SHOPPABLE BUNDLED INPATIENT SERVICES (Per Diem=Per Day Rate)			TH NET nercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Medical Services	CPT/HCPCS Code	Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
SUB-ACUTE	n/a	n/a	not contracted	n/a	n/a
ACUTE REHAB	n/a	\$ 5,995	not contracted	\$ 5,995	
SPINE SURGERY (FUSION)	n/a	\$15,675 per case	not contracted	\$15,675 per case	\$15,675 per case
SPINE SURGERY FUSION OF 2 OR MORE LUMBAR VERTEBRAL JOINS WITH SYNTHETIC SUBSTITUTE, POSTERIOR APPROACH, POSTERIOR					
COLUMN, OPEN	n/a	\$ 4,850	not contracted	\$ 4,850	\$ 4,850
FUSION THORACIC WITH INTERBODY FUSION DEVICE	n/a	\$15,675 per case	not contracted	\$15,675 per case	\$15,675 per case
BLADDER AUGMENTATION	n/a	\$15,675 per case	not contracted	\$15,675 per case	\$15,675 per case
ENDOSCOPIC	n/a	\$15,675 per case	not contracted	\$15,675 per case	\$15,675 per case
CRANIOPLASTY	n/a	\$15,675 per case	not contracted	\$15,675 per case	\$15,675 per case
PRESSURE ULCER	n/a	\$15,675 per case	not contracted	\$15,675 per case	\$15,675 per case
COCCYX	n/a	\$15,675 per case	not contracted	\$15,675 per case	\$15,675 per case
POST ICU/POST CCU	n/a	\$ 7,865	not contracted	\$ 7,865	\$ 7,865
TELEMETRY	n/a	\$ 7,865	not contracted	\$ 7,865	\$ 7,865
DEFINITIVE OBSERVATION UNIT (DOU)	n/a	\$ 7,865	not contracted	\$ 7,865	\$ 7,865
MEDICAL/PEDIATRICS	n/a	\$ 4,850	not contracted	\$ 4,850	\$ 4,850
SURGICAL	n/a	\$ 4,850	not contracted	\$ 4,850	\$ 4,850
COMPLEX SURGERY	n/a	n/a	not contracted	n/a	n/a
		service not	service not	service not	service not
MATERNITY/DELIVERY	n/a	provided	provided	provided	provided
		service not	service not	service not	service not
BOARDER BABY	n/a	provided	provided	provided	provided

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm			iximum iated Rate		linimum
Primary			CPT/HCPCS			(Comm	erciai)	Negoti	ated Kate	Nego	liated Kate
Code	Service Category	Service Description	Code	Note	ı	Facility <sup>4</sup>	Professional <sup>3</sup>	Fac	cility <sup>4,5</sup>	F	acility <sup>4</sup>
	EXCISION OF CYST,										
	FIBROADENOMA, OR	PRIMARY									
	OTHER BENIGN OR	PROCEDURE	19120		\$	8,069.90	not contracted	\$	10,087.38	\$	8,069.90
		LEVEL V - SURGICAL									
		PATHOLOGY, GROSS									
		AND MICROSCOPI	88307		\$	760.82	not contracted	\$	951.03	\$	760.82
		INJECTION,									
		CEFAZOLIN SODIUM,	10000		ے		not contracted	<u> </u>		۲.	
		500 MG INJECTION,	J0690		\$	-	not contracted	\$	-	\$	
		MIDAZOLAM									
		HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	_	not contracted	\$	-	\$	-
		INJECTION,	7227					-		т	
		ONDANSETRON									
		HYDROCHLORIDE,									
		PER 1 MG	J2405		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$	-	\$	
		INJECTION, FENTANYL									
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	-	\$	-
	ARTHROSCOPY,										
	SHOULDER,										
	SURGICAL;	PRIMARY								_	
29826	DECOMPRESSION OF	PROCEDURE	29826		\$	-	not contracted	\$	-	\$	
		ARTHROSCOPY, SHOULDER,									
		SURGICAL; BICEPS									
		TENODESIS	29828		\$	15,527.18	not contracted	\$	19,408.98	\$	15,527.18
		ARTHROSCOPY,			-			T		т.	
		SHOULDER,									
		SURGICAL; WITH									
		ROTATOR CUFF	29827		\$	15,527.18	not contracted	\$	19,408.98	\$	15,527.18
		INJECTION,									
		CEFAZOLIN SODIUM,								_	
		500 MG INJECTION,	J0690		\$	-	not contracted	\$	-	\$	-
		KETOROLAC									
		TROMETHAMINE, PER									
		15 MG	J1885		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		MIDAZOLAM									
		HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	-	not contracted	\$	-	\$	
		INJECTION,									
		ONDANSETRON									
		HYDROCHLORIDE, PER 1 MG	J2405		\$		not contracted	\$		\$	
		INJECTION,	J2403		۶	-	not contracted	۲	_	٧	
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$	-	\$	-
		INJECTION,						-		-	
		METOCLOPRAMIDE									
		HCL, UP TO 10 MG	J2765		\$	-	not contracted	\$	-	\$	-
		INTECTION SENTANCE									
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$		not contracted	\$	_	\$	
J	<u> </u>	CITICATE, U.I IVIU	12010		Ş	-	not contracted	ڔ	-	٧	-

	SHOI	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS			(	ierciary	Negotiated Nate	Negotiated Nate
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
		INSULIN, RAPID							
		ONSET, 5 UNITS	\$5550			not available	not contracted	not available	not available
		ANTIBODY SCREEN,							
		RBC, EACH SERUM			_				
		TECHNIQUE	86850		\$	117.70	not contracted	\$ 147.13	\$ 117.70
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$	79.72	not contracted	\$ 99.65	\$ 79.72
		SEROLOGIC, RIT (D)	80301		7	73.72	not contracted	33.03	7 73.72
		THROMBOPLASTIN							
		TIME, PARTIAL (PTT);							
		PLASMA OR WHOL	85730		\$	12.02	not contracted	\$ 15.03	\$ 12.02
		BLOOD TYPING,							
		SEROLOGIC; ABO	86900		\$	272.56	not contracted	\$ 340.70	\$ 272.56
	ARTHROSCOPY, KNEE,								
	SURGICAL; WITH	PRIMARY							
	•	PROCEDURE	29881		\$	6,987.42	not contracted	\$ 8,734.28	\$ 6,987.42
	,	ANESTHESIA FOR				,			,
		OPEN OR SURGICAL							
		ARTHROSCOPIC							
		PROCE	01400		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		CEFAZOLIN SODIUM,						_	_
		500 MG	J0690		\$	-	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE							
		SODIUM PHOSPHATE,							
		1 MG	J1100		\$	_	not contracted	\$ -	\$ -
		INJECTION,						,	,
		HYDROMORPHONE,							
		UP TO 4 MG	J1170		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		MIDAZOLAM							
		HYDROCHLORIDE,	12250		,			ć	<u> </u>
		PER 1 MG INJECTION,	J2250		\$	-	not contracted	\$ -	\$ -
		ONDANSETRON							
		HYDROCHLORIDE,							
		PER 1 MG	J2405		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -
		INJECTION, FENTANYL	12040					ć	خ ا
		CITRATE, 0.1 MG RINGERS LACTATE	J3010		\$	-	not contracted	\$ -	\$ -
		INFUSION, UP TO							
		1000 CC	J7120		\$	-	not contracted	\$ -	\$ -
								,	,
	TONSILLECTOMY AND								
	ADENOIDECTOMY;	PRIMARY							
42820	YOUNGER THAN AGE		42820		\$	12,534.34	not contracted	\$ 15,667.93	\$ 12,534.34
		ANESTHESIA FOR							
		INTRAORAL							
		PROCEDURES, INCLUDING BIO	00170		\$	_	not contracted	\$ -	\$ -
		HITCEODING DIO	001/0		ر ا	-	not contracted		7 -

	SHO	PPABLE OUTPATIENT SE	RVICES			HEALTI (Commo		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary		CPT/HCPCS			(confinercial)			Negotiateu Kate		Negotiated Rate	
Code	Service Category	Service Description	Code	Note	F	acility <sup>4</sup>	Professional <sup>3</sup>	Faci	lity <sup>4,5</sup>	Fa	cility <sup>4</sup>
		LEVEL III - SURGICAL									
		PATHOLOGY, GROSS									
		AND MICROSCO	88304		\$	117.70	not contracted	\$	147.13	\$	117.70
		IMMUNOHISTOCHEM						-		-	
		ISTRY OR									
		IMMUNOCYTOCHEMI									
		STRY, PER S	88342		\$	369.12	not contracted	\$	461.40	\$	369.12
		INJECTION,									
		DEXAMETHASONE									
		SODIUM PHOSPHATE,									
		1 MG	J1100		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		MORPHINE SULFATE,	12270		,			¢		<u> </u>	
		UP TO 10 MG INJECTION,	J2270		\$	-	not contracted	\$	-	\$	
		ONDANSETRON									
		HYDROCHLORIDE,									
		PER 1 MG	J2405		\$	_	not contracted	\$	_	\$	_
		INJECTION,	32403		7		not contracted	· ·		7	
		PROPOFOL, 10 MG	J2704		\$	_	not contracted	\$	_	\$	_
		INJECTION,			<u>'</u>					•	
		NEOSTIGMINE									
		METHYLSULFATE, UP									
		TO 0.5 MG	J2710		\$	-	not contracted	\$	-	\$	-
		INJECTION, FENTANYL									
		CITRATE, 0.1 MG	J3010		\$	_	not contracted	\$	-	\$	-
		INFUSION, NORMAL									
		SALINE SOLUTION,									
		STERILE (500 ML	J7040		\$	-	not contracted	\$	-	\$	-
		ALBUTEROL,									
		INHALATION									
		SOLUTION, FDA- APPROVED FINAL	17612		,		not contracted	۲		<u> </u>	
		GLYCOPYRROLATE,	J7613		\$	-	not contracted	\$	-	\$	
		INHALATION									
		SOLUTION,									
		COMPOUNDED PR	J7642		\$	_	not contracted	\$	_	\$	_
	ESOPHAGOGASTROD				7			-		т	
	UODENOSCOPY,										
	FLEXIBLE,	PRIMARY									
	TRANSORAL; D	PROCEDURE	43235		\$	1,937.80	not contracted	\$	2,422.25	\$	1,937.80
		INJECTION,									
		MIDAZOLAM									
		HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	-	not contracted	\$	-	\$	-
		INJECTION, FENTANYL						,			
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	-	\$	-
	ESOPHAGOGASTROD										
	UODENOSCOPY,	DDIAAADV									
	FLEXIBLE,	PRIMARY	42220		<u> </u>	1 027 00	not ocutured : d	¢	2 422 25	<u>د</u>	1 027 00
43239	TRANSORAL; W	PROCEDURE	43239		\$	1,937.80	not contracted	Ş	2,422.25	\$	1,937.80
		LEVEL IV - SURGICAL									
		PATHOLOGY, GROSS									
		II ATTIOLOGI, GROSS			1						

	SHC	OPPABLE OUTPATIENT SE	ERVICES			HEALT (Comm		Maximum Negotiated Rate		Minimum otiated Rate
Primary			CPT/HCPCS			(Collina	lercialj	Negotiateu Kate	Neg	otiateu kate
Code	Service Category	Service Description	Code	Note	F	acility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>		Facility <sup>4</sup>
		INJECTION,								
		MIDAZOLAM								
		HYDROCHLORIDE, PER 1 MG	J2250		\$		not contracted	\$	- \$	
		PERTIVIG	J2230		۶	-	not contracted	÷	- ş	
		INJECTION, FENTANYL								
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	- \$	-
	COLONOSCOPY,									
	FLEXIBLE;									
45270	DIAGNOSTIC,	PRIMARY	45270		,	1 050 70		ć 2.420.4	,	1 050 70
45378	INCLUDING COLLE	PROCEDURE INJECTION,	45378		\$	1,950.78	not contracted	\$ 2,438.4	3 \$	1,950.78
		MIDAZOLAM								
		HYDROCHLORIDE,								
		PER 1 MG	J2250		\$	-	not contracted	\$	- \$	-
								•		
		INJECTION, FENTANYL								
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	- \$	
	COLONOSCOPY,									
	FLEXIBLE; WITH	DDIA 4 A DV								
<b>45380</b>	BIOPSY, SINGLE OR MULT	PRIMARY PROCEDURE	45380		\$	2,542.02	not contracted	\$ 3,177.5	3 \$	2,542.02
43380	WIGET	TROCEDORE	45380		7	2,342.02	not contracted	ر 3,177.5	, ,	2,342.02
		LEVEL IV - SURGICAL								
		PATHOLOGY, GROSS								
		AND MICROSCOP	88305		\$	117.70	not contracted	\$ 147.1	3 \$	117.70
		INJECTION,								
		MIDAZOLAM								
		HYDROCHLORIDE,			_					
		PER 1 MG	J2250		\$	-	not contracted	\$	- \$	-
		INJECTION, FENTANYL								
		CITRATE, 0.1 MG	J3010		\$	_	not contracted	\$	- \$	_
	COLONOSCOPY,	0.110.112, 0.12.1110	30020		Ť			Ψ	· ·	
	FLEXIBLE; WITH									
	REMOVAL OF	PRIMARY								
45385	TUMOR(S), P	PROCEDURE	45385		\$	2,542.02	not contracted	\$ 3,177.5	3 \$	2,542.02
		COLONOSCOPY,								
		FLEXIBLE; WITH								
		BIOPSY, SINGLE OR MULT	45380		\$	2,542.02	not contracted	\$ 3,177.5	ی د	2,542.02
		IVIOLI	45300		۶	۷,۵4۷.0۷	not contracted	3,1//.5	٠, ٠	2,342.02
		LEVEL IV - SURGICAL								
		PATHOLOGY, GROSS								
		AND MICROSCOP	88305		\$	117.70	not contracted	\$ 147.1	3 \$	117.70
		INJECTION,								
		MIDAZOLAM								
		HYDROCHLORIDE,	12250		_			<u> </u>	_	
		PER 1 MG	J2250		\$	-	not contracted	\$	- \$	-
		INJECTION, FENTANYL								
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	- \$	-
	COLONOSCOPY,	_,			T			•		
	FLEXIBLE; WITH									
	ENDOSCOPIC	PRIMARY								
45391	ULTRASOUND	PROCEDURE	45391		\$	2,542.02	not contracted	\$ 3,177.5	3 \$	2,542.02
		ANESTHESIA FOR								
		LOWER INTESTINAL								
		ENDOSCOPIC	00011		۲ ا		not contract	ė	۲.	
		PROCEDU	00811		\$	-	not contracted	\$	- \$	-

Primary CPT/HCPCS CPT/HCPCS		SHOP	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm	H NET	Maximum Negotiated Rate		Minimum Negotiated Rate	
Code   Service Category   Service Description   Code   Note   Facility   Professional   Facility   Facility	Primary			CPT/HCPCS			(Collin	ierciaij	Negotiateu	Nate	iveg	otiateu Kate
MIDAZOLAM   HYDROCHLORIDE   FER 1 MG	-	rvice Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4</sup>	,5		Facility <sup>4</sup>
HYDROCHORDIE,   FER IMG			· ·									
PER 1 MG												
NIJECTION, PROPOPOL, 10 MG			· ·	12250		,		not contracted	<u> </u>		۲	
NILECTION, FENTANY, CTRATE, 0.1 MG				J2250		\$	-	not contracted	Ş		\$	-
INJECTION, FENTANYL CITRATE, 0.1 MG			·	J2704		\$	-	not contracted	\$	-	\$	-
CITRATE, 0.1 MG			,									
LAPAROSCOPY, SURGICAL:			· ·									
SURGICAL;   PRIMARY			CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	-	\$	-
A7562   CHOLECYSTECTOMY   PROCEDURE   A7562   S 12,235.00   not contracted   S 15,293.75   S			DDIMANDV									
LEVEL III - SURGICAL		•		47562		خ	12 235 00	not contracted	\$ 15	293 75	Ġ	12,235.00
PATHOLOGY, GROSS   AND MICROSCO   88304   S   117.70   not contracted   S   147.13   S	47302 CHOLL	LECISILETOWN	TROCEDORE	47302		7	12,233.00	not contracted	γ 13,	233.73	7	12,233.00
AND MICROSCO			LEVEL III - SURGICAL									
NIECTION,   SOUTH			PATHOLOGY, GROSS									
CEFAZOLIN SODIUM,   500 MG   30690   \$ - not contracted \$ - \$ \$				88304		\$	117.70	not contracted	\$	147.13	\$	117.70
SOD MG			· · · · · · · · · · · · · · · · · · ·									
NIECTION,   DEXAMETHASONE   SODIUM PHOSPHATE,   1 MG			· 1	10000		,		not contracted	<u> </u>		۲	
DEXAMETHASONE   SODIUM PHOSPHATE,   1 Mg				10090		۶	_	not contracted	Ş		Ş	
SODIUM PHOSPHATE, 1 MG			· ·									
INJECTION, HYDROMORPHONE, UP TO 4 MG												
HYDROMORPHONE, UP TO 4 MG			1 MG	J1100		\$	-	not contracted	\$	-	\$	-
UP TO 4 MG			·									
INJECTION, HEPARIN   SODIUM, PER 1000   UNITS   J1644   \$ - not contracted \$ - \$			· 1	14.470							_	
SODIUM, PER 1000				J1170		\$	-	not contracted	\$	-	Ş	-
UNITS												
INJECTION,   MIDAZOLAM   HYDROCHLORIDE,   PER 1 MG				J1644		\$	_	not contracted	\$	_	\$	-
HYDROCHLORIDE, PER 1 MG			INJECTION,									
PER 1 MG			MIDAZOLAM									
INJECTION, ONDANSETRON			· ·									
ONDANSETRON HYDROCHLORIDE, PER 1 MG J2405  S INJECTION, PROPOFOL, 10 MG J2704  S INJECTION, FENTANYL CITRATE, 0.1 MG J3010  S RINGERS LACTATE INFUSION, UP TO 1000 CC J7120  ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE B6850  S BLOOD TYPING, SEROLOGIC; RH (D) SEROLOGIC; ABO SEGONO SEGONO SEGONO SEROLOGIC; ABO SEGONO SEGONO S SEROLOGIC; ABO S S S S S S S S S S S S S S S S S S S				J2250		\$		not contracted	\$	-	\$	-
HYDROCHLORIDE, PER 1 MG			-									
PER 1 MG												
INJECTION,   PROPOFOL, 10 MG			· 1	J2405		\$	-	not contracted	\$	-	\$	-
INJECTION, FENTANYL   CITRATE, 0.1 MG						<u> </u>			,		Ė	
CITRATE, 0.1 MG			PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$	-	\$	-
CITRATE, 0.1 MG												
RINGERS LACTATE INFUSION, UP TO 1000 CC J7120 \$ - not contracted \$ - \$  ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE 86850 \$ 117.70 not contracted \$ 147.13 \$  BLOOD TYPING, SEROLOGIC; RH (D) 86901 \$ 79.72 not contracted \$ 99.65 \$  BLOOD TYPING, SEROLOGIC; ABO 86900 \$ 272.56 not contracted \$ 340.70 \$			· · · · · · · · · · · · · · · · · · ·	12040							_	
INFUSION, UP TO 1000 CC			, and the second	13010		\$		not contracted	Ş		>	-
1000 CC												
ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE 86850 \$ 117.70 not contracted \$ 147.13 \$  BLOOD TYPING, SEROLOGIC; RH (D) 86901 \$ 79.72 not contracted \$ 99.65 \$  BLOOD TYPING, SEROLOGIC; ABO 86900 \$ 272.56 not contracted \$ 340.70 \$  COLLECTION OF VENOUS BLOOD BY				J7120		\$	-	not contracted	\$	-	\$	-
TECHNIQUE												
BLOOD TYPING,   SEROLOGIC; RH (D)   86901   \$ 79.72   not contracted \$ 99.65 \$												
SEROLOGIC; RH (D)   86901   \$ 79.72   not contracted \$ 99.65   \$				86850		\$	117.70	not contracted	\$	147.13	\$	117.70
BLOOD TYPING, SEROLOGIC; ABO 86900 \$ 272.56 not contracted \$ 340.70 \$ COLLECTION OF VENOUS BLOOD BY			l '	06001		ć	70 73	not contracted	ć	00 65	ć	79.72
SEROLOGIC; ABO 86900 \$ 272.56 not contracted \$ 340.70 \$  COLLECTION OF VENOUS BLOOD BY				10609		۶	79.72	not contracted	ې	33.05	Ş	79.72
COLLECTION OF VENOUS BLOOD BY			•	86900		\$	272.56	not contracted	\$	340.70	\$	272.56
						<u> </u>			•		Ė	
VENIPUNCTURE         36415         \$ 17.14         not contracted         \$ 21.43         \$												
			VENIPUNCTURE	36415		\$	17.14	not contracted	\$	21.43	\$	17.14
DEDAID INITIAL	555	ID INITIA!										
REPAIR INITIAL INGUINAL HERNIA, PRIMARY			DRIMARY									
49505 AGE 5 YEARS OR OLD PROCEDURE 49505 \$ 8,314.32 not contracted \$ 10,392.90 \$				49505		Ś	8.314.32	not contracted	\$ 10	392.90	Ś	8,314.32

