NEPHROSTOMY CATHETER, PERCUTANEOUS, I	PRIMARY PROCEDURE	50432		\$ 2,177.07	see footnote <sup>3</sup>	\$ 2,177.07	not contracted	\$ 2,503.63	not contracted	\$ 2,177.07	not contracted	\$ 2,177.07	not contracted	\$ 3,918.73	not contracted	\$ 3,918.73	\$ 2,177.07
		UROGRAPHY, ANTEGRADE, RADIOLOGICAL SUPERVISION AND	74425		\$ 432.43	see footnote <sup>3</sup>	\$ 432.43	not contracted	\$ 497.29	not contracted	\$ 432.43	not contracted	\$ 432.43	not contracted	\$ 778.37	not contracted	\$ 778.37	\$ 432.43
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT	PRIMARY PROCEDURE	57460		\$ 3,318.57	see footnote <sup>3</sup>	\$ 3,318.57	not contracted	\$ 3,816.36	not contracted	\$ 3,318.57	not contracted	\$ 3,318.57	not contracted	\$ 5,973.43	not contracted	\$ 5,973.43	\$ 3,318.57



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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99204		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 380.41	see footnote <sup>3</sup>	\$ 380.41	not contracted	\$ 437.47	not contracted	\$ 380.41	not contracted	\$ 380.41	not contracted	\$ 684.74	not contracted	\$ 684.74	\$ 380.41
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
55040	EXCISION OF HYDROCELE; UNILATERAL	PRIMARY PROCEDURE	55040		\$ 4,157.16	see footnote <sup>3</sup>	\$ 4,157.16	not contracted	\$ 4,780.73	not contracted	\$ 4,157.16	not contracted	\$ 4,157.16	not contracted	\$ 7,482.89	not contracted	\$ 7,482.89	\$ 4,157.16
		ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLU	00920		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFECTIOUS DISEASE (VIRAL RESPIRATORY TRACT INFECT	0241U		\$ 142.63	see footnote <sup>3</sup>	\$ 142.63	not contracted	\$ 164.02	not contracted	\$ 142.63	not contracted	\$ 142.63	not contracted	\$ 256.73	not contracted	\$ 256.73	\$ 142.63
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	J1200		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		COV-19 AMP PRB HGH THRUPUT WITHIN 2 DAYS COLLECT	U0005		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
95909	NERVE CONDUCTION STUDIES; 5-6 STUDIES	PRIMARY PROCEDURE	95909		\$ 328.71	see footnote <sup>3</sup>	\$ 328.71	not contracted	\$ 378.02	not contracted	\$ 328.71	not contracted	\$ 328.71	not contracted	\$ 591.68	not contracted	\$ 591.68	\$ 328.71
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFOR	PRIMARY PROCEDURE	90833		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENT	PRIMARY PROCEDURE	D9310		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION	PRIMARY PROCEDURE	19357		\$ 19,581.74	see footnote <sup>3</sup>	\$ 19,581.74	not contracted	\$ 22,519.00	not contracted	\$ 19,581.74	not contracted	\$ 19,581.74	not contracted	\$ 35,247.13	not contracted	\$ 35,247.13	\$ 19,581.74
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
99411	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR	PRIMARY PROCEDURE	99411		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES)	PRIMARY PROCEDURE	29405		\$ 281.58	see footnote <sup>3</sup>	\$ 281.58	not contracted	\$ 323.82	not contracted	\$ 281.58	not contracted	\$ 281.58	not contracted	\$ 506.84	not contracted	\$ 506.84	\$ 281.58
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, 2 VIEWS	73590		\$ 101.97	see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (IN	PRIMARY PROCEDURE	51720		\$ 733.96	see footnote <sup>3</sup>	\$ 733.96	not contracted	\$ 844.05	not contracted	\$ 733.96	not contracted	\$ 733.96	not contracted	\$ 1,321.13	not contracted	\$ 1,321.13	\$ 733.96
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	J9030		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLA	51700		\$ 252.19	see footnote <sup>3</sup>	\$ 252.19	not contracted	\$ 290.02	not contracted	\$ 252.19	not contracted	\$ 252.19	not contracted	\$ 453.94	not contracted	\$ 453.94	\$ 252.19
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT	PRIMARY PROCEDURE	11402		\$ 761.70	see footnote <sup>3</sup>	\$ 761.70	not contracted	\$ 875.96	not contracted	\$ 761.70	not contracted	\$ 761.70	not contracted	\$ 1,371.06	not contracted	\$ 1,371.06	\$ 761.70
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	PRIMARY PROCEDURE	D9230		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	D2392		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
90619	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C,	PRIMARY PROCEDURE	90619		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
28820	AMPUTATION, TOE; METATARSOPHALANG EAL JOINT	PRIMARY PROCEDURE	28820		\$ 3,493.71	see footnote <sup>3</sup>	\$ 3,493.71	not contracted	\$ 4,017.77	not contracted	\$ 3,493.71	not contracted	\$ 3,493.71	not contracted	\$ 6,288.68	not contracted	\$ 6,288.68	\$ 3,493.71
		ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER L	01480		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF	73630		\$ 101.97	see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97

