

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
 OLIVE VIEW-UCLA MEDICAL CENTER
 COMMERCIAL PAYOR CONTRACT - COMPREHENSIVE OUTPATIENT LAB SERVICES BY SERVICE AREA¹
 EFFECTIVE JULY 1, 2024
 UPDATED AS OF 12/15/2023

SHOPPABLE OUTPATIENT SERVICES			ANTHEM BLUE CROSS (Commercial)		Maximum Negotiated Rate	Minimum Negotiated Rate
Medical Services	CPT/HCPCS Code	Note	Facility ²	Professional	Facility ²	Facility ²
VITAMIN D, 25 HYDROXY D2 AND D3, BY LC-MS/MS, SERU	0038U		\$ 43.22	see footnote ³	\$ 43.22	\$ 43.22
INFECTIOUS DISEASE (VIRAL RESPIRATORY TRACT INFECT	0241U		\$ 208.24	see footnote ³	\$ 208.24	\$ 208.24
COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 12.51	see footnote ³	\$ 12.51	\$ 12.51
BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANE	80047		\$ 20.05	see footnote ³	\$ 20.05	\$ 20.05
BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$ 12.35	see footnote ³	\$ 12.35	\$ 12.35
COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCL	80053		\$ 15.42	see footnote ³	\$ 15.42	\$ 15.42
LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING:	80061		\$ 19.55	see footnote ³	\$ 19.55	\$ 19.55
HEPATIC FUNCTION PANEL THIS PANEL MUST INCLUDE THE	80076		\$ 11.93	see footnote ³	\$ 11.93	\$ 11.93
URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BIL	81000		\$ 5.87	see footnote ³	\$ 5.87	\$ 5.87
URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BIL	81001		\$ 4.63	see footnote ³	\$ 4.63	\$ 4.63
URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BIL	81002		\$ 5.08	see footnote ³	\$ 5.08	\$ 5.08
URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BIL	81003		\$ 3.29	see footnote ³	\$ 3.29	\$ 3.29
URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON M	81025		\$ 12.57	see footnote ³	\$ 12.57	\$ 12.57
VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PE	82306		\$ 43.22	see footnote ³	\$ 43.22	\$ 43.22
CALCULUS; INFRARED SPECTROSCOPY	82365		\$ 18.83	see footnote ³	\$ 18.83	\$ 18.83
GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO	82803		\$ 38.06	see footnote ³	\$ 38.06	\$ 38.06
GLUCOSE, BODY FLUID, OTHER THAN BLOOD	82945		\$ 5.74	see footnote ³	\$ 5.74	\$ 5.74
HEMOGLOBIN; GLYCOSYLATED (A1C)	83036		\$ 14.18	see footnote ³	\$ 14.18	\$ 14.18
MAGNESIUM	83735		\$ 9.78	see footnote ³	\$ 9.78	\$ 9.78
PHOSPHORUS INORGANIC (PHOSPHATE);	84100		\$ 6.92	see footnote ³	\$ 6.92	\$ 6.92
PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	84153		\$ 26.85	see footnote ³	\$ 26.85	\$ 26.85
PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PL	84155		\$ 5.36	see footnote ³	\$ 5.36	\$ 5.36
THYROID STIMULATING HORMONE (TSH)	84443		\$ 24.53	see footnote ³	\$ 24.53	\$ 24.53
TROPONIN, QUANTITATIVE	84484		\$ 18.21	see footnote ³	\$ 18.21	\$ 18.21
BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 11.34	see footnote ³	\$ 11.34	\$ 11.34
BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85027		\$ 9.45	see footnote ³	\$ 9.45	\$ 9.45
PROTHROMBIN TIME;	85610		\$ 6.26	see footnote ³	\$ 6.26	\$ 6.26
THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOL	85730		\$ 8.77	see footnote ³	\$ 8.77	\$ 8.77
SYPPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUANTITATI	86593		\$ 6.42	see footnote ³	\$ 6.42	\$ 6.42

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ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	86703		\$ 20.02	see footnote ³	\$ 20.02	\$ 20.02
ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 85.92	see footnote ³	\$ 85.92	\$ 85.92
BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 198.97	see footnote ³	\$ 198.97	\$ 198.97
BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 58.20	see footnote ³	\$ 58.20	\$ 58.20
CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE,	87070		\$ 12.59	see footnote ³	\$ 12.59	\$ 12.59
CULTURE, BACTERIAL; ANY SOURCE, EXCEPT BLOOD, ANAE	87075		\$ 13.83	see footnote ³	\$ 13.83	\$ 13.83
CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRE	87102		\$ 12.28	see footnote ³	\$ 12.28	\$ 12.28
CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG,	87116		\$ 15.77	see footnote ³	\$ 15.77	\$ 15.77
CULTURE, TYPING; IMMUNOLOGIC METHOD, OTHER THAN IM	87147		\$ 7.56	see footnote ³	\$ 7.56	\$ 7.56
SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRO	87186		\$ 12.63	see footnote ³	\$ 12.63	\$ 12.63
SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR	87205		\$ 6.23	see footnote ³	\$ 6.23	\$ 6.23
SMEAR, PRIMARY SOURCE WITH INTERPRETATION; FLUORES	87206		\$ 7.87	see footnote ³	\$ 7.87	\$ 7.87
INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORE	87281		\$ 17.49	see footnote ³	\$ 17.49	\$ 17.49
INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY	87305		\$ 17.49	see footnote ³	\$ 17.49	\$ 17.49
INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY	87340		\$ 15.08	see footnote ³	\$ 15.08	\$ 15.08
INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87491		\$ 51.23	see footnote ³	\$ 51.23	\$ 51.23
INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87522		\$ 62.55	see footnote ³	\$ 62.55	\$ 62.55
INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87591		\$ 51.23	see footnote ³	\$ 51.23	\$ 51.23
INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87624		\$ 51.23	see footnote ³	\$ 51.23	\$ 51.23
INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87635		\$ 74.91	see footnote ³	\$ 74.91	\$ 74.91
INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87661		\$ 51.23	see footnote ³	\$ 51.23	\$ 51.23
INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87801		\$ 102.49	see footnote ³	\$ 102.49	\$ 102.49
CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING	88142		\$ 29.58	see footnote ³	\$ 29.58	\$ 29.58
CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL	88150		\$ 25.27	see footnote ³	\$ 25.27	\$ 25.27
CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH M	88152		\$ 40.35	see footnote ³	\$ 40.35	\$ 40.35
CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING	88175		\$ 38.85	see footnote ³	\$ 38.85	\$ 38.85
CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYP	88262		\$ 183.22	see footnote ³	\$ 183.22	\$ 183.22
CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBRO	89050		\$ 6.89	see footnote ³	\$ 6.89	\$ 6.89

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KIDNEY FUNCTION PANEL TEST	80069	this procedure was provided in inpatient setting	n/a	n/a	n/a	n/a
OBSTETRIC BLOOD TEST PANEL	80055	not performed	n/a	n/a	n/a	n/a
PSA (PROSTATE SPECIFIC ANTIGEN)	84154	not performed	n/a	n/a	n/a	n/a

Footnotes:

1. Services presented are commonly provided by Health Services hospitals, excluding services which are not considered "shoppable".
2. Outpatient Facility Rates are calculated based on the contract terms, using 2023 Medicare 4th Quarter Clinical Laboratory fee schedule as applicable.
3. Outpatient professional services can be found in schedule "Consumer Shoppable Services_Olive View-UCLA Medical Center_Medicare and Commercial Payor Contracts - Shoppable Professional Services By Procedure for Blue Shield Triwest and Anthem Blue Cross".