### COMMERCIAL PAYOR CONTRACT - COMPREHENSIVE SERVICES BY SERVICE AREA<sup>1</sup>

EFFECTIVE JANUARY 1, 2024
UPDATED AS OF 12/15/2023

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm	TH NET nercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS						
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
		INJECTION,							
		CEFAZOLIN SODIUM,							
		500 MG	J0690		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		DEXAMETHASONE							
		SODIUM PHOSPHATE,	14400		_				
		1 MG	J1100		\$	-	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE,							
		UP TO 4 MG	J1170		\$		not contracted	\$ -	\$ -
		INJECTION,	31170		۲		not contracted	- ب	- -
		MIDAZOLAM							
		HYDROCHLORIDE,							
		PER 1 MG	J2250		\$	_	not contracted	\$ -	\$ -
		INJECTION,						т	T
		ONDANSETRON							
		HYDROCHLORIDE,							
		PER 1 MG	J2405		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -
	BIOPSY, PROSTATE;	DD18.44.DV							
	NEEDLE OR PUNCH,	PRIMARY	FF700		,	4 25 4 4 4		ć F.442.60	ć 425444
55700	SINGLE OR MULTI	PROCEDURE	55700		\$	4,354.14	not contracted	\$ 5,442.68	\$ 4,354.14
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL							
		PATHOLOGY, GROSS							
		AND MICROSCOP	88305		\$	117.70	not contracted	\$ 147.13	\$ 117.70
		INJECTION,							
		GARAMYCIN,							
		GENTAMICIN, UP TO							
		80 MG	J1580		\$	-	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR							
		INTRAVENOUS							
		INFUSION,	J2001		\$		not contracted	\$ -	\$ -
	INJECTION(S), OF	00.014,	32001		, ,		not contracted		
	DIAGNOSTIC OR								
	THERAPEUTIC	PRIMARY							
	SUBSTAN	PROCEDURE	62322		\$	2,000.40	not contracted	\$ 2,500.50	\$ 2,000.40
	INJECTION(S), OF								
	DIAGNOSTIC OR								
	THERAPEUTIC	PRIMARY							
	SUBSTAN	PROCEDURE	62323		\$	1,512.52	not contracted	\$ 1,890.65	\$ 1,512.52
	INJECTION(S),								
	ANESTHETIC								
	AGENT(S) AND/OR	PRIMARY	C4400		_	3 000 40	mak	ć 3.500.50	¢ 3.000 to
	STEROID; DISCISSION OF	PROCEDURE	64483		\$	2,000.40	not contracted	\$ 2,500.50	\$ 2,000.40
	SECONDARY								
	MEMBRANOUS	PRIMARY							
	CATARACT (OPACI	PROCEDURE	66821		\$	1,245.92	not contracted	\$ 1,557.40	\$ 1,245.92
30021	2	0 0 2 2 0 1 1 2	00021	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	2,2 13.32		T,557.40	T,213.32

	SHO	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm	TH NET		Maximum gotiated Rate	Minimum Negotiated Rate	
Primary			CPT/HCPCS			(iiiiio)	icreiary	140	gotiated Nate		
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>		Facility <sup>4,5</sup>		Facility <sup>4</sup>
	EVED A CADCLIL AD										
	EXTRACAPSULAR CATARACT REMOVAL	PRIMARY									
66984	WITH INSERTION OF I	PROCEDURE	66984		\$	5,069.06	not contracted	\$	6,336.33	\$	5,069.06
		INJECTION,	00501		<u> </u>	3,003.00		7	0,000.00	_	3,003.00
		MIDAZOLAM									
		HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	-	not contracted	\$	-	\$	-
i		POSTERIOR CHAMBER	\/2 <b>.</b> 222		,					, ا	
	COMPUTED	INTRAOCULAR LENS	V2632		\$	-	not contracted	\$		\$	-
	TOMOGRAPHY, HEAD										
	OR BRAIN; WITHOUT	PRIMARY									
70450	CONTRA	PROCEDURE	70450		\$	250.90	not contracted	\$	313.63	\$	250.90
					T .			•			
		ELECTROCARDIOGRA									
		M, ROUTINE ECG									
		WITH AT LEAST 12 LE	93005		\$	134.92	not contracted	\$	168.65	\$	134.92
		BASIC METABOLIC									
		PANEL (CALCIUM,	90049		ے ا	16.02	not contracted	ے	21.15	۲	16.03
		TOTAL) THIS PANEL TROPONIN,	80048		\$	16.92	not contracted	Ş	21.15	\$	16.92
		QUANTITATIVE	84484		\$	24.94	not contracted	\$	31.18	\$	24.94
		BLOOD COUNT;	01.01			2		7	31.10	Ψ.	2.13.
		COMPLETE (CBC),									
		AUTOMATED (HGB,									
		нст,	85025		\$	15.54	not contracted	\$	19.43	\$	15.54
		INJECTION,									
		MIDAZOLAM									
		HYDROCHLORIDE,						_		۔ ا	
		PER 1 MG	J2250		\$	-	not contracted	\$	-	\$	-
		INJECTION, FENTANYL									
		CITRATE, 0.1 MG	J3010		\$	_	not contracted	\$	-	\$	_
		INSULIN, RAPID						-			
		ONSET, 5 UNITS	\$5550			not available	not contracted		not available		not available
		MAGNESIUM	83735		\$	13.40	not contracted	\$	16.75	\$	13.40
		PHOSPHORUS									
		INORGANIC	2445		_	2 - 2		,		_	
		(PHOSPHATE);	84100		\$	9.48	not contracted	\$	11.85	\$	9.48
		PROTHROMBIN TIME;	85610		\$	8.58	not contracted	Ś	10.73	\$	8.58
		COLLECTION OF	03010		۰	0.56	not contracted	7	10.73	۲	0.36
		VENOUS BLOOD BY									
		VENIPUNCTURE	36415		\$	17.14	not contracted	\$	21.43	\$	17.14
	MAGNETIC										
	RESONANCE (EG,										
	PROTON) IMAGING,	PRIMARY			_			,			
70553	BRAIN (IN	PROCEDURE	70553		\$	864.86	not contracted	\$	1,081.08	\$	864.86
		INJECTION, GADOTERATE									
		MEGLUMINE, 0.1 ML	A9575		\$		not contracted	\$		\$	
	ULTRASOUND,	IVILOLOIVIIIVL, U.1 IVIL	M33/3		ڔ	-	not contracted	ڔ		۶	
	ABDOMINAL, REAL										
	TIME WITH IMAGE	PRIMARY									
76700	DOCUME	PROCEDURE	76700		\$	250.90	not contracted	\$	313.63	\$	250.90

### COMMERCIAL PAYOR CONTRACT - COMPREHENSIVE SERVICES BY SERVICE AREA $^1$ $\,$ EFFECTIVE JANUARY 1, 2024

EFFECTIVE JANUARY 1, 2024
UPDATED AS OF 12/15/2023

	SHO	PPABLE OUTPATIENT SI	ERVICES			HEALT (Comm	H NET ercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
	ULTRASOUND,	, and the pro-	550.5			,		,	,
	PREGNANT UTERUS,								
	REAL TIME WITH	PRIMARY							
76805	IMAGE	PROCEDURE	76805		\$	250.90	not contracted	\$ 313.63	\$ 250.90
		ULTRASOUND,							
		PREGNANT UTERUS,							
		REAL TIME WITH							
		IMAGE	76811		\$	548.16	not contracted	\$ 685.20	\$ 548.16
	ULTRASOUND,	PRIMARY							
76830	TRANSVAGINAL	PROCEDURE	76830		\$	250.90	not contracted	\$ 313.63	\$ 250.90
		OFFICE OR OTHER OUTPATIENT VISIT							
		FOR THE EVALUATIO	99212		\$	-	not contracted	\$ -	\$ -
	DIAGNOSTIC								
	MAMMOGRAPHY,								
	INCLUDING	PRIMARY							
77065	COMPUTER-AIDED D	PROCEDURE	77065		\$	_	not contracted	\$ -	\$ -
77000	001111 01211 711022 2		77000		Ť		not contracted	Ψ	Ψ
	DIAGNOSTIC MAMMOGRAPHY, INCLUDING	PRIMARY							
	COMPUTER-AIDED D	PROCEDURE	77066		\$	_	not contracted	\$ -	\$ -
	SCREENING		,,,,,,		Ť			Ψ	Ψ
	MAMMOGRAPHY,								
	BILATERAL (2-VIEW	PRIMARY							
	STUDY OF	PROCEDURE	77067		\$	-	not contracted	\$ -	\$ -
	BASIC METABOLIC							,	
	PANEL (CALCIUM,	PRIMARY							
80048	TOTAL) THIS PANEL	PROCEDURE	80048		\$	16.92	not contracted	\$ 21.15	\$ 16.92
		COLLECTION OF							
		VENOUS BLOOD BY							
		VENIPUNCTURE	36415		\$	17.14	not contracted	\$ 21.43	\$ 17.14
	COMPREHENSIVE								
	METABOLIC PANEL								
	THIS PANEL MUST	PRIMARY							
80053	INCL	PROCEDURE	80053		\$	21.12	not contracted	\$ 26.40	\$ 21.12
		BLOOD COUNT;							
		COMPLETE (CBC), AUTOMATED (HGB,							
		HCT,	85025		\$	15.54	not contracted	\$ 19.43	\$ 15.54
		COLLECTION OF	33023		7	13.54	not contracted	7 15.43	۲۵.54
		VENOUS BLOOD BY							
		VENIPUNCTURE	36415		\$	17.14	not contracted	\$ 21.43	\$ 17.14
	LIPID PANEL THIS		33.23		+	27.21		, 22.13	, 2,,11
	PANEL MUST								
	INCLUDE THE	PRIMARY							
80061	FOLLOWING:	PROCEDURE	80061		\$	26.78	not contracted	\$ 33.48	\$ 26.78
		COLLECTION OF							
		VENOUS BLOOD BY							
		VENIPUNCTURE	36415		\$	17.14	not contracted	\$ 21.43	\$ 17.14
	HEPATIC FUNCTION								
	PANEL THIS PANEL	PRIMARY							
80076	MUST INCLUDE THE	PROCEDURE	80076		\$	16.34	not contracted	\$ 20.43	\$ 16.34
		LIPID PANEL THIS PANEL MUST							
		INCLUDE THE							
		FOLLOWING:	80061		\$	26.78	not contracted	\$ 33.48	\$ 26.78

	SHC	OPPABLE OUTPATIENT SE	ERVICES			HEALTI (Commo		Maxin Negotiate			Minimum
Primary		CPT/HCPCS				((())	ivegotiate	u nate	Negotiated Nate		
Code	Service Category	Service Description	Code	Note	Fa	acility <sup>4</sup>	Professional <sup>3</sup>	Facilit	t <b>y</b> <sup>4,5</sup>	ı	Facility <sup>4</sup>
		VITAMIN D, 25									
		HYDROXY D2 AND D3,									
		BY LC-MS/MS, SERU	0038U		\$	59.20	not contracted	Ś	74.00	Ś	59.20
		COLLECTION OF						т		7	
		VENOUS BLOOD BY									
		VENIPUNCTURE	36415		\$	17.14	not contracted	\$	21.43	\$	17.14
		PERIODIC									
		COMPREHENSIVE									
		PREVENTIVE	00305		,		not contracted	ċ		ė	
		MEDICINE REEVALU	99395		\$	-	not contracted	\$		\$	-
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$	-	\$	-
		VITAMIN D; 25									
		HYDROXY, INCLUDES	02206			50.20		<u> </u>	74.00	_	50.20
	URINALYSIS, BY DIP	FRACTION(S), IF PE	82306		\$	59.20	not contracted	\$	74.00	\$	59.20
	STICK OR TABLET	PRIMARY									
	REAGENT FOR BIL	PROCEDURE	81000		\$	8.04	not contracted	\$	10.05	\$	8.04
		PERIODIC									
		COMPREHENSIVE									
		PREVENTIVE									
		MEDICINE REEVALU	99395		\$	-	not contracted	\$	-	\$	-
		055105 00 051150									
		OFFICE OR OTHER OUTPATIENT VISIT									
		FOR THE EVALUATIO	99213		\$	_	not contracted	\$	_	\$	
	URINALYSIS, BY DIP	TOR THE EVALUATIO	33213		7		not contracted	7		7	
	STICK OR TABLET	PRIMARY									
81001	REAGENT FOR BIL	PROCEDURE	81001		\$	6.34	not contracted	\$	7.93	\$	6.34
	URINALYSIS, BY DIP										
	STICK OR TABLET	PRIMARY									
81002	REAGENT FOR BIL	PROCEDURE	81002		\$	6.96	not contracted	\$	8.70	\$	6.96
	URINALYSIS, BY DIP STICK OR TABLET	DDIAAADV									
	REAGENT FOR BIL	PRIMARY PROCEDURE	81003		\$	4.50	not contracted	¢	5.63	Ċ	4.50
81003	PROSTATE SPECIFIC	TROCEDORE	81003		7	4.50	not contracted	Ţ	3.03	٧	4.50
	ANTIGEN (PSA);	PRIMARY									
84153	TOTAL	PROCEDURE	84153		\$	36.78	not contracted	\$	45.98	\$	36.78
		COLLECTION OF									
		VENOUS BLOOD BY									
	TUVDOID	VENIPUNCTURE	36415		\$	17.14	not contracted	\$	21.43	\$	17.14
	THYROID STIMULATING	PRIMARY									
	HORMONE (TSH)	PROCEDURE	84443		\$	33.60	not contracted	Ś	42.00	\$	33.60
01113	TIONWOITE (1311)	COMPREHENSIVE	31113		7	33.00	not contracted	Υ	12.00	7	33.00
		METABOLIC PANEL									
		THIS PANEL MUST									
		INCL	80053		\$	21.12	not contracted	\$	26.40	\$	21.12
		LIPID PANEL THIS									
		PANEL MUST									
		INCLUDE THE	90004		,	26.70	not continue at all	خ	22.40	ė	26.70
		FOLLOWING: BLOOD COUNT;	80061		\$	26.78	not contracted	Ş	33.48	ş	26.78
		COMPLETE (CBC),									
		AUTOMATED (HGB,									
		HCT,	85025		\$	15.54	not contracted	\$	19.43	\$	15.54

	SHO	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary			CPT/HCPCS				·			1108	
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	F	acility <sup>4,5</sup>		Facility <sup>4</sup>
		HEMOGLOBIN; GLYCOSYLATED (A1C)	83036		\$	19.42	not contracted	\$	24.28	\$	19.42
		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BIL	81001		\$	6.34	not contracted	\$	7.93	\$	6.34
		PROTHROMBIN TIME;	85610		\$	8.58	not contracted	\$	10.73	\$	8.58
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$	17.14	not contracted	\$	21.43	\$	17.14
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB,	PRIMARY PROCEDURE	85025		\$	15.54	not contracted	\$	19.43	\$	15.54
03023	inci,	COLLECTION OF VENOUS BLOOD BY	03023		7	13.54	not contracted	7	13.43	7	13.54
	DI COD COLINIT	VENIPUNCTURE	36415		\$	17.14	not contracted	\$	21.43	\$	17.14
	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB,	PRIMARY									
85027	нст,	PROCEDURE  COLLECTION OF	85027		\$	12.94	not contracted	\$	16.18	\$	12.94
		VENOUS BLOOD BY VENIPUNCTURE	36415		\$	17.14	not contracted	\$	21.43	\$	17.14
00022	PSYCHOTHERAPY, 30 MINUTES WITH	PRIMARY	90832		\$	242.02	not contracted	\$	427.52	\$	242.02
90832	PATIENT PSYCHOTHERAPY, 45 MINUTES WITH	PROCEDURE PRIMARY	90632		7	342.02	not contracted	Ş	427.53	Ş	342.02
90834	PATIENT PSYCHOTHERAPY, 60	PROCEDURE	90834		\$	342.02	not contracted	\$	427.53	\$	342.02
90837	MINUTES WITH PATIENT	PRIMARY PROCEDURE	90837		\$	342.02	not contracted	\$	427.53	\$	342.02
	FAMILY PSYCHOTHERAPY (WITHOUT THE	PRIMARY								•	
90846	PATIENT PRESENT) FAMILY PSYCHOTHERAPY (CONJOINT	PROCEDURE	90846		\$	342.02	not contracted	\$	427.53	\$	342.02
90847	,	PRIMARY PROCEDURE	90847		\$	342.02	not contracted	\$	427.53	\$	342.02
	GROUP PSYCHOTHERAPY (OTHER THAN OF A	PRIMARY				service not	service not		service not		service not
90853	MULTIPLE-FAMI	PROCEDURE	90853			provided	provided		provided		provided
	ELECTROCARDIOGRA M, ROUTINE ECG	PRIMARY									
93000	WITH AT LEAST 12 LE	PROCEDURE	93000		\$	-	not contracted	\$	-	\$	-
		OFFICE OR OTHER OUTPATIENT VISIT	0034.4		_		not contine to d	٠		÷	
		FOR THE EVALUATIO WEIGHT RECORDED	99214		\$	-	not contracted	\$	-	\$	-
		(PAG)	2001F		\$	-	not contracted	\$	-	\$	-

	SHO	PPABLE OUTPATIENT SI	ERVICES		HEALT (Comm	H NET	Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note	Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>		Facility <sup>4</sup>	
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$ 134.92	not contracted		5 \$		
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDUR	PRIMARY PROCEDURE	93452		\$ 6,944.68	not contracted	\$ 8,680.8	5 \$	6,944.68	
95810	POLYSOMNOGRAPHY ; AGE 6 YEARS OR OLDER, SLEEP STAGI THERAPEUTIC	PRIMARY PROCEDURE	95810		\$ 2,193.36	not contracted	\$ 2,741.70	\$	2,193.36	
	PROCEDURE, 1 OR MORE AREAS, EACH	PRIMARY PROCEDURE	97110		\$ -	not contracted	\$	-	; -	
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	not contracted	\$	-	<b>;</b> -	
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99203		\$ -	not contracted	\$	- <del>Ç</del>	; -	
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99204		\$ -	not contracted	\$	-	<b>.</b>	
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99205		\$ -	not contracted	\$	-	<b>-</b>	
99243	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW	PRIMARY PROCEDURE	99243		\$ -	not contracted	\$	-	· -	
	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW	PRIMARY PROCEDURE	99244		\$ -	not contracted	\$		<b>5</b> -	
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATI	PRIMARY PROCEDURE	99385		\$ -	not contracted	\$	- \$	-	
	INITIAL COMPREHENSIVE PREVENTIVE	PRIMARY								
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PROCEDURE PRIMARY PROCEDURE	99386 99213		\$ -	not contracted	\$	- \$		
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99212		\$ -	not contracted		- 4		

### COMMERCIAL PAYOR CONTRACT - COMPREHENSIVE SERVICES BY SERVICE AREA<sup>1</sup> EFFECTIVE JANUARY 1, 2024

EFFECTIVE JANUARY 1, 2024	
<b>UPDATED AS OF 12/15/2023</b>	

	SHO	PPABLE OUTPATIENT SI	ERVICES				TH NET nercial)	Maximum Negotiated Rate	Minimum Negotiated Rate	
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>	
	TELEPHONE	, and the pro-	5500					,	,	
	EVALUATION AND									
	MANAGEMENT	PRIMARY								
99442	SERVICE BY A P	PROCEDURE	99442		\$	-	not contracted	\$ -	\$ -	
	HOSPITAL									
	OUTPATIENT CLINIC									
60463	VISIT FOR	PRIMARY	60463		_	202.70		ć 254.62	ć 202.70	
G0463	ASSESSMENT AN TELEPHONE	PROCEDURE	G0463		\$	283.70	not contracted	\$ 354.63	\$ 283.70	
	EVALUATION AND									
	MANAGEMENT	PRIMARY								
99441	SERVICE BY A P	PROCEDURE	99441		\$	-	not contracted	\$ -	\$ -	
	OFFICE OR OTHER									
	OUTPATIENT VISIT	PRIMARY						_	_	
99214	FOR THE EVALUATIO	PROCEDURE	99214		\$		not contracted	\$ -	\$ -	
	TELEPHONE EVALUATION AND									
	MANAGEMENT	PRIMARY								
	SERVICE BY A P	PROCEDURE	99443		\$	-	not contracted	\$ -	\$ -	
	OPHTHALMOLOGICAL									
00040	SERVICES: MEDICAL	PRIMARY	00040			202 70		4 254.62	4 202 70	
92012	EXAMINATION AND	PROCEDURE	92012		\$	283.70	not contracted	\$ 354.63	\$ 283.70	
	OFFICE OR OTHER									
	OUTPATIENT VISIT	PRIMARY								
99211	FOR THE EVALUATIO	PROCEDURE	99211		\$	-	not contracted	\$ -	\$ -	
	OFFICE OR OTHER									
00202	OUTPATIENT VISIT	PRIMARY	00202		\$		not contracted	\$ -	\$ -	
99202	FOR THE EVALUATIO	PROCEDURE	99202		Ş		not contracted	Ş -	Ş -	
	OFFICE OR OTHER									
	OUTPATIENT VISIT	PRIMARY								
99215	FOR THE EVALUATIO	PROCEDURE	99215		\$	_	not contracted	\$ -	\$ -	
	LIMITED ORAL									
D04.40	EVALUATION -	PRIMARY	50440		_			<b>A</b>	, .	
D0140	PROBLEM FOCUSED IMMUNIZATION	PROCEDURE	D0140		\$		not contracted	\$ -	\$ -	
	ADMINISTRATION									
	(INCLUDES	PRIMARY								
90471	PERCUTANEOUS	PROCEDURE	90471		\$	158.38	not contracted	\$ 197.98	\$ 158.38	
		OFFICE OR OTHER			1					
		OUTPATIENT VISIT	00040		_			<u></u>		
	PERIODIC	FOR THE EVALUATIO	99213		\$	-	not contracted	\$ -	\$ -	
	COMPREHENSIVE									
	PREVENTIVE	PRIMARY								
99392	MEDICINE REEVALU	PROCEDURE	99392		\$		not contracted	\$ -	\$ -	
	PERIODIC									
	COMPREHENSIVE									
	PREVENTIVE	PRIMARY	00204		_		not assistant of	ė	ا ج	
99391	MEDICINE REEVALU INTRAVITREAL	PROCEDURE	99391		\$		not contracted	\$ -	\$ -	
	INJECTION OF A				1					
	PHARMACOLOGIC	PRIMARY								
	AGENT (S	PROCEDURE	67028		\$	780.80	not contracted	\$ 976.00	\$ 780.80	