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					BLUE SHIELD TRIWEST (Medicare Advantage)		KAISER (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (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 <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		CULTURE, TYPING; IMMUNOLOGIC METHOD, OTHER THAN IM	87147		\$ 5.18	see footnote <sup>3</sup>	\$ 5.18	not contracted	\$ 5.96	not contracted	\$ 5.18	not contracted	\$ 5.18	not contracted	\$ 9.32	not contracted	\$ 9.32	\$ 5.18
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDI	88311		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INSULIN, MOST RAPID ONSET (LISPRO OR ASPART); 5 UN	55551		not available	see footnote <sup>3</sup>	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available
		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRO	87186		\$ 8.65	see footnote <sup>3</sup>	\$ 8.65	not contracted	\$ 9.95	not contracted	\$ 8.65	not contracted	\$ 8.65	not contracted	\$ 15.57	not contracted	\$ 15.57	\$ 8.65
		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR	87205		\$ 4.27	see footnote <sup>3</sup>	\$ 4.27	not contracted	\$ 4.91	not contracted	\$ 4.27	not contracted	\$ 4.27	not contracted	\$ 7.69	not contracted	\$ 7.69	\$ 4.27
52235	CYSTOURETHROSCOP Y, WITH FULGURATION (INCLUDING CRY	PRIMARY PROCEDURE	52235		\$ 3,761.85	see footnote <sup>3</sup>	\$ 3,761.85	not contracted	\$ 4,326.13	not contracted	\$ 3,761.85	not contracted	\$ 3,761.85	not contracted	\$ 6,771.33	not contracted	\$ 6,771.33	\$ 3,761.85
		ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING	00912		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	J2175		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 39.86	see footnote <sup>3</sup>	\$ 39.86	not contracted	\$ 45.84	not contracted	\$ 39.86	not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	\$ 39.86
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
80069	KIDNEY FUNCTION PANEL TEST			this procedure was provided in inpatient setting	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
72110	X-RAY, LOWER BACK, MINIMUM FOUR VIEWS			this procedure was provided in inpatient setting	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	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	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	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
74177	CT SCAN OF ABDOMEN AND PELVIS WITH CONTRAST			this procedure was provided in inpatient setting	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	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
59400	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY, INCLUDING PRE-AND POST-DELIVERY CARE			this procedure was provided in inpatient setting	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	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
59610	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY AFTER PRIOR CESAREAN DELIVERY INCLUDING PRE-AND POST-DELIVERY CARE			this procedure was provided in inpatient setting	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
80055	OBSTETRIC BLOOD TEST PANEL			not performed	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
84154	PSA (PROSTATE SPECIFIC ANTIGEN)			not performed	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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 2023 published on January 20, 2023 and 2023 Medicare 4th Quarter Clinical Laboratory fee schedule as applicable.

3. Professional services can be found in schedule "Consumer Shoppable Services\_Harbor-UCLA Medical Center\_Medicare and Commercial Payor contracts - Shoppable Professional Services by Procedure for Blue Shield Triwest and Anthem Blue Cross".

4. Professional services are not contracted.