### COMMERCIAL PAYOR CONTRACT - COMPREHENSIVE SERVICES BY SERVICE AREA $^1$ $\,$ EFFECTIVE JANUARY 1, 2024

<b>EFFECTIVE JANUARY 1, 2024</b>
UPDATED AS OF 12/15/2023

Primary   Service Category   Service Description   Code   Note   Facility*   Professional*   Facility*   Facilit		SHO	PPABLE OUTPATIENT S	ERVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate
POSTOPERATIVE   PRIMARY   PROCEDURE   99024   \$ - not contracted   \$ . \$ . \$	•	Service Category	Service Description		Note			·		
FOLLOW-UP-VISIT.   ROBARY   PROCEDURE   99024   \$   not contracted   \$   \$   \$   \$   \$   \$   \$   \$   \$	Couc		Service Description	couc	11010		demey	1101033101101	1 demey	racincy
NORMARIY										
OPHTHAIMOLOGICAL SERVICES MEDICAL PRIMARY 92014 \$ 283.70 not contracted \$ 354.63 \$ 283.71 not contr		· ·	PRIMARY							
SERVICES: MEDICAL 92014   S. 283.70   not contracted   S. 354.83   S. 283.71	99024	INCLUDED I	PROCEDURE	99024		\$	-	not contracted	\$ -	\$ -
SERVICES: MEDICAL 92014   S. 283.70   not contracted   S. 354.83   S. 283.71										
92014   SAMINATION AND   PROCEDURE   92014   \$ 283.70   not contracted   \$ 354.63   \$ 283.70										
INTRAVITERAL   INSECTION OF A   PHARMACOLOGIC   AGENT   S   67028   \$ 780.80   not contracted   \$ 976.80   \$ 780.81	02014			02014		ے ا	202 70	not contracted	¢ 254.63	¢ 202.70
NIJECTION OF A   PHARMACQUOGIC   AGENT (S	92014	EXAMINATION AND		92014		Ş	283.70	not contracted	\$ 354.03	\$ 283.70
PHARMACOLOGIC   AGENT   S   67028   \$ 780.80   not contracted   \$ 976.00   \$ 780.80										
PERIODIC   COMPREHENSIVE   PRIMARY   PROCEDURE   99393   \$   \$   not contracted   \$   \$   \$   \$   \$   \$   \$   \$   \$										
COMPREHENSIVE   PRIVATIVE   PRIMARY   PROCEDURE   99393   \$ - not contracted \$ - \$			AGENT (S	67028		\$	780.80	not contracted	\$ 976.00	\$ 780.80
PRIVATIVE   PRIMARY   PROCEDURE   99393   \$ - not contracted \$ - \$		PERIODIC								
99393   MEDICINE REVALU   PROCEDURE   99393   \$		COMPREHENSIVE								
EXTRACTION, REMPTED TOOTH OR PXPOSED ROOT D7140 (ELEVATI) PROCEDURE PROCED										
REUPTED TOOTH OR   EXPOSED ROOT   PRIMARY   PROCEDURE   D7140   S 4,043.24   not contracted   S 5,054.05   S 4,043.24	99393		PROCEDURE	99393		\$	-	not contracted	\$ -	\$ -
EXPOSED ROOT   PRIMARY   PROCEDURE   D7140   \$ 4,043.24   not contracted \$ 5,054.05 \$ 4,043.24										
D7140   ELEVATI			DRIMARV							
LIMITED GRAL   EVALUATION -   PROBLEM FOCUSED   D0140   \$ -   not contracted   \$ -   \$   \$   \$   \$   \$   \$   \$   \$	D7140			D7140		Ś	4.043.24	not contracted	\$ 5.054.05	\$ 4.043.24
EVALUATION	<i>D</i> /110	(222 47111		57110		· ·	1,0 13.2 1	not contracted	ý 3,03 1.03	7 1,013.21
PANDRAMIC FILM   D0330			EVALUATION -							
COCAL ANESTHESIA   D9215   S -   not contracted   S   S			PROBLEM FOCUSED	D0140			-	not contracted	\$ -	\$ -
TELEPHONE   ASSESSMENT AND   MANAGEMENT   98966   \$ - not contracted   \$ - \$   \$   \$   \$   \$   \$   \$   \$   \$				D0330			-	not contracted		
ASSESSMENT AND MANAGEMENT  98866 SERVICE PROVID  ABDOMINAL PARACENTESIS (DIAGNOSTIC OR 49083)  PRIMARY  PROCEDURE  49083  S 1,937.80 not contracted \$ 2,422.25 \$ 1,937.80  OFFICE OR OTHER OUTPATIENT VISIT  FOR THE EVALUATIO  99314  PROCEDURE  99394  S - not contracted \$ 5 5  INITIAL COMPREHENSIVE PREVENTIVE  PREVENTIVE  99381 MEDICINE EVALUATI  PRIMARY  99381 MEDICINE EVALUATI  PROCEDURE  99381  INFLUENZA VACCINE, INACTIVATED (IIV), PROCEDURE  99381  INFLUENZA VACCINE, INACTIVATED (IIV), PRIMARY  90653  SUBUNIT, ADI  OFFICE OR OTHER  OUTPATIENT VISIT			LOCAL ANESTHESIA	D9215		\$	-	not contracted	\$ -	\$ -
MANAGEMENT   PRIMARY   PROCEDURE   98966   \$ - not contracted   \$ - \$   \$										
98966   SERVICE PROVID   PROCEDURE   98966   \$ - not contracted \$ - \$			DDIA 4 A DV							
ABDOMINAL PARACENTESIS (DIAGNOSTIC OR 49083 \$ 1,937.80 not contracted \$ 2,422.25 \$ 1,937.80   OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO 99212 \$ - not contracted \$ - \$   PERIODIC COMPREHENSIVE PREVENTIVE PRIMARY PROCEDURE 99394 \$ - not contracted \$ - \$   INITIAL COMPREHENSIVE PREVENTIVE PREVENTIVE PREVENTIVE PREVENTIVE PROCEDURE 99381 \$ - not contracted \$ - \$   INFLUENZA VACCINE, INACTIVATED (IIV), 90653 \$ - not contracted \$ - \$   IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS 90471 \$ 158.38 not contracted \$ 197.98 \$ 158.38   OFFICE OR OTHER OUTPATIENT VISIT	08066			08066		خ		not contracted	ė	ė
PARACENTESIS (DIAGNOSTIC OR PRIMARY   49083   5 1,937.80   not contracted   5 2,422.25   5 1,937.80	38300		TROCEDORE	38300		7	_	not contracted		
49083 THERAPEUTIC) PROCEDURE 49083 \$ 1,937.80 not contracted \$ 2,422.25 \$ 1,937.80  OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO 99212 \$ - not contracted \$ - \$  PERIODIC COMPREHENSIVE PREVENTIVE PREVENTIVE PROCEDURE 99394 \$ - not contracted \$ - \$  INITIAL COMPREHENSIVE PREVENTIVE PREVENTIVE PREVENTIVE PREVENTIVE PREVENTIVE PREVENTIVE PREVENTIVE PREVENTIVE PREVENTIVE PRIMARY POCEDURE 99381 \$ - not contracted \$ - \$  INFLUENZA VACCINE, INACTIVATED (IIV), PROCEDURE 99381 \$ - not contracted \$ - \$  IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS 90471 \$ 158.38 not contracted \$ 197.98 \$ 158.38  OFFICE OR OTHER OUTPATIENT VISIT										
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO 99212 \$ - not contracted \$ - \$  PERIODIC COMPREHENSIVE PREVENTIVE PRIMARY 99394 MEDICINE REEVALU PROCEDURE 99394 \$ - not contracted \$ - \$  INITIAL COMPREHENSIVE PREVENTIVE PRIMARY 99381 MEDICINE EVALUATI PROCEDURE 99381 \$ - not contracted \$ - \$  INFLUENZA VACCINE, INACTIVATED (IIV), PROCEDURE 90653 \$ - not contracted \$ - \$  IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS 90471 \$ 158.38 not contracted \$ 197.98 \$ 158.38  OFFICE OR OTHER OUTPATIENT VISIT			PRIMARY							
OUTPATIENT VISIT FOR THE EVALUATIO 99212 \$ - not contracted \$ - \$  PERIODIC COMPREHENSIVE PREVENTIVE PRIMARY PROCEDURE 99394 \$ - not contracted \$ - \$  INITIAL COMPREHENSIVE PREVENTIVE PRIMARY PROCEDURE 99394 \$ - not contracted \$ - \$  INFLUENZA VACCINE, INFLUENZA VACCINE, INACTIVATED (IIV), PRIMARY PROCEDURE 90653 \$ - not contracted \$ - \$  IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS 90471 \$ 158.38 not contracted \$ 197.98 \$ 158.38  OFFICE OR OTHER OUTPATIENT VISIT	49083	THERAPEUTIC)	PROCEDURE	49083		\$	1,937.80	not contracted	\$ 2,422.25	\$ 1,937.80
OUTPATIENT VISIT FOR THE EVALUATIO 99212 \$ - not contracted \$ - \$  PERIODIC COMPREHENSIVE PREVENTIVE PRIMARY PROCEDURE 99394 \$ - not contracted \$ - \$  INITIAL COMPREHENSIVE PREVENTIVE PRIMARY PROCEDURE 99394 \$ - not contracted \$ - \$  INFLUENZA VACCINE, INFLUENZA VACCINE, INACTIVATED (IIV), PRIMARY PROCEDURE 90653 \$ - not contracted \$ - \$  IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS 90471 \$ 158.38 not contracted \$ 197.98 \$ 158.38  OFFICE OR OTHER OUTPATIENT VISIT										
PERIODIC										
PERIODIC COMPREHENSIVE PREVENTIVE PREVENTIVE PREVENTIVE PROCEDURE  99394  \$ - not contracted \$ - \$  INITIAL COMPREHENSIVE PREVENTIVE PREVENTIVE PREVENTIVE PREVENTIVE PREVENTIVE PREVENTIVE PRIMARY  99381  MEDICINE EVALUATI PROCEDURE  99381  \$ - not contracted \$ - \$  INFLUENZA VACCINE, INACTIVATED (IIV), PRIMARY  90653  SUBUNIT, ADJ  PROCEDURE  90653  \$ - not contracted \$ - \$  IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS  90471  \$ 158.38  Not contracted \$ 197.98 \$ 158.38				00212		ے ا		not contracted	ć	ć
COMPREHENSIVE PREVENTIVE PRIMARY 99394 MEDICINE REEVALU PROCEDURE 99394 S - not contracted \$ - \$  INITIAL COMPREHENSIVE PREVENTIVE PREVENTIVE PREVENTIVE PREVENTIVE PRIMARY POSCEDURE 99381 \$ - not contracted \$ - \$  INFLUENZA VACCINE, INACTIVATED (IIV), PRIMARY POGEDURE 90653 SUBUNIT, ADJ PROCEDURE 90653 \$ - not contracted \$ - \$  IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS 90471 \$ 158.38 not contracted \$ 197.98 \$ 158.38  OFFICE OR OTHER OUTPATIENT VISIT		PERIODIC	FOR THE EVALUATIO	99212		Ş	-	not contracted	\$ -	\$ -
PREVENTIVE PRIMARY PROCEDURE 99394 \$ - not contracted \$ - \$  INITIAL COMPREHENSIVE PREVENTIVE PREVENTIVE PROCEDURE 99381 \$ - not contracted \$ - \$  INFLUENZA VACCINE, INACTIVATED (IIV), PRIMARY PROCEDURE 90653 \$ - not contracted \$ - \$  IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS 90471 \$ 158.38 not contracted \$ 197.98 \$ 158.38  OFFICE OR OTHER OUTPATIENT VISIT										
99394   MEDICINE REEVALU   PROCEDURE   99394   \$ - not contracted   \$ - \$			PRIMARY							
COMPREHENSIVE PREVENTIVE PREVENTIVE PREVENTIVE PROCEDURE PROCEDURE PROCEDURE PRIMARY PROCEDURE PRIMARY PROCEDURE PRIMARY PROCEDURE PRIMARY PROCEDURE PRIMARY PROCEDURE PRIMARY PROCEDURE P	99394		PROCEDURE	99394		\$	-	not contracted	\$ -	\$ -
COMPREHENSIVE PREVENTIVE PREVENTIVE PREVENTIVE PROCEDURE PROCEDURE PROCEDURE PRIMARY PROCEDURE PRIMARY PROCEDURE PRIMARY PROCEDURE PRIMARY PROCEDURE PRIMARY PROCEDURE PRIMARY PROCEDURE P										
PREVENTIVE 99381 MEDICINE EVALUATI PROCEDURE 99381 \$ - not contracted \$ - \$  INFLUENZA VACCINE, INACTIVATED (IIV), PRIMARY PROCEDURE 90653 SUBUNIT, ADJ PROCEDURE 90653 \$ - not contracted \$ - \$  IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS 90471 \$ 158.38 not contracted \$ 197.98 \$ 158.38										
99381 MEDICINE EVALUATI PROCEDURE 99381 \$ - not contracted \$ - \$  INFLUENZA VACCINE, INACTIVATED (IIV), PRIMARY 90653 SUBUNIT, ADJ PROCEDURE 90653 \$ - not contracted \$ - \$  IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS 90471 \$ 158.38 not contracted \$ 197.98 \$ 158.38  OFFICE OR OTHER OUTPATIENT VISIT										
INFLUENZA VACCINE, INACTIVATED (IIV), PRIMARY 90653 SUBUNIT, ADJ PROCEDURE 90653 \$ - not contracted \$ - \$  IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS 90471 \$ 158.38 not contracted \$ 197.98 \$ 158.38  OFFICE OR OTHER OUTPATIENT VISIT	00201			00304		_			ė	ا
INACTIVATED (IIV), PRIMARY 90653 \$ - not contracted \$ - \$  IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS 90471 \$ 158.38 not contracted \$ 197.98 \$ 158.38  OFFICE OR OTHER OUTPATIENT VISIT	99381	MEDICINE EVALUATI	PROCEDURE	99381		\$	-	not contracted	\$ -	\$ -
INACTIVATED (IIV), PRIMARY 90653 \$ - not contracted \$ - \$  IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS 90471 \$ 158.38 not contracted \$ 197.98 \$ 158.38  OFFICE OR OTHER OUTPATIENT VISIT		INFLUENZA VACCINE								
90653 SUBUNIT, ADJ PROCEDURE 90653 \$ - not contracted \$ - \$  IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS 90471 \$ 158.38 not contracted \$ 197.98 \$ 158.38  OFFICE OR OTHER OUTPATIENT VISIT			PRIMARY							
IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS 90471 \$ 158.38 not contracted \$ 197.98 \$ 158.38  OFFICE OR OTHER OUTPATIENT VISIT	90653			90653		\$	-	not contracted	\$ -	\$ -
(INCLUDES PERCUTANEOUS 90471 \$ 158.38 not contracted \$ 197.98 \$ 158.38  OFFICE OR OTHER OUTPATIENT VISIT			IMMUNIZATION							
PERCUTANEOUS 90471 \$ 158.38 not contracted \$ 197.98 \$ 158.38  OFFICE OR OTHER OUTPATIENT VISIT										
OFFICE OR OTHER OUTPATIENT VISIT			*							
OUTPATIENT VISIT			PERCUTANEOUS	90471		\$	158.38	not contracted	\$ 197.98	\$ 158.38
OUTPATIENT VISIT			OFFICE OF OTHER							
			FOR THE EVALUATIO	99213		\$	_	not contracted	\$ -	\$ -

	SHOI	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm	TH NET	Maximum Negotiated Rate		Minimum gotiated Rate
Primary			CPT/HCPCS			,	icicialy		1,40	
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>		Facility <sup>4</sup>
	TELEPHONE									
	ASSESSMENT AND	DDIMARDY								
98967	MANAGEMENT SERVICE PROVID	PRIMARY PROCEDURE	98967		\$	_	not contracted	\$	- \$	_
30307	CHEMOTHERAPY	TROCEDORE	36367				not contracted	<b>Y</b>	7	
	ADMINISTRATION,									
	INTRAVENOUS	PRIMARY								
96413	INFUSION	PROCEDURE	96413		\$	780.80	not contracted	\$ 976.00	\$	780.80
		CHEMOTHERAPY ADMINISTRATION,								
		INTRAVENOUS								
		INFUSION	96415		\$	158.38	not contracted	\$ 197.98	\$	158.38
		DIPHENHYDRAMINE								
		HYDROCHLORIDE, 50 MG, ORAL, FDA AP	Q0163		\$		not contracted	\$	- \$	
		INJECTION,	Q0103		Ş	-	not contracted	Ş	- ş	-
		INFLIXIMAB-DYYB,								
		BIOSIMILAR,								
		(INFLECTRA	Q5103		\$	58.22	not contracted	\$ 72.78	3 \$	58.22
		INFUSION, NORMAL								
		SALINE SOLUTION, 250 CC	J7050		\$	_	not contracted	\$	- \$	_
	TELEPHONE	250 CC	37030		7		not contracted	7	7	
	ASSESSMENT AND									
	MANAGEMENT	PRIMARY								
98968	SERVICE PROVID	PROCEDURE	98968		\$	-	not contracted	\$	- \$	-
	THERAPEUTIC, PROPHYLACTIC, OR									
	DIAGNOSTIC	PRIMARY								
	INJECTION	PROCEDURE	96372		\$	158.38	not contracted	\$ 197.98	3 \$	158.38
		INJECTION,								
		MEDROXYPROGESTER ONE ACETATE, 1 MG	J1050		\$		not contracted	\$	- \$	
		ONL ACLIATE, I MG	11030		۲		not contracted	7	- ,	
	SCANNING									
	COMPUTERIZED									
	OPHTHALMIC	PRIMARY			_					
92134	DIAGNOSTIC IMAGIN	PROCEDURE	92134		\$	134.92	not contracted	\$ 168.65	5 \$	134.92
	ZOSTER (SHINGLES)									
	VACCINE (HZV),	PRIMARY								
90750	RECOMBINANT, SUBU		90750		\$	-	not contracted	\$	- \$	-
		IMMUNIZATION								
		ADMINISTRATION (INCLUDES								
		PERCUTANEOUS	90471		\$	158.38	not contracted	\$ 197.98	3 \$	158.38
									1	
		OFFICE OR OTHER								
		OUTPATIENT VISIT	00343		_		mak	ć	_	
	CYSTOURETHROSCOP	FOR THE EVALUATIO	99213		\$	-	not contracted	\$	- \$	-
	Y (SEPARATE	PRIMARY								
	PROCEDURE)	PROCEDURE	52000		\$	1,467.92	not contracted	\$ 1,834.90	\$	1,467.92
	TREATMENT OF									
	EXTENSIVE OR	DDIMARY								
	PROGRESSIVE RETINOPATHY	PRIMARY PROCEDURE	67228		\$	1,245.92	not contracted	\$ 1,557.40	) s	1,245.92
0/220	INCLINO ATTI	I NOCEDONE	0/228		ر ا	1,∠+J.7∠	not contracted	1,557.40	۲ ۱	1,243.32

	SHO	PPABLE OUTPATIENT SI	ERVICES			HEALT		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS			·	·		
Code	Service Category	Service Description	Code	Note	Fa	acility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
	PERIODIC ORAL								
	EVALUATION -	221442							
D0120	ESTABLISHED PATIENT	PRIMARY PROCEDURE	D0120		\$		not contracted	\$ -	\$ -
	SEVERE ACUTE	PROCEDURE	D0120		Ş	-	not contracted	· -	٠ -
	RESPIRATORY								
	SYNDROME	PRIMARY							
91300	CORONAVIRUS 2 (S	PROCEDURE	91300		\$	-	not contracted	\$ -	\$ -
		IMMUNIZATION							
		ADMINISTRATION BY							
		INTRAMUSCULAR							
		INJEC	0004A		\$	97.46	not contracted	\$ 121.83	\$ 97.46
		OFFICE OR OTHER							
		OUTPATIENT VISIT	99213		خ		not contracted	\$ -	ć
		FOR THE EVALUATIO SARSCOV2 VAC BVL	99213		\$	-	not contracted	\$ -	\$ -
		30MCG/0.3ML							
		SEVERE ACUTE							
		RESPIRAT	91312		\$	-	not contracted	\$ -	\$ -
		ADM SARSCV2 BVL							
		30MCG/.3ML B							
		IMMUNIZATION							
		ADMINIST	0124A		\$	97.46	not contracted	\$ 121.83	\$ 97.46
	SLEEP STUDY,								
	UNATTENDED, SIMULTANEOUS	PRIMARY							
95806	RECORDING OF	PROCEDURE	95806		\$	341.38	not contracted	\$ 426.73	\$ 341.38
33000	RECORDING OF	EDUCATION AND	33000		7	341.30	not contracted	7 420.73	ÿ 541.50
		TRAINING FOR							
		PATIENT SELF-							
		MANAGEMENT	98960		\$	-	not contracted	\$ -	\$ -
	PERIODIC								
	COMPREHENSIVE								
	PREVENTIVE	PRIMARY						<b>.</b>	
99395	MEDICINE REEVALU	PROCEDURE	99395		\$	-	not contracted	\$ -	\$ -
	INITIAL								
	COMPREHENSIVE								
	PREVENTIVE	PRIMARY							
99383	MEDICINE EVALUATI	PROCEDURE	99383		\$	-	not contracted	\$ -	\$ -
		PRIMARY							
D1110	PROPHYLAXIS-ADULT	PROCEDURE	D1110		\$	-	not contracted	\$ -	\$ -
		DENTAL							
		PROPHYLAXIS AND TOPICAL FLUORIDE							
		TREATMENT	D1208		\$		not contracted	\$ -	\$ -
		ORAL HYGIENE	51200		7	-	not contracted	<del>-</del>	
		INSTRUCTION	D1330		\$	-	not contracted	\$ -	\$ -
		LIMITED ORAL						,	·
		EVALUATION -							
		PROBLEM FOCUSED	D0140		\$	-	not contracted	\$ -	\$ -
						T			
	MEDICATION								
	THERAPY	DDIMARDY							
00606	MANAGEMENT SERVICE(S) PROVIDED	PRIMARY	99606		\$		not contracted	\$ -	\$ -
99006	DENVICE(S) PROVIDED	I VOCEDOKE	סטסככ		Įγ		not contracted	- د	- د

	SHO	PPABLE OUTPATIENT S	ERVICES			HEALT (Comm			Maximum gotiated Rate	Minimum Negotiated Rate	
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>		Facility <sup>4,5</sup>		Facility <sup>4</sup>
	INTRAVENOUS		5500								
	INFUSION, FOR										
	THERAPY,	PRIMARY									
96365	PROPHYLAXIS, OR	PROCEDURE	96365		\$	484.90	not contracted	\$	606.13	\$	484.90
		INJECTION, SODIUM									
		FERRIC GLUCONATE	12016		ے ا		not contracted	۲.		٠	
	REMOVAL OF	COMPLEX IN SUCR	J2916		\$	-	not contracted	\$		\$	-
	DEVITALIZED TISSUE										
	FROM WOUND(S),	PRIMARY									
	NON-S	PROCEDURE	97602		\$	423.90	not contracted	\$	529.88	\$	423.90
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$		\$	-
	INSERTION OF										
	TEMPORARY	DDIAAADV									
	INDWELLING BLADDER CATHETER	PRIMARY PROCEDURE	51702		\$	272.56	not contracted	\$	340.70	\$	272.56
31/02	BLADDER CATHETER	PROCEDURE	31702		٦	272.30	not contracted	Ş	340.70	Ą	272.30
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$	-	\$	-
	PERIODIC										
	COMPREHENSIVE										
	PREVENTIVE	PRIMARY									
99396	MEDICINE REEVALU	PROCEDURE	99396		\$	-	not contracted	\$		\$	-
	ADTUDOCENITECIC										
	ARTHROCENTESIS, ASPIRATION AND/OR	DDIMADV									
	INJECTION, MAJOR	PROCEDURE	20610		\$	638.24	not contracted	\$	797.80	\$	638.24
20010	INSECTION, WINSON	INJECTION,	20010		7	030.21	not contracted	~	737.00	~	030.21
		TRIAMCINOLONE									
		ACETONIDE, NOT									
		OTHERWISE	J3301		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		BUPIVICAINE									
		HYDROCHLORIDE, 30									
		ML	S0020			not available	not contracted		not available		not available
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO	99212		\$	_	not contracted	\$	-	\$	_
		INJECTION,									
		LIDOCAINE HCL FOR									
		INTRAVENOUS									
		INFUSION,	J2001		\$	-	not contracted	\$	-	\$	-
	FETAL NON-STRESS	PRIMARY						,		١,	
59025		PROCEDURE	59025		\$	418.14	not contracted	\$	522.68	\$	418.14
	PNEUMOCOCCAL										
	CONJUGATE VACCINE, 20 VALENT	PRIMARY									
	(PCV20),	PROCEDURE	90677		\$	_[	not contracted	\$	_	\$	_
300,7	\//	IMMUNIZATION	300,7		<del>                                     </del>			7			
		ADMINISTRATION									
		(INCLUDES									
		PERCUTANEOUS	90471		\$	158.38	not contracted	\$	197.98	\$	158.38

	SHOI	PPABLE OUTPATIENT S	ERVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate	
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note	F	Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>	
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	_	not contracted	\$ -	\$ -	
	TETANUS, DIPHTHERIA TOXOIDS		33225		<u> </u>			<b>*</b>	*	
90715	AND ACELLULAR PERTUSSI	PRIMARY PROCEDURE	90715		\$	-	not contracted	\$ -	\$ -	
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$	158.38	not contracted	\$ 197.98	\$ 158.38	
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	-	not contracted	\$ -	\$ -	
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATI	PRIMARY PROCEDURE	99382		\$	-	not contracted	\$ -	\$ -	
		DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTO	96110		\$	-	not contracted	\$ -	\$ -	
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND	PRIMARY PROCEDURE	92002		\$	283.70	not contracted	\$ 354.63	\$ 283.70	
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE ENDOMETRIAL	PRIMARY PROCEDURE	51705		\$	504.38	not contracted	\$ 630.48	\$ 504.38	
58100	SAMPLING (BIOPSY) WITH OR WITHOUT ENDO	PRIMARY PROCEDURE	58100		\$	418.14	not contracted	\$ 522.68	\$ 418.14	
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$	-	not contracted	\$ -	\$ -	
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$	117.70	not contracted	\$ 147.13	\$ 117.70	
93306	ECHOCARDIOGRAPHY , TRANSTHORACIC, REAL-TIME WITH IM	PRIMARY PROCEDURE	93306		\$	1,181.04	not contracted	\$ 1,476.30	\$ 1,181.04	
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATI	PRIMARY PROCEDURE	99384		\$	-	not contracted	\$ -	\$ -	
	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLA	PRIMARY PROCEDURE	51700		\$	504.38	not contracted			

	SHOP	PPABLE OUTPATIENT SI	ERVICES			HEALT (Comm		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary			CPT/HCPCS			·					
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>		Facility <sup>4</sup>	
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$	-	\$ -	
		BCG LIVE									
		INTRAVESICAL INSTILLATION, 1 MG	J9030		\$		not contracted	\$		\$ -	
	ULTRASOUND,	INSTILLATION, I MG	19030		,	-	not contracted	Ş.	+	· -	
	PREGNANT UTERUS,										
	REAL TIME WITH	PRIMARY									
76815	IMAGE	PROCEDURE	76815		\$	250.90	not contracted	\$ 313	.63	\$ 250.90	
	PSYCHIATRIC										
	DIAGNOSTIC EVALUATION WITH	PRIMARY				service not	service not	service	not	service not	
	MEDICAL SER	PROCEDURE	90792			provided	provided	provid		provided	
30732			30732			provided	provided	p. o		provided	
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
	2020152	FOR THE EVALUATIO	99205		\$	-	not contracted	\$	-	\$ -	
	DOPPLER ECHOCARDIOGRAPHY										
	, FETAL, PULSED	PRIMARY									
76827	WAVE AND/O	PROCEDURE	76827		\$	250.90	not contracted	\$ 313	.63	\$ 250.90	
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
	MEASUREMENT OF	FOR THE EVALUATIO	99211		\$	-	not contracted	\$	-	\$ -	
	POST-VOIDING										
	RESIDUAL URINE	PRIMARY									
51798	AND/OR	PROCEDURE	51798		\$	134.92	not contracted	\$ 168	.65	\$ 134.92	
		OFFICE OR OTHER OUTPATIENT VISIT									
		FOR THE EVALUATIO	99213		\$	_	not contracted	\$	_	\$ -	
	INFLUENZA VIRUS		33223		T			<u> </u>		Ψ	
	VACCINE,										
		PRIMARY									
90686	(IIV4), SPLI	PROCEDURE	90686		\$	-	not contracted	\$	-	\$ -	
		IMMUNIZATION ADMINISTRATION									
		(INCLUDES									
		PERCUTANEOUS	90471		\$	158.38	not contracted	\$ 197	.98	\$ 158.38	
		OFFICE OR OTHER									
		OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$		not contracted	\$		\$ -	
		TOR THE EVALUATIO	33213		۶	-	not contracted	7	7	- ب	
	DETERMINATION OF	PRIMARY									
92015	REFRACTIVE STATE	PROCEDURE	92015		\$	-	not contracted	\$	-	\$ -	
	INTRAORAL-										
	PERIAPICAL-FIRST	PRIMARY	50333		_			<u></u>		ć	
D0220	FILIVI	PROCEDURE LIMITED ORAL	D0220		\$	-	not contracted	\$	+	\$ -	
		EVALUATION -									
		PROBLEM FOCUSED	D0140		\$	-	not contracted	\$		\$ -	
	VISUAL FIELD										
	EXAMINATION,										
	UNILATERAL OR BILATERAL,	PRIMARY PROCEDURE	02002		,	272.50	not contract	¢ 340	70	¢ 272.50	
92083	DILATERAL,	FNOCEDUKE	92083		\$	272.56	not contracted	\$ 340	.70	\$ 272.56	

i	SHO	PPABLE OUTPATIENT SE			HEALT		Maximum	Minimum Negotiated Rate	
Primary			CPT/HCPCS			(Comm	ierciai)	Negotiated Rate	Negotiated Kate
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
	INFLUENZA VIRUS								
·	VACCINE,								
	QUADRIVALENT	PRIMARY							,
90694 (	(AIIV4), INA	PROCEDURE	90694		\$	-	not contracted	\$ -	\$ -
i		IMMUNIZATION ADMINISTRATION							
i		(INCLUDES							
i		PERCUTANEOUS	90471		\$	158.38	not contracted	\$ 197.98	\$ 158.38
					T			+ ======	7
i		OFFICE OR OTHER							
i		OUTPATIENT VISIT							
<u> </u>		FOR THE EVALUATIO	99213		\$	-	not contracted	\$ -	\$ -
	PATIENT SCREENED	DDIMARV							
1220F (	FOR DEPRESSION	PRIMARY PROCEDURE	1220F		\$		not contracted	\$ -	\$ -
12201	(300)	FROCEDORE	12201		7		not contracted	, -	· ·
		OFFICE OR OTHER							
i		OUTPATIENT VISIT							
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$ -	\$ -
	ULTRASOUND,								
	PREGNANT UTERUS,	DDIA 4 A DV							
76811	REAL TIME WITH	PRIMARY PROCEDURE	76811		\$	548.16	not contracted	\$ 685.20	\$ 548.16
	COMPREHENSIVE	PROCEDURE	70011		۶	346.10	not contracted	\$ 005.20	3 346.10
	ORAL EVALUATION -								
	NEW OR	PRIMARY							
D0150	ESTABLISHED	PROCEDURE	D0150		\$	4,043.24	not contracted	\$ 5,054.05	\$ 4,043.24
	OFFICE OR OTHER								
	OUTPATIENT								
	CONSULTATION FOR	PRIMARY	00242		ے ا		nat contracted	ć	ć
99242	A NEW	PROCEDURE	99242		\$	-	not contracted	\$ -	\$ -
<u> </u>	INTERROGATION								
	DEVICE EVALUATION	PRIMARY							
93288	(IN PERSON) WITH A	PROCEDURE	93288		\$	82.16	not contracted	\$ 102.70	\$ 82.16
i		OFFICE OR OTHER							
i		OUTPATIENT VISIT	00212					<u> </u>	ć
<del>                                     </del>	HYSTEROSCOPY,	FOR THE EVALUATIO	99213		\$	-	not contracted	\$ -	\$ -
	SURGICAL; WITH								
	SAMPLING (BIOPSY)	PRIMARY							
58558		PROCEDURE	58558		\$	6,637.14	not contracted	\$ 8,296.43	\$ 6,637.14
l T									
		LEVEL IV - SURGICAL							
		PATHOLOGY, GROSS AND MICROSCOP	88305		\$	117.70	not contracted	\$ 147.13	\$ 117.70
<u> </u>		INJECTION,	88305		Þ	117.70	not contracted	147.13 ډ	11/./0
		DEXAMETHASONE							
		SODIUM PHOSPHATE,							
		1 MG	J1100		\$		not contracted	\$ -	\$ -
		INJECTION,							
		MIDAZOLAM							
		HYDROCHLORIDE,			_				_
<del>                                     </del>		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON							
		HYDROCHLORIDE,							
1		PER 1 MG	J2405		\$	_	not contracted	\$ -	\$ -

Primary   Sensice Category   Sensice Description   Code   Note   Facility*   Professional*   Facility*3   Facility*   Facili		SHOI	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate
NIECTION, PROPOPOL, 20 MG   12/204   S	Primary			CPT/HCPCS			(**************************************	icreiary	regotiated nate	Negotiatea Nate
	-	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
NIJECTION, FENTAWN, CITRATE, 0.1 MG			INJECTION,							
CITEATE, 0.1 MG			PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -
CITEATE, 0.1 MG										
RINGERS LACTATE   INPUSION, UP TO   1000 CC				12010		ے ا		nat contracted	<u>,</u>	ė
INFUSION, UP TO   1000 CC				13010		Ş	-	not contracted	γ -	· • •
1000 CC										
RBC_LACH_SERUM_  TECHNIQUE   86850   S   117.70   not contracted   S   147.13   S   117.70				J7120		\$	-	not contracted	\$ -	\$ -
TECHNIQUE   88850   5   117.70   not contracted   5   147.13   5   117.70			ANTIBODY SCREEN,							
BLOOD TYPING, SEROLOGIC, BH (D)			RBC, EACH SERUM							
SEROLOGIC, BH ID)				86850		\$	117.70	not contracted	\$ 147.13	\$ 117.70
SECOLOGIC, ABO   86900   \$ 272.56   mot contracted   \$ 340.70   \$ 272.56			= -	0.004		_	70.70		, oo c	¢ 70.70
SEROLOGIC; ABO   86900   \$ 272.56   not contracted   \$ 340.70   \$ 272.56				86901		\$	79.72	not contracted	\$ 99.65	\$ 79.72
COLLECTION OF VENIOUS BLOOD BY VENIPUNCTURE 36415 \$ 17.14 not contracted \$ 21.43 \$ 17.14   ANTICOAGULANT MANAGEMENT FOR A PATIENT TAKING PRIMARY 93793 \$ \$ not contracted \$ \$ 21.43 \$ 17.14   ANTICOAGULANT MANAGEMENT FOR A PATIENT TAKING PRIMARY 93793 \$ \$ not contracted \$ \$ . \$ \$ . \$ . \$ .			· ·	86900		خ	272 56	not contracted	\$ 340.70	\$ 272.56
VENUES BLOOD BY   36415   \$ 17.14   not contracted \$ 21.43   \$ 17.14				00300		7	272.50	not contracted	340.70	ψ 272.30
ANTICOAGULANT MANAGEMENT FOR A PAIRMARY PRIMARY PROCEDURE  93793 WARF  OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO 9221  ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, PRIMARY PROCEDURE  43244 TRANSORAL; W PROCEDURE  43240  INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG  INJECTION, FENTANYL AUDIOMETRY THRESHOLD PRIMARY PROCEDURE  92557  EVALUATION AND PROCEDURE  92557  INJECTION, FENTANYL AUDIOMETRY THRESHOLD PRIMARY PROCEDURE  92557  S 341.38  NOT contracted \$ 426.73 \$ 341.38  NOT contracted \$ 426.73 \$ 341.38  IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG  OFFICE OR OTHER OUTPATIENT VISIT  PRIMARY PROCEDURE  90460  F NOT contracted \$ 426.73 \$ 341.38  IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG  OFFICE OR OTHER OUTPATIENT VISIT										
MANAGEMENT FOR A PATIENT TAKING   PRIMARY   93793   \$   not contracted   \$   - \$   \$   \$   \$   \$   \$   \$   \$			VENIPUNCTURE	36415		\$	17.14	not contracted	\$ 21.43	\$ 17.14
PATIENT TAKING   PRIMARY   PROCEDURE   93793   \$   not contracted   \$   - \$   - \$		ANTICOAGULANT								
93793 WARF PROCEDURE 93793 \$ - not contracted \$ . \$										
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO 99212 \$ - not contracted \$ - \$ - \$  ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, PRIMARY 43244 TRANSORAL; W PROCEDURE 43244 \$ 4,088.20 not contracted \$ 5,110.25 \$ 4,088.20  INJECTION, MIDAZOLAM HYDROCHLORIDE, PER I MG J2250 \$ - not contracted \$ - \$ - \$  INJECTION, FENTANYL CITRATE, 0.1 MG J3010 \$ - not contracted \$ - \$ - \$  COMPREHENSIVE AUDIOMETRY THRESHOLD PRIMARY 4025757 EVALUATION AND PROCEDURE 92557 \$ 341.38 not contracted \$ 426.73 \$ 341.38  IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS 90460 OF AG PROCEDURE 90460 \$ - not contracted \$ 5 - \$ -  OFFICE OR OTHER OUTPATIENT VISIT	02702			02702		_			,	, .
COMPREHENSIVE AUDIOMETRY THREFUNDING PRIMARY   S   A,088.20   not contracted   S   S   S   S   S   S   S   S   S	93/93	WARF	PROCEDURE	93793		\$	-	not contracted	\$ -	\$ -
COMPREHENSIVE AUDIOMETRY THREFUNDING PRIMARY   S   A,088.20   not contracted   S   S   S   S   S   S   S   S   S			OFFICE OR OTHER							
FOR THE EVALUATIO   99212   S										
UODENOSCOPY,   FLEXIBLE,   PRIMARY				99212		\$	-	not contracted	\$ -	\$ -
FLEXIBLE,										
### ### ##############################										
INJECTION,   MIDAZOLAM   HYDROCHLORIDE,   PER 1 MG		•								
MIDAZOLAM	43244	TRANSORAL; W		43244		Ş	4,088.20	not contracted	\$ 5,110.25	\$ 4,088.20
HYDROCHLORIDE,   PER 1 MG			=							
PER 1 MG										
CITRATE, 0.1 MG				J2250		\$	-	not contracted	\$ -	\$ -
CITRATE, 0.1 MG										
COMPREHENSIVE AUDIOMETRY THRESHOLD PRIMARY  92557 EVALUATION AND PROCEDURE 92557 \$ 341.38 not contracted \$ 426.73 \$ 341.38  TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS 92550 \$ 341.38 not contracted \$ 426.73 \$ 341.38  IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS 90460 OF AG PROCEDURE 90460 \$ - \$ - \$ -  IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG 90461 \$ - \$ not contracted \$ - \$ -  OFFICE OR OTHER OUTPATIENT VISIT			INJECTION, FENTANYL							
AUDIOMETRY THRESHOLD PRIMARY 92557 EVALUATION AND PROCEDURE 92557 \$ 341.38 not contracted \$ 426.73 \$ 341.38  TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS 92550 \$ 341.38 not contracted \$ 426.73 \$ 341.38  IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS 90460 OF AG PROCEDURE 90460 \$ - not contracted \$ - \$ - \$  IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG  OFFICE OR OTHER OUTPATIENT VISIT			CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -
THRESHOLD										
92557 EVALUATION AND PROCEDURE 92557 \$ 341.38 not contracted \$ 426.73 \$ 341.38  TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS 92550 \$ 341.38 not contracted \$ 426.73 \$ 341.38  IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS 90460 OF AG PROCEDURE 90460 \$ - not contracted \$ - \$ - \$  IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG 90461 \$ - not contracted \$ - \$  OFFICE OR OTHER OUTPATIENT VISIT			DDIMADV							
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS 92550 \$ 341.38 not contracted \$ 426.73 \$ 341.38  IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS 90460 \$ - not contracted \$ - \$ -  IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG 90461 \$ - not contracted \$ - \$ -	92557			92557		Ś	341.38	not contracted	\$ 426.73	\$ 341.38
THRESHOLD MEASUREMENTS 92550 \$ 341.38 not contracted \$ 426.73 \$ 341.38  IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS 90460 OF AG PROCEDURE 90460  IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG  OFFICE OR OTHER OUTPATIENT VISIT						, T			7	7 3.2.33
MEASUREMENTS   92550   \$ 341.38   not contracted   \$ 426.73   \$ 341.38			AND REFLEX							
IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS PRIMARY  90460 OF AG PROCEDURE 90460 \$ - \$ - \$ -  IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG 90461 \$ - not contracted \$ - \$ -  OFFICE OR OTHER OUTPATIENT VISIT			THRESHOLD							
ADMINISTRATION THROUGH 18 YEARS PRIMARY  90460 OF AG  PROCEDURE  90460 \$ - not contracted \$ - \$ -  IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG  OFFICE OR OTHER OUTPATIENT VISIT			MEASUREMENTS	92550		\$	341.38	not contracted	\$ 426.73	\$ 341.38
THROUGH 18 YEARS 90460 OF AG PROCEDURE 90460 \$ - \$ - \$ -  IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG 90461 \$ - not contracted \$ - \$ -  OFFICE OR OTHER OUTPATIENT VISIT										
90460 OF AG PROCEDURE 90460 \$ - not contracted \$ - \$ - \$ -			PRIMARY							
IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG  OFFICE OR OTHER OUTPATIENT VISIT  OMBO	90460			90460		Ś	_	not contracted	s -	<u>\$</u> -
ADMINISTRATION THROUGH 18 YEARS OF AG 90461 \$ - not contracted \$ - \$ -  OFFICE OR OTHER OUTPATIENT VISIT	33100			33100		Ť		co	T	Ť
OF AG 90461 \$ - not contracted \$ - \$ -  OFFICE OR OTHER OUTPATIENT VISIT										
OFFICE OR OTHER OUTPATIENT VISIT			THROUGH 18 YEARS							
OUTPATIENT VISIT			OF AG	90461		\$	-	not contracted	\$ -	\$ -
OUTPATIENT VISIT			055105 02 07::52							
I DIVINE EXPLORED 1 3 TO THE DIVINE TO THE PARTY OF THE P			FOR THE EVALUATIO	99213		\$	_	not contracted	\$ -	\$ -

	SHOPPABLE O		LE OUTPATIENT SERVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate	
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>	
	BDOMINAL	Co. side Deco.i.puo.i.	couc				1101000101101	. acmity		
	ARACENTESIS									
1	DIAGNOSTIC OR	PRIMARY								
	HERAPEUTIC) ITRECTOMY,	PROCEDURE	49082		\$	1,937.80	not contracted	\$ 2,422.25	\$ 1,937.80	
	1ECHANICAL, PARS									
PL	LANA APPROACH;	PRIMARY								
67040 W		PROCEDURE	67040		\$	9,379.22	not contracted	\$ 11,724.03	\$ 9,379.22	
	OPICAL FLUORIDE ARNISH;									
		PRIMARY								
D1206 AF	PPLICATION	PROCEDURE	D1206		\$	-	not contracted	\$	· \$ -	
-		PROPHYLAXIS-CHILD ORAL HYGIENE	D1120		\$	-	not contracted	\$	. \$ -	
		INSTRUCTION	D1330		\$	-	not contracted	\$	. \$ -	
		ORAL EVALUATION								
		FOR A PATIENT								
		UNDER THREE YEARS OF	D0145		\$	_	not contracted	\$	. \$ -	
EX	XCHANGE	OI .	D0143		7		not contracted	,	- ,	
	EPHROSTOMY									
	ATHETER,	201144014								
50435 IN	ERCUTANEOUS,	PRIMARY PROCEDURE	50435		\$	4,354.14	not contracted	\$ 5,442.68	\$ \$ 4,354.14	
30433 114	VCLO	CHANGE OF	30433			7,557.17	not contracted	ÿ 3,442.00	7 4,334.14	
		PERCUTANEOUS								
		TUBE OR DRAINAGE	75004		,				_	
		CATHETER W INJECTION,	75984		\$	-	not contracted	\$	- \$ -	
		LEVOFLOXACIN, 250								
		MG	J1956		\$	-	not contracted	\$	- \$ -	
		INJECTION, MIDAZOLAM								
		HYDROCHLORIDE,								
		PER 1 MG	J2250		\$	-	not contracted	\$	. \$ -	
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$		not contracted	\$	. \$ -	
		CITICATE, 0.1 WIG	33010		7		not contracted	,	- ,	
		INFUSION, NORMAL								
		SALINE SOLUTION,	17040		,				_	
cc	OMPUTERIZED	STERILE (500 ML	J7040		\$	-	not contracted	\$	- \$ -	
	ORNEAL									
		PRIMARY								
92025 UN	NILATERAL OR BIL	PROCEDURE	92025		\$	134.92	not contracted	\$ 168.65	\$ 134.92	
		OFFICE OR OTHER								
		OUTPATIENT VISIT								
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$	. \$ -	
DC	OSTERIOR TIBIAL									
	EUROSTIMULATION,	PRIMARY								
	•	PROCEDURE	64566		\$	638.24	not contracted	\$ 797.80	\$ 638.24	
		OFFICE OR OTHER	T			Ţ				
		OFFICE OR OTHER OUTPATIENT VISIT								
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$	. \$ -	

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEALT		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>		ity <sup>4,5</sup>		Facility <sup>4</sup>
Code	CYTOPATHOLOGY,	Service Description	Code	Note		actificy	riolessional	racii	ity		racility
	CERVICAL OR										
	VAGINAL (ANY	PRIMARY									
88175	REPORTING	PROCEDURE	88175		\$	53.22	not contracted	\$	66.53	\$	53.22
		OFFICE OR OTHER									
		OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$		not contracted	\$		\$	
		INFECTIOUS AGENT	33212		7	_	not contracted	7		٦	
		DETECTION BY									
		NUCLEIC ACID (DNA									
		OR	87624		\$	70.18	not contracted	\$	87.73	\$	70.18
		CYTOPATHOLOGY,									
		CERVICAL OR									
		VAGINAL (ANY	22442			10.50				_	40.50
		REPORTING	88142		\$	40.52	not contracted	\$	50.65	\$	40.52
	MEDICAL NUTRITION										
	THERAPY; INITIAL	PRIMARY									
97802	ASSESSMENT AND	PROCEDURE	97802		\$	-	not contracted	\$	-	\$	-
	CATHETER										
	PLACEMENT IN										
	CORONARY										
	ARTERY(S) FOR	PRIMARY	00.45.4		_	6 0 4 4 6 0			0.600.05	_	
93454	CORON	PROCEDURE	93454		\$	6,944.68	not contracted	\$	8,680.85	\$	6,944.68
		INJECTION, HEPARIN SODIUM, PER 1000									
		UNITS	J1644		\$	_	not contracted	\$	_	\$	-
		INJECTION,	32011		Ť			Ψ		· ·	
		LIDOCAINE HCL FOR									
		INTRAVENOUS									
		INFUSION,	J2001		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		MIDAZOLAM									
		HYDROCHLORIDE, PER 1 MG	J2250		\$		not contracted	\$	_	\$	_
		FLKING	12230		7	-	not contracted	Ą		٦	<u> </u>
		INJECTION, FENTANYL									
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	-	\$	-
	SELF-CARE										
	EDUCATION										
	PROVIDED TO	PRIMARY	44505		_			,		_	
4450F	PATIENT (HF)	PROCEDURE	4450F		\$	-	not contracted	\$	-	\$	-
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$	-	\$	-
	CYTOPATHOLOGY,										
	SLIDES, CERVICAL OR	PRIMARY			_					,	
88152	VAGINAL; WITH M	PROCEDURE	88152		\$	55.28	not contracted	\$	69.10	\$	55.28
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO	99212		\$	-	not contracted	\$	-	\$	-
		CYTOPATHOLOGY,			<u> </u>			· ·			
		CERVICAL OR									
		VAGINAL (ANY									
		REPORTING	88175		\$	53.22	not contracted	\$	66.53	\$	53.22

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm			laximum otiated Rate	Minimum Negotiated Rate	
Primary			CPT/HCPCS			(Collinio	ierciai)			Negotiated Nate	
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	F	acility <sup>4,5</sup>	I	Facility <sup>4</sup>
		INFECTIOUS AGENT									
		DETECTION BY									
		NUCLEIC ACID (DNA	07504			70.10		_	07.70	_	70.40
	ZOSTER (SHINGLES)	OR	87624		\$	70.18	not contracted	\$	87.73	\$	70.18
	VACCINE (HZV), LIVE,	PRIMARY									
90736	FOR SUBCUTA	PROCEDURE	90736		\$	_	not contracted	\$	_	\$	_
30700		IMMUNIZATION	30.00		Ť			Ψ		· ·	
		ADMINISTRATION									
		(INCLUDES									
		PERCUTANEOUS	90471		\$	158.38	not contracted	\$	197.98	\$	158.38
		OFFICE OR OTHER									
		OUTPATIENT VISIT	99213		\$		not contracted	\$		\$	
		FOR THE EVALUATIO	99213		Ş	-	not contracted	Ş		Ş	-
	CYSTOURETHROSCOP										
	Y, WITH REMOVAL OF	PRIMARY									
52310	FOREIGN BODY, C	PROCEDURE	52310		\$	4,354.14	not contracted	\$	5,442.68	\$	4,354.14
-									-		
	SARS-COV-2 COVID-										
	19 AMP PRB HIGH	PRIMARY								_	
00003	THROUGHPUT TECH I	PROCEDURE	U0003		\$	-	not contracted	\$	-	\$	-
		COV-19 AMP PRB HGH THRUPUT									
		WITHIN 2 DAYS									
		COLLECT	U0005		\$	_	not contracted	\$	-	\$	-
	CYTOPATHOLOGY,				Ť					т .	
	CERVICAL OR										
	VAGINAL (ANY	PRIMARY									
88142	REPORTING	PROCEDURE	88142		\$	40.52	not contracted	\$	50.65	\$	40.52
		INFECTION BY									
		DETECTION BY NUCLEIC ACID (DNA									
		OR	87624		\$	70.18	not contracted	Ś	87.73	\$	70.18
			0,021		7	70.10	not contracted	7	07.73	7	70.10
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$	-	\$	-
	INJECTION,										
10505	ONABOTULINUMTOXI		10505			4404	mat	_ ا	40.55	۲.	4404
10585	NA, 1 UNIT CYSTOURETHROSCOP	PROCEDURE	J0585		\$	14.84	not contracted	Þ	18.55	\$	14.84
	Y, WITH										
	URETEROSCOPY	PRIMARY									
52356	AND/OR PYELOS	PROCEDURE	52356		\$	11,037.90	not contracted	\$	13,797.38	\$	11,037.90
		FLUOROSCOPY									
		(SEPARATE									
		PROCEDURE), UP TO									
		1 HOUR PHY	76000		\$	548.16	not contracted	\$	685.20	\$	548.16
		CALCULUS; INFRARED									
		SPECTROSCOPY	82365		\$	25.80	not contracted	Ś	32.25	\$	25.80
		5. 20111050011	02303		<del>                                     </del>	23.00	not contracted	7	32.23	Y	23.00
		LEVEL I - SURGICAL									
		PATHOLOGY, GROSS									
		EXAMINATION ON	88300		\$	58.60	not contracted	\$	73.25	\$	58.60
		INJECTION,									
		CEFAZOLIN SODIUM,	10000		_			_		_	
		500 MG	J0690		\$	-	not contracted	\$	-	\$	-

	SHO	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm		Maximum Negotiated Rate		linimum tiated Rate
Primary			CPT/HCPCS				,	. regenates nate	Hege	
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	F	acility <sup>4</sup>
		INJECTION,								
		DEXAMETHASONE								
		SODIUM PHOSPHATE,								
		1 MG	J1100		\$	-	not contracted	\$	\$	-
		INJECTION,								
		MIDAZOLAM								
		HYDROCHLORIDE,								
		PER 1 MG	J2250		\$	-	not contracted	\$	\$	-
		INJECTION,								
		ONDANSETRON								
		HYDROCHLORIDE,	12.405		<u> </u>			<u>,</u>	_	
		PER 1 MG	J2405		\$	-	not contracted	\$	\$	-
		INJECTION,	12704		<u> </u>			¢.	_	
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$	\$	
		INJECTION, FENTANYL								
		CITRATE, 0.1 MG	J3010		\$		not contracted	\$	\$	
		RINGERS LACTATE	13010		ڔ	-	not contracted	, , , , , , , , , , , , , , , , , , ,	۲	
		INFUSION, UP TO								
		1000 CC	J7120		\$	_	not contracted	\$	\$	
	FLUORESCEIN	1000 00	37.220		· ·			<u> </u>	<u> </u>	
	ANGIOGRAPHY									
	(INCLUDES	PRIMARY								
92235	MULTIFRAME IMAGI	PROCEDURE	92235		\$	657.42	not contracted	\$ 821.78	\$	657.42
	TYMPANOMETRY									
	AND REFLEX									
	THRESHOLD	PRIMARY								
92550	MEASUREMENTS	PROCEDURE	92550		\$	341.38	not contracted	\$ 426.73	\$	341.38
		COMPREHENSIVE								
		AUDIOMETRY								
		THRESHOLD								
		EVALUATION AND	92557		\$	341.38	not contracted	\$ 426.73	\$	341.38
	ONLINE DIGITAL									
	EVALUATION AND	DD1444D1/								
00422	MANAGEMENT	PRIMARY	00433		خ		not contracted	<u> </u>	_ ا	
99423	SERVICE,	PROCEDURE	99423		\$	-	not contracted	\$	\$	-
	CARIES RISK ASSESSMENT AND									
	DOCUMENTATION,	PRIMARY								
	WITH A F	PROCEDURE	D0603		\$		not contracted	\$	\$	_
D0003	WIIIIAI	TOPICAL FLUORIDE	50003		٠	-	not contracted	, ,	۲	
		VARNISH;								
		THERAPEUTIC								
		APPLICATION	D1206		\$	-	not contracted	\$	\$	-
		PROPHYLAXIS-CHILD	D1120		\$	_	not contracted	\$	\$	
-		ORAL HYGIENE								
		INSTRUCTION	D1330		\$	-	not contracted	\$	\$	-
		PERIODIC ORAL								
		EVALUATION -								
		ESTABLISHED								
	DC//CLUATO: C	PATIENT	D0120		\$	-	not contracted	\$	\$	
	PSYCHIATRIC	DDIMARY				comit				cond
00704	DIAGNOSTIC	PRIMARY	00704			service not	service not			service not
90/91	EVALUATION EXTERNAL	PROCEDURE	90791			provided	provided	provided		provided
	ELECTROCARDIOGRA									
	PHIC RECORDING FOR	PRIMARY								
	MORE T	PROCEDURE	93247		\$	272.56	not contracted	\$ 340.70	ς .	272.56
33247	INONE I	I NOCEDONE	33247		ر ا	272.30	not contracted	740./۱ ب	۲	272.30

### COMMERCIAL PAYOR CONTRACT - COMPREHENSIVE SERVICES BY SERVICE AREA $^1$ $\,$ EFFECTIVE JANUARY 1, 2024

EFFECTIVE JANUARY 1, 2024
UPDATED AS OF 12/15/2023

	SHOPPABLE OUTPAT		ABLE OUTPATIENT SERVICES			HEALT (Comm	H NET nercial)	Maximum Negotiated Rate	Minimum Negotiated Rate	
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>	
	OFFICE OR OTHER									
	OUTPATIENT									
	CONSULTATION FOR	PRIMARY			١.				,	
99245	A NEW	PROCEDURE	99245		\$	-	not contracted	\$ -	\$ -	
	OPHTHALMOLOGICAL									
	SERVICES: MEDICAL	PRIMARY								
	EXAMINATION AND	PROCEDURE	92004		\$	283.70	not contracted	\$ 354.63	\$ 283.70	
					7			7 35 335	7 2001110	
	MEDICATION									
	THERAPY									
		PRIMARY								
	SERVICE(S) PROVIDED	PROCEDURE	99605		\$	-	not contracted	\$ -	\$ -	
	PERIODONTAL									
	SCALING AND ROOT PLANING - FOUR OR	PRIMARY								
D4341		PROCEDURE	D4341		\$	_	not contracted	\$ -	\$ -	
D 1311	WON.	ORAL HYGIENE	51311		7		not contracted	<b>Y</b>	<b>Y</b>	
		INSTRUCTION	D1330		\$	-	not contracted	\$ -	\$ -	
	BITEWINGS-FOUR	PRIMARY								
D0274	FILMS	PROCEDURE	D0274		\$	4,043.24	not contracted	\$ 5,054.05	\$ 4,043.24	
		PROPHYLAXIS-ADULT	D1110		\$	-	not contracted	\$ -	\$ -	
		DENTAL DESCRIPTION AND								
		PROPHYLAXIS AND TOPICAL FLUORIDE								
		TREATMENT	D1208		\$	_	not contracted	\$ -	\$ -	
		ORAL HYGIENE	51200				not contracted	<b>Y</b>	Ŷ	
		INSTRUCTION	D1330		\$	-	not contracted	\$ -	\$ -	
		PERIODIC ORAL								
		EVALUATION -								
		ESTABLISHED			_				_	
		PATIENT	D0120		\$	-	not contracted	\$ -	\$ -	
	CYSTOURETHROSCOP									
		PRIMARY								
	OF INDWELLING UR	PROCEDURE	52332		\$	7,523.70	not contracted	\$ 9,404.63	\$ 7,523.70	
		UROGRAPHY,				·				
		RETROGRADE, WITH								
		OR WITHOUT KUB	74420		\$	864.86	not contracted	\$ 1,081.08	\$ 864.86	
		INJECTION,								
		MORPHINE SULFATE,	J2270		ċ		not contracted	ė	ė	
	ECHOCARDIOGRAPHY	UP TO 10 MG	J22/U		\$	-	not contracted	\$ -	\$ -	
	, FETAL,									
	CARDIOVASCULAR	PRIMARY								
76825	SYSTEM, RE	PROCEDURE	76825		\$	1,181.04	not contracted	\$ 1,476.30	\$ 1,181.04	
	·									
		OFFICE OR OTHER								
		OUTPATIENT VISIT			_			_	,	
		FOR THE EVALUATIO	99205		\$	-	not contracted	\$ -	\$ -	
	ESOPHAGEAL									
	MOTILITY									
	(MANOMETRIC	PRIMARY								
	STUDY OF THE ESOPH		91010		\$	1,134.80	not contracted	\$ 1,418.50	\$ 1,134.80	

	SHOP	PPABLE OUTPATIENT SI	ERVICES			HEALT (Comm		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary			CPT/HCPCS				·				
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Fa	cility <sup>4,5</sup>		acility <sup>4</sup>
	INJECTION(S); SINGLE										
	OR MULTIPLE	PRIMARY									
20552	TRIGGER POINT(S),	PROCEDURE	20552		\$	638.24	not contracted	\$	797.80	\$	638.24
		ULTRASONIC									
		GUIDANCE FOR NEEDLE PLACEMENT									
		(EG, BIOP	76942		\$	_	not contracted	\$	_	\$	_
	INTERROGATION	(==,====			7			т		-	
	DEVICE										
	· ·	PRIMARY									
93294	(REMOTE), UP TO	PROCEDURE	93294		\$	-	not contracted	\$	-	\$	-
		INTERROGATION									
		DEVICE EVALUATION(S)									
		(REMOTE), UP TO	93295		\$	_	not contracted	\$	_	\$	_
		(	33233		Ť			Υ		Ψ	
	PARING OR CUTTING										
	OF BENIGN										
1	HYPERKERATOTIC	PRIMARY									
11055	LESION	PROCEDURE	11055		\$	423.90	not contracted	\$	529.88	\$	423.90
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO	99212		\$	_	not contracted	\$	_	\$	_
	ADM SARSCV2 BVL										
	30MCG/.3ML B										
	IMMUNIZATION	PRIMARY									
0124A	ADMINIST	PROCEDURE	0124A		\$	97.46	not contracted	\$	121.83	\$	97.46
		IMMUNIZATION ADMINISTRATION									
		(INCLUDES									
		PERCUTANEOUS	90471		\$	158.38	not contracted	\$	197.98	\$	158.38
								-			
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$	-	\$	-
		SARSCOV2 VAC BVL 30MCG/0.3ML									
		SEVERE ACUTE									
		RESPIRAT	91312		\$	-	not contracted	\$	-	\$	-
1	HUMAN										
	PAPILLOMAVIRUS										
	VACCINE TYPES 6, 11,	PRIMARY	00054		_			¢		<u>,</u>	
90651	10, 18,	PROCEDURE IMMUNIZATION	90651		\$	-	not contracted	\$	-	\$	
		ADMINISTRATION									
		(INCLUDES									
		PERCUTANEOUS	90471		\$	158.38	not contracted	\$	197.98	\$	158.38
		OFFICE OR OTHER									
		OUTPATIENT VISIT	00343		_			¢		<u>,</u>	
	CATHETER	FOR THE EVALUATIO	99213		\$	-	not contracted	\$	-	\$	-
	PLACEMENT IN										
	CORONARY										
	ARTERY(S) FOR	PRIMARY									
	CORON	PROCEDURE	93460		\$	6,944.68	not contracted	\$	8,680.85	\$	6,944.68

	SHO	PPABLE OUTPATIENT SE	RVICES				TH NET nercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
	0 7	INJECTION, HEPARIN				,		,	,
		SODIUM, PER 1000							
		INJECTION,	J1644		\$	-	not contracted	\$ -	\$ -
		LIDOCAINE HCL FOR							
		INTRAVENOUS							
		INFUSION,	J2001		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		MIDAZOLAM HYDROCHLORIDE,							
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INJECTION, FENTANYL	12010		_			ć	ć
	SPIROMETRY,	CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -
	INCLUDING GRAPHIC								
	RECORD, TOTAL AND	PRIMARY							
94010	TI	PROCEDURE	94010		\$	341.38	not contracted	\$ 426.73	\$ 341.38
		PLETHYSMOGRAPHY							
		FOR DETERMINATION							
		OF LUNG VOLUMES	94726		\$	657.42	not contracted	\$ 821.78	\$ 657.42
		DIFFUSING CAPACITY							
		(EG, CARBON MONOXIDE,							
		MEMBRANE)	94729		\$	-	not contracted	\$ -	\$ -
		,							-
		MAXIMUM							
		BREATHING CAPACITY, MAXIMAL							
		VOLUNTARY VENT	94200		\$	134.92	not contracted	\$ 168.65	\$ 134.92
								,	
	SCANNING								
	COMPUTERIZED	PRIMARY							
92133	OPHTHALMIC DIAGNOSTIC IMAGIN	PROCEDURE	92133		\$	134.92	not contracted	\$ 168.65	\$ 134.92
	INTRAORAL-		32133		7	13 1.32	contracted	, 100.03	, 131.32
	COMPLETE SERIES								
	(INCLUDING	PRIMARY			_				
D0210	BITEWINGS)	PROCEDURE ORAL HYGIENE	D0210		\$	-	not contracted	\$ -	\$ -
		INSTRUCTION	D1330		\$	-	not contracted	\$ -	\$ -
		PERIODIC ORAL			<u>'</u>			•	·
		EVALUATION -							
		ESTABLISHED	D0130		۲.		not contract	ė	خ
	SIGMOIDOSCOPY,	PATIENT	D0120		\$	-	not contracted	\$ -	\$ -
	FLEXIBLE;								
	DIAGNOSTIC,	PRIMARY							
45330	INCLUDING COL	PROCEDURE	45330		\$	1,950.78	not contracted	\$ 2,438.48	\$ 1,950.78
		INJECTION,							
		MIDAZOLAM HYDROCHLORIDE,							
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INJECTION, FENTANYL	12040		_		mat	ė	,
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -

	SHOP	PPABLE OUTPATIENT SE	RVICES	VICES			H NET	Maximum Negotiated Rate		Ne	Minimum gotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>		cility <sup>4,5</sup>		Facility <sup>4</sup>
Code	CATHETER	Service Description	Code	Note		racility	Professional	га	Lility		racility
	PLACEMENT IN										
	CORONARY										
	ARTERY(S) FOR	PRIMARY									
93456	CORON	PROCEDURE	93456		\$	6,944.68	not contracted	\$	8,680.85	\$	6,944.68
		GASES, BLOOD, ANY									
		COMBINATION OF PH, PCO2, PO2, CO	82803		\$	52.14	not contracted	¢	65.18	\$	52.14
		INJECTION,	02003		, , , , , , , , , , , , , , , , , , ,	32.11	not contracted	7	03.10	7	32.11
		LIDOCAINE HCL FOR									
		INTRAVENOUS									
		INFUSION,	J2001		\$	-	not contracted	\$	-	\$	
	INJECTION(S); SINGLE										
	, ,,	PRIMARY									
	TRIGGER POINT(S),	PROCEDURE	20553		\$	638.24	not contracted	\$	797.80	\$	638.24
		ULTRASONIC									
		GUIDANCE FOR									
		NEEDLE PLACEMENT (EG, BIOP	76942		خ ا		nat contracted	خ		ے ا	
	CHEMODENERVATIO	(EG, BIOP	76942		\$	-	not contracted	\$		\$	
	N OF ONE										
	EXTREMITY; 5 OR	PRIMARY									
64644	MORE MUSCL	PROCEDURE	64644		\$	1,512.52	not contracted	\$	1,890.65	\$	1,512.52
		INJECTION,									
		ONABOTULINUMTOXI NA, 1 UNIT	J0585		\$	14.84	not contracted	\$	18.55	\$	14.84
	DIPHTHERIA,	10.01	30303			11.01	not contracted	7	10.55	7	11.01
	TETANUS TOXOIDS,										
		PRIMARY									
90723	PERTUSSIS V	PROCEDURE	90723		\$	-	not contracted	\$	-	\$	
		IMMUNIZATION ADMINISTRATION									
		THROUGH 18 YEARS									
		OF AG	90460		\$	-	not contracted	\$	-	\$	-
		HAEMOPHILUS									
		INFLUENZAE TYPE B VACCINE (HIB), PRP-T	90648		\$		not contracted	\$		\$	
		IMMUNIZATION	90046		7	-	not contracted	Ş		Ş	
		ADMINISTRATION									
		THROUGH 18 YEARS									
		OF AG	90461		\$	-	not contracted	\$	-	\$	
		PNEUMOCOCCAL									
		CONJUGATE VACCINE, 13 VALENT									
		(PCV13),	90670		\$	_	not contracted	\$	-	\$	-
		. "						•			
		ROTAVIRUS VACCINE,									
		PENTAVALENT (RV5), 3 DOSE SCHED	90680		خ		not contracted	ć		\$	
		IMMUNIZATION	90800		\$	-	not contracted	\$		Ş	
		ADMINISTRATION BY									
		INTRANASAL OR									
		ORAL	90473		\$	158.38	not contracted	\$	197.98	\$	158.38

	SHOI	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
		PERIODIC COMPREHENSIVE PREVENTIVE							
		MEDICINE REEVALU	99391		\$	-	not contracted	\$ -	\$ -
	RESIN-BASED								
D2204	COMPOSITE - ONE	PRIMARY	D2204		,			ć	<u></u>
D2391	SURFACE, POSTERIOR	ORAL HYGIENE	D2391		\$	-	not contracted	\$ -	\$ -
		INSTRUCTION	D1330		\$	-	not contracted	\$ -	\$ -
		LIMITED ORAL							
		EVALUATION -	50440						
	CATHETER	PROBLEM FOCUSED	D0140		\$	-	not contracted	\$ -	\$ -
	PLACEMENT IN CORONARY								
	ARTERY(S) FOR	PRIMARY	02450		٠,	6.044.69	nat contracted	¢ 0.000.0F	¢ 6.044.69
93458	CORON	PROCEDURE INJECTION, HEPARIN	93458		\$	6,944.68	not contracted	\$ 8,680.85	\$ 6,944.68
		SODIUM, PER 1000							
		UNITS	J1644		\$	-	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS							
		INFUSION,	J2001		\$	-	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE,							
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -
	ORAL HYGIENE	PRIMARY							
D1330	INSTRUCTION	PROCEDURE LIMITED ORAL	D1330		\$	-	not contracted	\$ -	\$ -
		EVALUATION - PROBLEM FOCUSED	D0140		\$	-	not contracted	\$ -	\$ -
	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC	PRIMARY							
78452	(SPECT)	PROCEDURE	78452		\$	3,115.64	not contracted	\$ 3,894.55	\$ 3,115.64
		INJECTION, REGADENOSON, 0.1 MG	J2785		\$	-	not contracted	\$ -	\$ -
	THORACENTESIS, NEEDLE OR		.=5						·
32555	CATHETER, ASPIRATION OF T	PRIMARY PROCEDURE	32555		\$	1,357.98	not contracted	\$ 1,697.48	\$ 1,357.98
		OFFICE OR OTHER OUTPATIENT VISIT						,	,
		FOR THE EVALUATIO	99212		\$	-	not contracted	\$ -	\$ -
	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF	PRIMARY							
	ADNEXAL STR	PROCEDURE	58661		\$	12,235.00	not contracted	\$ 15,293.75	\$ 12,235.00

	SHO	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm		-	iximum iated Rate	Minimum Negotiated Rate	
Primary			CPT/HCPCS			·	·				
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Fac	cility <sup>4,5</sup>		Facility <sup>4</sup>
		LEVEL II - SURGICAL									
		PATHOLOGY, GROSS	00202		_	50.60		<u> </u>	72.25		50.60
		AND MICROSCOP	88302		\$	58.60	not contracted	\$	73.25	\$	58.60
		INJECTION, DEXAMETHASONE									
		SODIUM PHOSPHATE,									
		1 MG	J1100		\$	_	not contracted	\$	_	\$	_
		INJECTION,	31100		7		not contracted	7		7	
		HYDROMORPHONE,									
		UP TO 4 MG	J1170		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		KETOROLAC									
		TROMETHAMINE, PER									
		15 MG	J1885		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		MIDAZOLAM									
		HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	-	not contracted	\$	-	\$	_
		INJECTION,									
		ONDANSETRON									
		HYDROCHLORIDE,	12.405		,			ć		<b>,</b>	
		PER 1 MG	J2405		\$	-	not contracted	\$	-	\$	-
		INJECTION, PROPOFOL, 10 MG	J2704		\$		not contracted	\$		\$	
		INJECTION,	J2704		۶	-	not contracted	Ş	-	Ş	-
		NEOSTIGMINE									
		METHYLSULFATE, UP									
		TO 0.5 MG	J2710		\$	_	not contracted	\$	_	\$	_
		INJECTION, FENTANYL									
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	-	\$	-
		GLYCOPYRROLATE,									
		INHALATION									
		SOLUTION,									
		COMPOUNDED PR	J7642		\$	-	not contracted	\$	-	\$	-
	RESIN-BASED										
	COMPOSITE - TWO										
	SURFACES,	PRIMARY								_	
D2392	POSTERIOR	PROCEDURE	D2392		\$	-	not contracted	\$	-	\$	
		ORAL HYGIENE INSTRUCTION	D1330		خ		not contracted	¢		ċ	
<u> </u>		LIMITED ORAL	חבפדת		\$	-	not contracted	\$	-	\$	-
		EVALUATION -									
		PROBLEM FOCUSED	D0140		\$	_	not contracted	\$	-	\$	-
	UNLISTED	222200	202.0		Ť			т			
	PROCEDURE,										
	DENTOALVEOLAR	PRIMARY									
	STRUCTURES	PROCEDURE	41899		\$	487.86	not contracted	\$	609.83	\$	487.86
	REPAIR OF COMPLEX										
	RETINAL										
	DETACHMENT (EG,	PRIMARY									
67113	PROLIFER	PROCEDURE	67113		\$	9,379.22	not contracted	\$	11,724.03	\$	9,379.22
		ANESTHESIA FOR									
		PROCEDURES ON EYE;			_					_	
		VITREORETINAL SU	00145		\$	-	not contracted	\$	-	\$	-

	SHC	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate	
Primary		CPT/HCPCS							regonated Rate	
Code	Service Category	Service Description	Code	Note	F	acility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>	
		INJECTION,								
		MIDAZOLAM								
		HYDROCHLORIDE,	10050		_					
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$	
		INJECTION, FENTANYL								
		CITRATE, 0.1 MG	J3010		\$	_	not contracted	\$ -	\$	
		RINGERS LACTATE	13010		7		not contracted	7	7	
		INFUSION, UP TO								
		1000 CC	J7120		\$	-	not contracted	\$ -	\$	
	PROFESSIONAL							-		
	SERVICES FOR									
	ALLERGEN	PRIMARY								
95125	IMMUNOTHERAPY I	PROCEDURE	95125		\$	-	not contracted	\$ -	\$	
		INJECTION,								
		OMALIZUMAB, 5 MG	J2357		\$	89.66	not contracted	\$ 112.08	\$ 89.6	
	OPHTHALMIC									
	BIOMETRY BY	DD18.4.4.DV								
	ULTRASOUND	PRIMARY	76510		<u>,</u>	250.00		ć 212.C2	ć 250.0	
76519	ECHOGRAPHY, A-SC	PROCEDURE COMPUTERIZED	76519		\$	250.90	not contracted	\$ 313.63	\$ 250.9	
		CORNEAL								
		TOPOGRAPHY,								
		UNILATERAL OR BIL	92025		\$	134.92	not contracted	\$ 168.65	\$ 134.9	
		OTTE TO LE OTT DIE	32023		7	13 1.32	not contracted	φ 100.03	γ 151.5	
		OFFICE OR OTHER								
		OUTPATIENT VISIT								
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$ -	\$	
	RIGHT HEART									
	CATHETERIZATION									
	INCLUDING	PRIMARY								
93451	MEASUREMENT(	PROCEDURE	93451		\$	6,944.68	not contracted	\$ 8,680.85	\$ 6,944.6	
		BASIC METABOLIC								
		PANEL (CALCIUM,	22242			46.00		d 04.45	4 46	
		TOTAL) THIS PANEL	80048		\$	16.92	not contracted	\$ 21.15	\$ 16.9	
		BLOOD COUNT;								
		COMPLETE (CBC), AUTOMATED (HGB,								
		HCT,	85027		\$	12.94	not contracted	\$ 16.18	\$ 12.9	
		1101,	33027		7	12.54	not contracted	y 10.10	7 12.3	
		PROTHROMBIN TIME;	85610		\$	8.58	not contracted	\$ 10.73	\$ 8.5	
		COLLECTION OF			<u> </u>					
		VENOUS BLOOD BY								
		VENIPUNCTURE	36415		\$	17.14	not contracted	\$ 21.43	\$ 17.1	
	SLEEP STUDY,									
	UNATTENDED,									
	SIMULTANEOUS	PRIMARY							1 .	
95800	RECORDING; H	PROCEDURE	95800		\$	341.38	not contracted	\$ 426.73	\$ 341.3	
		EDUCATION AND								
		TRAINING FOR								
		PATIENT SELF-	00000					ć	<u></u>	
		MANAGEMENT SLEED STUDY	98960		\$	-	not contracted	\$ -	\$	
		SLEEP STUDY, UNATTENDED,								
		SIMULTANEOUS								
		RECORDING OF	95806		\$	341.38	not contracted	\$ 426.73	\$ 341.3	
	ļ		22000		7	3-1.30	not contracted	7 420.73	y 541.5	
		PRIMARY	l I							

### COMMERCIAL PAYOR CONTRACT - COMPREHENSIVE SERVICES BY SERVICE AREA $^1$ $\,$ EFFECTIVE JANUARY 1, 2024

EFFECTIVE JANUARY 1, 2	J <b>Z</b> 4
<b>UPDATED AS OF 12/15/2</b>	023

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
	,	LIMITED ORAL				•		,	
		EVALUATION -							
		PROBLEM FOCUSED	D0140		\$	-	not contracted	\$ -	\$ -
	TANGENTIAL BIOPSY								
	OF SKIN (EG, SHAVE,	PRIMARY							
11102	SCOOP, SAUCE	PROCEDURE	11102		\$	423.90	not contracted	\$ 529.88	\$ 423.90
		055105 00 071150							
		OFFICE OR OTHER OUTPATIENT VISIT							
		FOR THE EVALUATIO	99202		\$	-	not contracted	\$ -	\$ -
								·	·
		LEVEL IV - SURGICAL							
		PATHOLOGY, GROSS	2225			447.70		4 4740	4 447.70
		AND MICROSCOP	88305		\$	117.70	not contracted	\$ 147.13	\$ 117.70
	HEPATITIS B VACCINE								
	(HEPB), CPG-	PRIMARY							
90739	ADJUVANTED, ADULT	PROCEDURE	90739		\$	-	not contracted	\$ -	\$ -
		IMMUNIZATION							
		ADMINISTRATION (INCLUDES							
		PERCUTANEOUS	90471		\$	158.38	not contracted	\$ 197.98	\$ 158.38
		T ENCOTAINE 003	30171		7	130.30	not contracted	φ 137.30	7 130.30
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$ -	\$ -
	CYTOPATHOLOGY,								
	SLIDES, CERVICAL OR	PRIMARY							
88150	VAGINAL; MANUAL	PROCEDURE	88150		\$	34.62	not contracted	\$ 43.28	\$ 34.62
		OFFICE OR OTHER							
		OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$		not contracted	\$ -	\$ -
		INFECTIOUS AGENT	33212		, ,		not contracted	, -	, -
		DETECTION BY							
		NUCLEIC ACID (DNA							
		OR	87624		\$	70.18	not contracted	\$ 87.73	\$ 70.18
		CYTOPATHOLOGY, CERVICAL OR							
		VAGINAL (ANY							
		REPORTING	88142		\$	40.52	not contracted	\$ 50.65	\$ 40.52
	BRONCHODILATION								
04060	RESPONSIVENESS, SPIROMETRY AS IN 9	PRIMARY PROCEDURE	94060		\$	657.42	not contracted	\$ 821.78	\$ 657.42
94000	SEINOIVIETRY AS IN 9	FNOCEDURE	94000		۶	037.42	not contracted	\$ 821.78	057.42
		PLETHYSMOGRAPHY							
		FOR DETERMINATION							
		OF LUNG VOLUMES	94726		\$	657.42	not contracted	\$ 821.78	\$ 657.42
		DIFFUSING CARACITY							
		DIFFUSING CAPACITY (EG, CARBON							
		MONOXIDE,							
		MEMBRANE)	94729		\$	-	not contracted	\$ -	\$ -
		SPIROMETRY,							
		INCLUDING GRAPHIC							
		RECORD, TOTAL AND	04040		,	244 22	mat1 1	¢ 436.73	6 344.55
		TI	94010		\$	341.38	not contracted	\$ 426.73	\$ 341.38

SHOPPABLE OUTPATIENT SERVICES						HEALT		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary		CPT/HCPCS			(Commondary)			riegoriatea nate		regoliated nate	
Code	Service Category	Service Description	Code	Note	F	acility <sup>4</sup>	Professional <sup>3</sup>	Facil	ity <sup>4,5</sup>		Facility <sup>4</sup>
		MAXIMUM BREATHING									
		CAPACITY, MAXIMAL									
		VOLUNTARY VENT	94200		\$	134.92	not contracted	\$	168.65	\$	134.92
		PRESSURIZED OR NONPRESSURIZED									
		INHALATION									
		TREATMENT	94640		\$	449.52	not contracted	\$	561.90	\$	449.52
	INSERTION OF										
	INTRAUTERINE	PRIMARY									
58300	DEVICE (IUD)	PROCEDURE	58300		\$	-	not contracted	\$	-	\$	-
		OFFICE OR OTHER									
		OUTPATIENT VISIT	00212		<u> </u>		not contracted	ė		ے	
		FOR THE EVALUATIO LEVONORGESTREL-	99213		\$	-	not contracted	\$		\$	
		RELEASING									
		INTRAUTERINE									
		CONTRACEPTIV	J7297		\$	-	not contracted	\$	-	\$	-
	REGIONAL BLOCK	PRIMARY	20044								
D9211	ANESTHESIA	PROCEDURE RESIN-BASED	D9211		\$	-	not contracted	\$	-	\$	-
		COMPOSITE - TWO									
		SURFACES,									
		POSTERIOR	D2392		\$	-	not contracted	\$	-	\$	-
		ORAL HYGIENE									
		INSTRUCTION	D1330		\$	-	not contracted	\$	-	\$	-
		LIMITED ORAL EVALUATION -									
		PROBLEM FOCUSED	D0140		\$	_	not contracted	\$	_	\$	_
					*			7			
	REMOVAL OF										
	IMPLANT; DEEP (EG,	PRIMARY									
20680	BURIED WIRE, PIN, SC		20680		\$	6,063.92	not contracted	\$	7,579.90	\$	6,063.92
		INJECTION, CEFAZOLIN SODIUM,									
		500 MG	J0690		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		MIDAZOLAM									
		HYDROCHLORIDE, PER 1 MG	J2250		\$		not contracted	\$		\$	
		INJECTION,	JZZ3U		۶	-	not contracted	٧		۲	
		PROPOFOL, 10 MG	J2704		\$		not contracted	\$		\$	
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	_	not contracted	\$	_	\$	_
		CITICALE, O.1 IVIO	13010		7	-	not contracted	7		٧	
	COLPOSCOPY OF THE										
	CERVIX INCLUDING	PRIMARY									
57454	UPPER/ADJACENT	PROCEDURE	57454		\$	685.34	not contracted	\$	856.68	\$	685.34
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO	99213		\$		not contracted	\$		\$	
		LEVEL IV - SURGICAL									
		PATHOLOGY, GROSS AND MICROSCOP	88305		\$	117.70	not contracted	\$	147.13	¢	117.70

	SHOPPABLE OUTPATIENT SERVICES					HEALT (Comm	TH NET nercial)	Maximum Negotiated Rate		nimum iated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS ription Code			Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>	
Couc	service energy.	IMMUNOHISTOCHEM ISTRY OR IMMUNOCYTOCHEMI STRY, PER S	88342	, ioc	\$	369.12	not contracted			369.12
	BRONCHOSCOPY, RIGID OR FLEXIBLE,	PRIMARY								
31624	INCLUDING FLUOROS	PROCEDURE	31624		\$	3,752.46	not contracted	\$ 4,690.5	3 \$	3,752.46
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$	117.70	not contracted	\$ 147.1	3 \$	117.70
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND	88108		\$	79.72	not contracted	\$ 99.6	5 \$	79.72
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA	88108		\$	79.72	not contracted	\$ 99.0	)	79.72
		OR OR	87801		\$	140.40	not contracted	\$ 175.5	\$	140.40
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORE	87281		\$	23.96	not contracted	\$ 29.9	5 \$	23.96
		INFECTIOUS AGENT ANTIGEN DETECTION	67201		,	23.90	not contracted	29.9	7	23.50
		BY IMMUNOASSAY	87305		\$	23.96	not contracted	\$ 29.9	5 \$	23.96
		RADIOLOGIC EXAMINATION,								
		CHEST; SINGLE VIEW  CULTURE, TUBERCLE  OR OTHER ACID-FAST  BACILLI (EG,	71045 87116		\$	203.94	not contracted			203.94
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT;	88312		\$	117.70	not contracted			117.70
		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRE	87102		\$	16.82	not contracted	\$ 21.0	3 \$	16.82
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$	-	not contracted		- \$	-
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	not contracted		- \$	-
		ALBUTEROL, INHALATION SOLUTION, FDA- APPROVED FINAL	J7613		\$	-	not contracted	\$	- \$	-
		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; FLUORES	87206		\$	10.78	not contracted	\$ 13.4	3 \$	10.78

	SHOP	PPABLE OUTPATIENT SE	RVICES				TH NET	Maximum Negotiated Rate			Minimum
Primary		CPT/HCPCS					(Commercial)			Negotiated Rate	
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>		Facility <sup>4,5</sup>		Facility <sup>4</sup>
		CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE,	87070		\$	17.24	not contracted	ė	21.55	\$	17.24
	BINOCULAR	LACEFT ORINE,	87070		٦	17.24	not contracted	۲	21.33	٧	17.24
	MICROSCOPY (SEPARATE										
	DIAGNOSTIC PROCEDUR	PRIMARY	02504		,			,		<b>.</b>	
92504	PROCEDUR	PROCEDURE	92504		\$	-	not contracted	\$		\$	-
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$	_	not contracted	\$	_	\$	_
								T		-	
	ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LE	PRIMARY PROCEDURE	93005		\$	134.92	not contracted	\$	168.65	\$	134.92
33003	EDUCATION AND	TROCEDORE	33003		<del>                                     </del>	154.52	not contracted	7	100.03	7	154.52
	TRAINING FOR										
	PATIENT SELF-	PRIMARY									
98960	MANAGEMENT	PROCEDURE	98960		\$	_	not contracted	\$	-	\$	-
	REMOVAL OF										
	TUNNELED CENTRAL	DDIMADV									
36589	VENOUS CATHETER, WITHO	PRIMARY PROCEDURE	36589		\$	1,357.98	not contracted	\$	1,697.48	\$	1,357.98
30303	WIIIIO	REMOVAL OF	30303		7	1,337.30	not contracted	7	1,037.40	7	1,337.30
		TUNNELED									
		INTRAPERITONEAL									
		CATHETER	49422		\$	6,992.84	not contracted	\$	8,741.05	\$	6,992.84
	REPLACEMENT OF GASTROSTOMY TUBE, PERCUTANEOUS, INC	PRIMARY PROCEDURE	43762		\$	504.38	not contracted	\$	630.48	\$	504.38
	SIGMOIDOSCOPY,	TROCEDONE	43702		7	304.30	not contracted	7	030.40	7	304.30
	FLEXIBLE; WITH										
	BIOPSY, SINGLE OR	PRIMARY									
45331	MU	PROCEDURE	45331		\$	1,950.78	not contracted	\$	2,438.48	\$	1,950.78
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$	117.70	not contracted	\$	147.13	\$	117.70
		INJECTION,	23303		1	227.70		_	217.23	Υ	117.70
		MIDAZOLAM									
		HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	-	not contracted	\$	-	\$	-
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$		\$	-
	UODENOSCOPY,	PRIMARY									
43249	FLEXIBLE,	PROCEDURE	43249		\$	4,088.20	not contracted	\$	5,110.25	\$	4,088.20
		INJECTION, MIDAZOLAM HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	-	not contracted	\$	-	\$	-
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	-	\$	-

		COMMERC	CIAL PAYOR CO	ONTRACT - COMPREH EFFECTIVE JANUAR UPDATED AS OF 12	RY 1, 2024	VICES BY SE	RVICE AREA <sup>1</sup>			
	SHO	PPABLE OUTPATIENT SI	ERVICES			HEALTI (Comme		Maximum Negotiated Rate	Minim Negotiate	
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note	Fac	ility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facilit	t <b>y</b> ⁴
92227	IMAGING OF RETINA FOR DETECTION OR MONITORING OF D	PRIMARY PROCEDURE	92227		\$	79.72	not contracted	\$ 99.65	\$	79.72
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	-	not contracted	\$ -	\$	<u>-</u>
90648	HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T	PRIMARY PROCEDURE	90648		\$	-	not contracted	\$ -	\$	-
		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13),	90670		\$		not contracted	\$ -	\$	-
		ROTAVIRUS VACCINE, PENTAVALENT (RV5), 3 DOSE SCHED	90680		\$	-	not contracted	\$ -	\$	-
		DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSS	90700		\$	-	not contracted	\$ -	\$	-
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90461		\$	-	not contracted	\$ -	\$	_
		PERIODIC								

COMPREHENSIVE PREVENTIVE MEDICINE REEVALU

PRIMARY

PROCEDURE

PROCEDURE

INJECTION,

NA, 1 UNIT

INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,

PRIMARY

PROCEDURE

OFFICE OR OTHER
OUTPATIENT VISIT
FOR THE EVALUATIO

ONABOTULINUMTOXI

OFFICE OR OTHER
OUTPATIENT VISIT
FOR THE EVALUATIO

SCREENING TEST OF VISUAL ACUITY,

CYSTOURETHROSCOP

Y, WITH INJECTION(S) PRIMARY

99173 QUANTITATIVE, BIL

52287 FOR CHEMODENE

REMOVAL OF INTRAUTERINE

58301 DEVICE (IUD)

99391

99173

99213

52287

J0585

J2001

58301

99212

not contracted

not contracted

not contracted

not contracted

not contracted

5,442.68 \$

18.55 \$

4,354.14

14.84

4,354.14

14.84

	SHO	PPABLE OUTPATIENT S	ERVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate	
Primary			CPT/HCPCS			·	ercialy			
Code	Service Category	Service Description	Code	Note	F	acility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>	
	HEPATITIS B VACCINE									
	(HEPB), ADULT	PRIMARY								
	DOSAGE, 3 DOSE S	PROCEDURE	90746		\$	-	not contracted	\$ -	\$ -	
		IMMUNIZATION								
		ADMINISTRATION								
		(INCLUDES								
		PERCUTANEOUS	90471		\$	158.38	not contracted	\$ 197.98	\$ 158.38	
		OFFICE OR OTHER								
		OUTPATIENT VISIT								
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$ -	\$ -	
					Ţ,			'	,	
	FUNDUS									
	PHOTOGRAPHY WITH									
	INTERPRETATION	PRIMARY								
92250	AND REPORT	PROCEDURE	92250		\$	272.56	not contracted	\$ 340.70	\$ 272.56	
	COLONOSCOPY, FLEXIBLE; WITH									
	REMOVAL OF	PRIMARY								
	TUMOR(S), P	PROCEDURE	45384		\$	2,542.02	not contracted	\$ 3,177.53	\$ 2,542.02	
	- (-)/					,			7	
		LEVEL IV - SURGICAL								
		PATHOLOGY, GROSS								
		AND MICROSCOP	88305		\$	117.70	not contracted	\$ 147.13	\$ 117.70	
		INJECTION,								
		MIDAZOLAM								
		HYDROCHLORIDE, PER 1 MG	J2250		\$	_	not contracted	\$ -	\$ .	
		T EN T WIG	32230		7		not contracted	Ψ	· ·	
		INJECTION, FENTANYL								
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -	
	CHEMODENERVATIO									
	N OF MUSCLE(S);	DDIA 4 A DV								
	MUSCLE(S) INNERVATE	PRIMARY PROCEDURE	64612		\$	638.24	not contracted	\$ 797.80	\$ 638.24	
04012	INNERVATE	FROCEDORE	04012		٦	030.24	not contracted	\$ 737.80	Ş 038.24	
		OFFICE OR OTHER								
		OUTPATIENT VISIT								
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$ -	\$ -	
	ARTERIOVENOUS									
	ANASTOMOSIS,	22442								
36818	OPEN; BY UPPER ARM	PRIMARY PROCEDURE	36818		۲.	12.065.00	not contracted	ć 1F 004 35	¢ 42.00F.00	
30818	CEFF	INJECTION, HEPARIN	30818		\$	12,065.08	not contracted	\$ 15,081.35	\$ 12,065.08	
		SODIUM, PER 1000								
		UNITS	J1644		\$	-	not contracted	\$ -	\$ -	
		INJECTION,								
		MIDAZOLAM								
		HYDROCHLORIDE,								
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -	
		INJECTION,								
		ONDANSETRON HYDROCHLORIDE,								
		PER 1 MG	J2405		\$	_	not contracted	\$ -	\$ .	
					<b>—</b>			,		
		INJECTION, FENTANYL								
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -	

	SHOP	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm			Maximum gotiated Rate	Minimum Negotiated Rate	
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>		Facility <sup>4,5</sup>	110	Facility <sup>4</sup>
Couc	ocivice category	INFUSION, NORMAL	Couc	Hote		Tuemey	1101033101101		r deliney		racincy
		SALINE SOLUTION ,									
		1000 CC	J7030		\$	-	not contracted	\$	-	\$	-
		COLLECTION OF									
		VENOUS BLOOD BY						١.			
	DDODLINA ANAC OF	VENIPUNCTURE	36415		\$	17.14	not contracted	\$	21.43	\$	17.14
	PROPHYLAXIS OF RETINAL										
	DETACHMENT (EG,	PRIMARY									
	RETINAL BRE	PROCEDURE	67145		\$	1,245.92	not contracted	\$	1,557.40	\$	1,245.92
						,			· · · · · · · · · · · · · · · · · · ·		•
	INFLUENZA VIRUS										
	VACCINE, TRIVALENT	PRIMARY									
90654	(IIV3), SPLIT V	PROCEDURE	90654		\$	-	not contracted	\$	-	\$	
		IMMUNIZATION									
		ADMINISTRATION (INCLUDES									
		PERCUTANEOUS	90471		\$	158.38	not contracted	\$	197.98	\$	158.38
		1 21100 171142003	30171		Ť	130.30	not contracted	7	137.30	7	130.30
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$	-	\$	-
	5\/TD 4 04 D01 II 4 D										
	EXTRACAPSULAR CATARACT REMOVAL	PRIMARY									
	WITH INSERTION OF I		66982		\$	5,069.06	not contracted	\$	6,336.33	\$	5,069.06
00302	WITH INSERTION OF T	TROCEDORE	00302		7	3,003.00	not contracted	7	0,330.33	7	3,003.00
		POSTERIOR CHAMBER									
		INTRAOCULAR LENS	V2632		\$	-	not contracted	\$	_	\$	_
	PREVENTIVE										
	MEDICINE COUNSELING	PRIMARY									
	AND/OR RISK FACTOR		99401		\$	_	not contracted	\$	_	\$	_
33 101	7 HVD / OK MISK THE FOR	MEDICAL GENETICS	33 101		7		not contracted			Y	
		AND GENETIC									
		COUNSELING									
		SERVICES,	96040		\$	-	not contracted	\$	-	\$	-
	ORAL EVALUATION										
	FOR A PATIENT UNDER THREE YEARS	PRIMARY									
D0145		PROCEDURE	D0145		\$	_	not contracted	\$	-	\$	_
			_ 52.5							7	
		PROPHYLAXIS-CHILD	D1120		\$	-	not contracted	\$	-	\$	-
		TOPICAL FLUORIDE									
		VARNISH;									
		THERAPEUTIC	D4300		_		not contined at	,		,	
		APPLICATION ORAL HYGIENE	D1206		\$	-	not contracted	\$	-	\$	
		INSTRUCTION	D1330		\$	-	not contracted	\$	-	\$	-
	ELECTROENCEPHALO		_ 1000		7						
	GRAM (EEG);										
	INCLUDING	PRIMARY									
95816	RECORDING AW	PROCEDURE	95816		\$	657.42	not contracted	\$	821.78	\$	657.42
D0345	LOCAL ANICCTUCCIA	PRIMARY	D0345		_		mat	,		,	
D9215	LOCAL ANESTHESIA	PROCEDURE EXTRACTION,	D9215		\$	-	not contracted	\$	-	\$	-
		ERUPTED TOOTH OR									
		EXPOSED ROOT									
		(ELEVATI	D7140		\$	4,043.24	not contracted	\$	5,054.05	\$	4,043.24

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEAL1 (Comm	TH NET		Maximum otiated Rate	Minimum Negotiated Rate	
Primary			CPT/HCPCS			(Collin	iciciai	Neg	otiated Nate	Tregoriates rists	
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	F	acility <sup>4,5</sup>		Facility <sup>4</sup>
		LIMITED ORAL									
		EVALUATION -	50440								
	LAPAROSCOPY,	PROBLEM FOCUSED	D0140		\$	-	not contracted	\$	-	\$	-
	SURGICAL, WITH										
	TOTAL	PRIMARY									
58571	HYSTERECTOMY, FO	PROCEDURE	58571		\$	21,331.52	not contracted	\$	26,664.40	\$	21,331.52
		CYSTOURETHROSCOP									
		Y (SEPARATE	52000		_	4 467 02		,	4 024 00		4 467 03
		PROCEDURE)	52000		\$	1,467.92	not contracted	\$	1,834.90	\$	1,467.92
		LEVEL V - SURGICAL									
		PATHOLOGY, GROSS									
		AND MICROSCOPI	88307		\$	760.82	not contracted	\$	951.03	\$	760.82
		INJECTION,									
		CEFAZOLIN SODIUM,									
		500 MG	J0690		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		DEXAMETHASONE SODIUM PHOSPHATE,									
		1 MG	J1100		\$	-	not contracted	\$	-	\$	-
		INJECTION,			T			т.		- 7	
		HYDROMORPHONE,									
		UP TO 4 MG	J1170		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		KETOROLAC									
		TROMETHAMINE, PER 15 MG	J1885		ے		nat contracted	\$		۲	
		INJECTION,	11882		\$	-	not contracted	Ş	-	\$	_
		MIDAZOLAM									
		HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		ONDANSETRON									
		HYDROCHLORIDE,	12.405		,						
		PER 1 MG INJECTION,	J2405		\$	-	not contracted	\$		\$	-
		PROPOFOL, 10 MG	J2704		Ś	_	not contracted	\$	_	\$	_
			32,04		<b>—</b> —		contracted	_ ~		7	
		INJECTION, FENTANYL									
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	-	\$	-
	COLONOSCOPY,										
	FLEXIBLE; WITH	DDIA 4 A DV									
	DIRECTED	PRIMARY PROCEDURE	45304		<u>,</u>	2 5 4 2 0 2	not contract	۲	2 177 52	ė	2 5 42 02
45381	SUBMUCOSAL IN	COLONOSCOPY,	45381		\$	2,542.02	not contracted	\$	3,177.53	\$	2,542.02
		FLEXIBLE; WITH									
		BIOPSY, SINGLE OR									
		MULT	45380		\$	2,542.02	not contracted	\$	3,177.53	\$	2,542.02
									_		
		LEVEL IV - SURGICAL									
		PATHOLOGY, GROSS	0000-		_	44		_	4.77.47	_	44
		AND MICROSCOP INJECTION,	88305		\$	117.70	not contracted	\$	147.13	\$	117.70
		MIDAZOLAM									
		HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	-	not contracted	\$	-	\$	-
		INJECTION, FENTANYL									
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	-	\$	-

	SHO	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm	H NET	Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>		cility <sup>4,5</sup>		Facility <sup>4</sup>
	ESOPHAGOGASTROD					,			,		,
	UODENOSCOPY,										
	FLEXIBLE,	PRIMARY									
43238	TRANSORAL; W	PROCEDURE	43238		\$	4,088.20	not contracted	\$	5,110.25	\$	4,088.20
		COMBINED									
		ENDOSCOPIC									
		CATHETERIZATION OF THE BILIARY	74330		\$		not contracted	\$	_	\$	_
		THE BILIANT	74330		7		not contracted	Ÿ	_	٧	
		LEVEL IV - SURGICAL									
		PATHOLOGY, GROSS									
		AND MICROSCOP	88305		\$	117.70	not contracted	\$	147.13	\$	117.70
		INJECTION,									
		SUCCINYLCHOLINE									
		CHLORIDE, UP TO 20	10220		,			¢		۲.	
		MG INJECTION,	J0330		\$	-	not contracted	\$	-	\$	
		DEXAMETHASONE									
		SODIUM PHOSPHATE,									
		1 MG	J1100		\$	-	not contracted	\$	-	\$	-
		INJECTION,						-			
		ONDANSETRON									
		HYDROCHLORIDE,									
		PER 1 MG	J2405		\$	-	not contracted	\$	-	\$	-
		INJECTION,								_	
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$	-	\$	-
		INJECTION, FENTANYL									
		CITRATE, 0.1 MG	J3010		\$	_	not contracted	\$	_	\$	-
	LAPAROSCOPY,	,									
	SURGICAL; REPAIR										
	INITIAL INGUINAL	PRIMARY									
49650	HER	PROCEDURE	49650		\$	12,235.00	not contracted	\$	15,293.75	\$	12,235.00
		MESH	C1701		,			¢		۲.	
		(IMPLANTABLE) INJECTION,	C1781		\$	-	not contracted	\$	-	\$	
		CEFAZOLIN SODIUM,									
		500 MG	J0690		\$	_	not contracted	\$	_	\$	-
		INJECTION,									
		DEXAMETHASONE									
		SODIUM PHOSPHATE,									
		1 MG	J1100		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		HYDROMORPHONE, UP TO 4 MG	J1170		\$		not contracted	\$		\$	
		INJECTION,	111/0		۶	-	not contracted	Ş	-	۶	-
		MIDAZOLAM									
		HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	-	not contracted	\$		\$	
		INJECTION,									
		ONDANSETRON									
		HYDROCHLORIDE,									
		PER 1 MG	J2405		\$	-	not contracted	\$	-	\$	-
		INJECTION, PROPOFOL, 10 MG	J2704		\$		not contracted	\$		\$	
		. NOT OF OL, 10 IVIG	32704		ڔ	-	not contracted	۲		ڔ	
		INJECTION, FENTANYL									
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	_	\$	-

Printing		SHO	PPABLE OUTPATIENT S	ERVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate
DPHTHERIA, TERMISTOKIDIS, NO ACELULUAR   PRIMARY   PRIMARY   PRIMARY   PRIMARY   PROCEDURE   PROCEDU	Primary			CPT/HCPCS			(	ici Ciui,		regonated nate
TTTANUS TOXOIDS, AND ACCEUURE 90700 \$ - not contracted \$ - 5 - 5 - MANIANZATION ADMINISTRATION THROUGH 18 YEARS OF AG 90460 \$ - not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90460 \$ - not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90460 \$ - not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90460 \$ - not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90460 \$ - not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90460 \$ - not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90460 \$ - not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90460 \$ - not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90460 \$ - not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90460 \$ - not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90460 \$ - Not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90460 \$ - Not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90460 \$ - Not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90473 \$ - Not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90473 \$ - Not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90473 \$ - Not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90473 \$ - Not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90473 \$ - Not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90473 \$ - Not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90473 \$ - Not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90473 \$ - Not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90473 \$ - Not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90473 \$ - Not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90473 \$ - Not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90473 \$ - Not contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90473 \$ - NOT contracted \$ - 5 - 5 - MANIANZATION THROUGH 18 YEARS OF AG 90473 \$ - NOT contracted \$ - 5	Code	Service Category	Service Description	Code	Note	F	acility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
AND ACELULAR PRIMARY 90700 PERTUS PROCEDURE 90700 S - not contracted S - S - IMMUNIZATION ADMINISTRATION THROUGH IS YEARS OF A G HAEMOPHILUS INFLUENCAE TYPE B VACCINE (HIB). PRPT. 90648  VACINE (HIB). PRPT. 906		DIPHTHERIA,								
90700 PERTUSS PROCEDURE 90700 S - not contracted S - S - MANINISTRATION THROUGH 18 YEARS OF AG 90460 S - not contracted S - S - MARINISTRATION THROUGH 18 YEARS OF AG 90460 S - not contracted S - S - MARINISTRATION THROUGH 18 YEARS OF AG 90461 S - not contracted S - S - MARINISTRATION THROUGH 18 YEARS OF AG 90461 S - not contracted S - S - MARINISTRATION THROUGH 18 YEARS OF AG 90461 S - not contracted S - S - MARINISTRATION THROUGH 18 YEARS OF AG 90461 S - not contracted S - S - MARINISTRATION THROUGH 18 YEARS OF AG 90461 S - not contracted S - S - MARINISTRATION THROUGH 18 YEARS OF AG 90461 S - not contracted S - S - MARINISTRATION THROUGH 18 YEARS OF AG 90471 S - not contracted S - S - MARINISTRATION THROUGH 18 YEARS OF AG 90473 S - Not contracted S - S - MARINISTRATION BY HIRAMASAL OR 90473 S - 158.38 not contracted S - S - MARINISTRATION BY HIRAMASAL OR 90473 S - 158.38 not contracted S - S - MARINISTRATION BY HIRAMASAL OR 90473 S - 158.38 not contracted S - S - MARINISTRATION BY HIRAMASAL OR 90473 S - 158.38 not contracted S - S - MARINISTRATION BY HIRAMASAL OR 90473 S - 158.38 not contracted S - S - MARINISTRATION BY HIRAMASAL OR 90473 S - 158.38 not contracted S - S - MARINISTRATION BY HIRAMASAL OR 90473 S - 158.38 not contracted S - S - MARINISTRATION BY HIRAMASAL OR 90473 S - Not contracted S - S - MARINISTRATION BY HIRAMASAL OR 90473 S - Not contracted S - S - MARINISTRATION BY HIRAMASAL PROCEDURES ON THE INTEGRATION PROCEDURE 19301 S - Not contracted S - S - MARINISTRATION PROCEDURE 19301 S - Not contracted S - S - MARINISTRATION PROCEDURE 988307 S - 760.82 not contracted S - S - MARINISTRATION PROCEDURE 988307 S - Not contracted S - S - MARINISTRATION PROCEDURE 988307 S - Not contracted S - S - MARINISTRATION PROCEDURE 988307 S - NOT contracted S - S - MARINISTRATION PROCEDURE 988307 S - NOT contracted S - S - MARINISTRATION PROCEDURE 988307 S - NOT contracted S - S - MARINISTRATION PROCEDURE 99510 S - NOT contracted S - S - MARINISTRATION PROCEDURE 99510 S - NOT contracted S - S - MARINISTRATION PRO										
MMMUNISTRATION   ADMINISTRATION   THROUGH 18 YEARS   GF AG   SO460   S   not contracted   S   S   S   S   NOT CONTracted   S   S   S   S   NOT CONTracted   S   S   S   S   S   NOT CONTracted   S   S   S   S   S   S   S   S   S										
ADMINISTRATION THROUGH 18 YEARS OF AG  HAEMOPHILIS INFLUENZAE TYPE B VACCINE (HIB), PRPT 90648  VACCINE (HIB), PRPT 90648  VACCINE (HIB), PRPT 100641 SY YEARS OF AG  PROLINOCOCCAL PROLINOCOCCAL COMUNICATION THROUGO (12 CALL COMUNICATION THROUGO (12 CALL COMUNICATION POLIVORIUS VACCINE, 13 VALENT (PCV13), 90670  POLIVORIUS VACCINE, INACTIVATED (PV), POLIVORIUS POLIVORIUS VACCINE, INACTIVATED (PV), POLIVORIUS VACCINE, INACTIVATED (PV), POLIVORIUS VACCINE, INACTIVATED (RVS), 3 OBS80  ROTAVIRIUS VACCINE, PENTAVALENT (RVS), 4 OBS80  ROTAVIRIUS VACCINE, PENTAVALENT (RVS), 5 OBS80  ROTAVALENT (RVS), 5 OBS80  ROTAVIRIUS VACCINE, PENTAVALENT (RVS), 5 OBS80  ROTAVALENT (RVS), 5 OBS80  ROTAVALENT (RVS),	90700	PERTUSS		90700		\$	-	not contracted	\$ -	\$ -
THROUGH 18 YEARS   90460   S   not contracted   S   S   S										
OF AG   90460   \$   not contracted   \$   5										
HAEMOPHILIS   INFLIENCATE TYPE B   VACCINE (198), PRPT   90648   \$   not contracted   \$   5										
INFLUENZAE TYPE B			OF AG	90460		\$	-	not contracted	\$ -	\$ -
INFLUENZAE TYPE B										
VACCINE   INMUNISATION   ADMINISTRATION   ADMINISTRATION   THROUGH 18 YEARS   OF AG   S   S   Not contracted   S   S   S   S   S   S   S   S   S										
MAUNISTRATION   ADMINISTRATION   THROUGH 18 YEARS   90451   S   not contracted   S   S   S   S   S   S   S   S   S						١.				
ADMINISTRATION   THROUGH IS YEARS   0P AG   90461   \$ - not contracted   \$ - \$ - \$   -			1	90648		\$	-	not contracted	\$ -	\$ -
THROUGH 18 YEARS   OP AG										
OF AG										
PREIMOCOCCAL   COMPURE   VACCINE, 13 VALENT   (PCV13),   90670   \$   not contracted \$   - \$   -										
CONJUGATE				90461		\$	-	not contracted	\$ -	\$ -
VACCINE, 13 VALENT   90670   \$   not contracted   \$   - \$   -										
POLIOVIRUS   POR SUBCUTA   90713   \$										
POLIDVIRUS   VACCINE, VACCINE, VACCINE, INACTIVATED (IPV), FOR SUBCUTA										
VACCINE, INACTIVATED (IPV), FOR SUBCUTA   90713   \$ - not contracted \$ - \$ - \$ -				90670		\$	-	not contracted	\$ -	\$ -
INACTIVATED (IPV), FOR SUBCUTA   90713   \$ - not contracted \$ - \$ - \$ -										
FOR SUBCUTA   90713   \$   not contracted   \$   \$   \$   \$   \$   \$   \$   \$   \$			•							
ROTAVIRUS VACCINE, PENTAVALENT (RVS), 3 DOSE SCHED 90680 \$ - not contracted \$ - \$ -  IMMUNIZATION ADMINISTRATION BY INTRANSAL OR ORAL 90473 \$ 158.38 not contracted \$ 197.98 \$ 158.38  PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU 99391 \$ - not contracted \$ 5 - \$ -  MASTECTOMY, PARTIAL (EG, LUMPECTOMY, PARTIAL (EG, LUMPECTOMY, POCCEDURE 19301 \$ 8,069.90 not contracted \$ 10,087.38 \$ 8,069.90  ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYS 00400 \$ not contracted \$ - \$ -  LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI 88307 \$ 760.82  INJECTION, CEFAZOLIN SODIUM, SOD MG J0690 \$ - not contracted \$ - \$ -  INJECTION, CEFAZOLIN SODIUM, SOD MG J0690 \$ - not contracted \$ - \$ -  INJECTION, CEFAZOLIN SODIUM, SOD MG J0690 \$ - not contracted \$ - \$ -  INJECTION, CEFAZOLIN SODIUM, SOD MG J0690 \$ - not contracted \$ - \$ -  INJECTION, CEFAZOLIN SODIUM, SOD MG J0690 \$ - not contracted \$ - \$ -  INJECTION, CEFAZOLIN SODIUM, SOD MG J0690 \$ - not contracted \$ - \$ -  INJECTION, CEFAZOLIN SODIUM, SOD MG J0690 \$ - not contracted \$ - \$ -  INJECTION, CEFAZOLIN SODIUM, SOD MG J0690 \$ - not contracted \$ - \$ -  INJECTION, CEFAZOLIN SODIUM, SOD MG J0690 \$ - not contracted \$ - \$ -  INJECTION, CEFAZOLIN SODIUM, SOD MG J0690 \$ - not contracted \$ - \$ -  INJECTION, CEFAZOLIN SODIUM, SOD MG J0690 \$ - not contracted \$ - \$ -  INJECTION, CEFAZOLIN SODIUM, SOD MG J0690 \$ - not contracted \$ - \$ -  INJECTION, CEFAZOLIN SODIUM, SOD MG J0690 \$ - not contracted \$ - \$ -  INJECTION, CEFAZOLIN SODIUM, SOD MG J0690 \$ - not contracted \$ - \$ -  INJECTION, CEFAZOLIN SODIUM PHOSPHATE,										
PENTAVALENT (RVS), 3 DOSE SCHED   90680   \$ - not contracted \$ - \$ - \$ -			FOR SUBCUTA	90713		\$	-	not contracted	\$ -	\$ -
PENTAVALENT (RVS), 3 DOSE SCHED   90680   \$ - not contracted \$ - \$ - \$ -										
PENTAVALENT (RVS), 3 DOSE SCHED   90680   \$ - not contracted \$ - \$ - \$ -										
3 DOSE SCHED   90680   \$ - not contracted   \$ - \$ - \$			ROTAVIRUS VACCINE,							
IMMUNIZATION   ADMINISTRATION BY   INTRANASAL OR   ORAL   90473   \$ 158.38   not contracted   \$ 197.98   \$ 158.38     PERIODIC   COMPRENSIVE   PREVENTIVE   MEDICINE REEVALU   99391   \$ - not contracted   \$ - \$ - \$ -     MASTECTOMY, PARTIAL (EG, LUMPECTOMY, PRIMARY   PROCEDURE   19301   \$ 8,069.90   not contracted   \$ 10,087.38   \$ 8,069.90     ANESTHESIA FOR   PROCEDURE   19301   \$ 8,069.90   not contracted   \$ - \$ - \$ -     LEVEL V - SURGICAL   PATHOLOGY, GROSS   AND MICROSCOPI   88307   \$ 760.82   not contracted   \$ 951.03   \$ 760.82     INJECTION, CEFAZOLIN SODIUM, SOO MG   J0690   \$ - not contracted   \$ - \$ - \$ -     INJECTION, DEXAMETHASONE   SODIUM PHOSPHATE,			PENTAVALENT (RV5),							
ADMINISTRATION BY INTRANASAL OR ORAL 90473 \$ 158.38 not contracted \$ 197.98 \$ 158.38  PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU 99391 \$ - not contracted \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$			3 DOSE SCHED	90680		\$	-	not contracted	\$ -	\$ -
INTRANASAL OR ORAL   90473   \$ 158.38   not contracted   \$ 197.98   \$ 158.38     PERIODIC   COMPREHENSIVE   PREVENTIVE   MEDICINE REEVALU   99391   \$ - not contracted   \$ - \$ - \$ - \$     MASTECTOMY, PARTIAL (EG, LUMPECTOMY, PRIMARY   PRIMARY   PROCEDURE   19301   \$ 8,069.90   not contracted   \$ 10,087.38   \$ 8,069.90     ANESTHESIA FOR   PROCEDURES ON THE   INTEGUMENTARY SYS   00400   \$ - not contracted   \$ - \$ - \$ - \$     LEVEL V - SURGICAL   PATHOLOGY, GROSS   AND MICROSCOPI   88307   \$ 760.82   not contracted   \$ 951.03   \$ 760.82     INJECTION, CEPAZOLIN SODIUM, SOD MG   J0690   \$ - not contracted   \$ - \$ - \$ - \$     INJECTION, DEXAMETHASONE   SODIUM PHOSPHATE,   SODIUM P			IMMUNIZATION							
ORAL   90473   \$ 158.38   not contracted   \$ 197.98   \$ 158.38			ADMINISTRATION BY							
PERIODIC   COMPREHENSIVE   PREVENTIVE   PREVENTIVE   MEDICINE REEVALU   99391   \$ - not contracted \$ - \$ - \$ -			INTRANASAL OR							
COMPREHENSIVE PREVENTIVE MEDICINE REEVALU 99391 \$ - not contracted \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$			ORAL	90473		\$	158.38	not contracted	\$ 197.98	\$ 158.38
PREVENTIVE   MEDICINE REEVALU   99391   \$ - not contracted \$ - \$ - \$ -			PERIODIC							
MASTECTOMY, PARTIAL (EG, LUMPECTOMY, PRIMARY   19301   \$ 8,069.90   not contracted \$ - \$ - \$ -			COMPREHENSIVE							
MASTECTOMY, PARTIAL (EG, LUMPECTOMY, PRIMARY  19301 TYLECTOMY, QU PROCEDURE 19301 \$ 8,069.90 not contracted \$ 10,087.38 \$ 8,069.90  ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYS 00400 \$ - not contracted \$ - \$ - \$ - LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI 88307 \$ 760.82 not contracted \$ 951.03 \$ 760.82  INJECTION, CEFAZOLIN SODIUM, SOO MG J0690 \$ - not contracted \$ - \$ - \$ - INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,			PREVENTIVE							
PARTIAL (EG, LUMPECTOMY, PRIMARY 19301 TYLECTOMY, QU PROCEDURE 19301 \$ 8,069.90 not contracted \$ 10,087.38 \$ 8,069.90  ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYS 00400 \$ - not contracted \$ - \$ - \$ -   LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI 88307 \$ 760.82 not contracted \$ 951.03 \$ 760.82  INJECTION, CEFAZOLIN SODIUM, 500 MG J0690 \$ - not contracted \$ - \$ - \$ -   INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,			MEDICINE REEVALU	99391		\$	-	not contracted	\$ -	\$ -
LUMPECTOMY, QU PROCEDURE 19301 \$ 8,069.90 not contracted \$ 10,087.38 \$ 8,069.90  ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYS 00400 \$ - not contracted \$ - \$ - \$ -   LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI 88307 \$ 760.82 not contracted \$ 951.03 \$ 760.82  INJECTION, CEFAZOLIN SODIUM, 500 MG J0690 \$ - not contracted \$ - \$ - \$ -   INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,		· · · · · · · · · · · · · · · · · · ·								
19301 TYLECTOMY, QU										
ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYS 00400 \$ - not contracted \$ - \$ -  LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI 88307 \$ 760.82 not contracted \$ 951.03 \$ 760.82  INJECTION, CEFAZOLIN SODIUM, 500 MG J0690 \$ - not contracted \$ - \$ -  INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,		·								
PROCEDURES ON THE INTEGUMENTARY SYS 00400 \$ - not contracted \$ - \$ -   LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI 88307 \$ 760.82 not contracted \$ 951.03 \$ 760.82  INJECTION, CEFAZOLIN SODIUM, 500 MG J0690 \$ - not contracted \$ - \$ - \$ -   INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,	19301	TYLECTOMY, QU	PROCEDURE	19301		\$	8,069.90	not contracted	\$ 10,087.38	\$ 8,069.90
PROCEDURES ON THE INTEGUMENTARY SYS 00400 \$ - not contracted \$ - \$ -   LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI 88307 \$ 760.82 not contracted \$ 951.03 \$ 760.82  INJECTION, CEFAZOLIN SODIUM, 500 MG J0690 \$ - not contracted \$ - \$ - \$ -   INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,										
PROCEDURES ON THE INTEGUMENTARY SYS 00400 \$ - not contracted \$ - \$ -   LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI 88307 \$ 760.82 not contracted \$ 951.03 \$ 760.82  INJECTION, CEFAZOLIN SODIUM, 500 MG J0690 \$ - not contracted \$ - \$ - \$ -   INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,										
INTEGUMENTARY SYS 00400 \$ - not contracted \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$										
LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI 88307 \$ 760.82  INJECTION, CEFAZOLIN SODIUM, 500 MG J0690 \$ - not contracted \$ - \$ - INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,			PROCEDURES ON THE							
PATHOLOGY, GROSS AND MICROSCOPI 88307 \$ 760.82 not contracted \$ 951.03 \$ 760.82  INJECTION, CEFAZOLIN SODIUM, 500 MG INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,			INTEGUMENTARY SYS	00400		\$	-	not contracted	\$ -	\$ -
PATHOLOGY, GROSS AND MICROSCOPI 88307 \$ 760.82 not contracted \$ 951.03 \$ 760.82  INJECTION, CEFAZOLIN SODIUM, 500 MG INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,										
AND MICROSCOPI 88307 \$ 760.82 not contracted \$ 951.03 \$ 760.82  INJECTION, CEFAZOLIN SODIUM, 500 MG J0690 \$ - not contracted \$ - \$ - INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,										
INJECTION, CEFAZOLIN SODIUM, 500 MG J0690 \$ - not contracted \$ - \$ - INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,										
CEFAZOLIN SODIUM, 500 MG J0690 \$ - not contracted \$ - \$ - INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,			AND MICROSCOPI	88307		\$	760.82	not contracted	\$ 951.03	\$ 760.82
500 MG J0690 \$ - not contracted \$ - \$ - DEXAMETHASONE SODIUM PHOSPHATE,			INJECTION,							
INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,			CEFAZOLIN SODIUM,							
DEXAMETHASONE SODIUM PHOSPHATE,			500 MG	J0690		\$	-	not contracted	\$ -	\$ -
SODIUM PHOSPHATE,			INJECTION,							
			DEXAMETHASONE							
1 MG   J1100   \$ -   not contracted \$ -   \$ -			SODIUM PHOSPHATE,							
<u>.                                      </u>			1 MG	J1100		\$	-	not contracted	\$ -	\$ -

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEALT		Maximum Negotiated Rate	Minimum Negotiated Rate	
Primary			CPT/HCPCS			·	·			
Code	Service Category	Service Description	Code	Note	Fa	acility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>	
		INJECTION,								
		MIDAZOLAM								
		HYDROCHLORIDE, PER 1 MG	J2250		\$	_	not contracted	\$ -	\$ -	
		INJECTION,	32230		7		not contracted	Y	7	
		ONDANSETRON								
		HYDROCHLORIDE,								
		PER 1 MG	J2405		\$	-	not contracted	\$ -	\$ -	
		INJECTION,							,	
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -	
		INJECTION, FENTANYL								
		CITRATE, 0.1 MG	J3010		\$	_	not contracted	\$ -	\$ -	
		RINGERS LACTATE	10000		Ť			- T	T	
		INFUSION, UP TO								
		1000 CC	J7120		\$	-	not contracted	\$ -	\$ -	
	CARDIOVASCULAR									
	STRESS TEST USING									
02017	MAXIMAL OR	PRIMARY	02017		_	CE7.42		ć 024.70	ć (F7.42	
93017	SUBMAX	PROCEDURE	93017		\$	657.42	not contracted	\$ 821.78	\$ 657.42	
	INTERROGATION									
	DEVICE EVALUATION	PRIMARY								
93289	(IN PERSON) WITH A	PROCEDURE	93289		\$	82.16	not contracted	\$ 102.70	\$ 82.16	
	BODY MASS INDEX									
	(BMI), DOCUMENTED	PRIMARY								
3008F	(PV)	PROCEDURE	3008F		\$	-	not contracted	\$ -	\$ -	
		OFFICE OR OTHER								
		OUTPATIENT VISIT								
		FOR THE EVALUATIO	99213		\$	_	not contracted	\$ -	\$ -	
	PNEUMOCOCCAL							,		
	CONJUGATE									
	VACCINE, 13 VALENT	PRIMARY								
90670	(PCV13),	PROCEDURE	90670		\$	-	not contracted	\$ -	\$ -	
		IMMUNIZATION								
		ADMINISTRATION (INCLUDES								
		PERCUTANEOUS	90471		\$	158.38	not contracted	\$ 197.98	\$ 158.38	
			33171		Ť	255.55	coactcu	, 137.50	, 130.30	
		HAEMOPHILUS								
		INFLUENZAE TYPE B								
		VACCINE (HIB), PRP-T	90648		\$	-	not contracted	\$ -	\$ -	
		IMMUNIZATION								
		ADMINISTRATION (INCLUDES								
		PERCUTANEOUS	90472		\$	_	not contracted	\$ -	\$ -	
		DIPHTHERIA,	33772				contracted	<del></del>	<del>-</del>	
		TETANUS TOXOIDS,								
		ACELLULAR								
		PERTUSSIS V	90723		\$	-	not contracted	\$ -	\$ -	
		ROTAVIRUS VACCINE,								
		HUMAN,								
		ATTENUATED (RV1), 2 DOSE	90681		\$		not contracted	\$ -	\$ -	
		IMMUNIZATION	20001		۰	-	not contracted	<u> </u>		
		ADMINISTRATION BY								
		INTRANASAL OR								
		ORAL	90473		\$	158.38	not contracted	\$ 197.98	\$ 158.38	

	SHO	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm	TH NET nercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
	,	PERIODIC	55.00					,	,
		COMPREHENSIVE							
		PREVENTIVE							
		MEDICINE REEVALU	99391		\$	-	not contracted	\$ -	\$ -
	HUMAN PAPILLOMAVIRUS								
	VACCINE, TYPES 6, 11,	PRIMARY							
	16, 18,	PROCEDURE	90649		\$	-	not contracted	\$ -	\$ -
		IMMUNIZATION						·	
		ADMINISTRATION							
		(INCLUDES							
	EXTERNAL	PERCUTANEOUS	90471		\$	158.38	not contracted	\$ 197.98	\$ 158.38
	ELECTROCARDIOGRA								
	PHIC RECORDING FOR	PRIMARY							
93248	MORE T	PROCEDURE	93248		\$	-	not contracted	\$ -	\$ -
		EXTERNAL							
		ELECTROCARDIOGRA							
		PHIC RECORDING FOR MORE T	93247		\$	272.56	not contracted	\$ 340.70	\$ 272.56
	TELEHEALTH	IVIORE I	93247		7	272.30	not contracted	\$ 340.70	\$ 272.30
	TRANSMISSION, PER								
	MINUTE,	PRIMARY							
T1014	PROFESSIONAL	PROCEDURE	T1014			not available	not contracted	not available	not available
		OFFICE OR OTHER							
		OFFICE OR OTHER OUTPATIENT VISIT							
		FOR THE EVALUATIO	99213		\$	_	not contracted	\$ -	\$ -
	HEPATITIS A VACCINE	TOR THE EVALUATION	33213				not contracted	Y	Y
	(HEPA),								
	PEDIATRIC/ADOLESCE								
90633	NT D	PROCEDURE	90633		\$	-	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION							
		THROUGH 18 YEARS							
		OF AG	90460		\$	-	not contracted	\$ -	\$ -
		PERIODIC							
		COMPREHENSIVE							
		PREVENTIVE	00000						
	HUMAN	MEDICINE REEVALU	99392		\$	-	not contracted	\$ -	\$ -
	PAPILLOMAVIRUS								
	VACCINE, TYPES 16,	PRIMARY							
90650	18, BIVALE	PROCEDURE	90650		\$	-	not contracted	\$ -	\$ -
		IMMUNIZATION							
		ADMINISTRATION							
		(INCLUDES PERCUTANEOUS	90471		\$	158.38	not contracted	\$ 197.98	\$ 158.38
		LICOTANLOUS	304/1		٠	130.30	not contracted	7 157.90	130.30 ب
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATIO	99211		\$	-	not contracted	\$ -	\$ -
	INTERIM CARIES								
	ARRESTING MEDICAMENT	PRIMARY							
l	APPLICATION -	PROCEDURE	D1354		\$		not contracted	\$ -	\$ -

### COMMERCIAL PAYOR CONTRACT - COMPREHENSIVE SERVICES BY SERVICE AREA $^1$ $\,$ EFFECTIVE JANUARY 1, 2024

EFFECTIVE JANUARY 1, 202	4
<b>UPDATED AS OF 12/15/202</b>	3

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate	
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>	
	REMOVAL IMPACTED									
	CERUMEN									
	REQUIRING	PRIMARY								
69210	INSTRUMENTATION	PROCEDURE HOSPITAL	69210		\$	134.92	not contracted	\$ 168.65	\$ 134.92	
		OUTPATIENT CLINIC								
		VISIT FOR								
		ASSESSMENT AN	G0463		\$	283.70	not contracted	\$ 354.63	\$ 283.70	
	IRIDOTOMY/IRIDECT									
	OMY BY LASER SURGERY (EG, FOR	PRIMARY								
66761	*	PROCEDURE	66761		\$	1,245.92	not contracted	\$ 1,557.40	\$ 1,245.92	
	AVULSION OF NAIL									
44700	PLATE, PARTIAL OR	PRIMARY	44700			400.00		4 500.00	4 400.00	
11730	COMPLETE, SIMPL	PROCEDURE	11730		\$	423.90	not contracted	\$ 529.88	\$ 423.90	
		OFFICE OR OTHER								
		OUTPATIENT VISIT								
		FOR THE EVALUATIO	99202		\$	-	not contracted	\$ -	\$ -	
	URINE PREGNANCY TEST, BY VISUAL									
	COLOR COMPARISON	PRIMARY								
81025		PROCEDURE	81025		\$	17.22	not contracted	\$ 21.53	\$ 17.22	
		OFFICE OR OTHER								
		OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$	_	not contracted	\$ -	\$ -	
		TOWN THE EVILLOPHIC	33211		<u> </u>			<b>*</b>	Ψ	
	OPEN TREATMENT OF									
25.607	DISTAL RADIAL EXTRA-		25.07			45 527 40		40 400 00	45 537 40	
25607	ARTICULAR FR	PROCEDURE FLUOROSCOPY	25607		\$	15,527.18	not contracted	\$ 19,408.98	\$ 15,527.18	
		(SEPARATE								
		PROCEDURE), UP TO								
		1 HOUR PHY	76000		\$	548.16	not contracted	\$ 685.20	\$ 548.16	
		ANCHOR/SCREW FOR								
		OPPOSING BONE-TO-								
		BONE OR SOFT TIS	C1713		\$	-	not contracted	\$ -	\$ -	
		INJECTION,								
		CEFAZOLIN SODIUM,	10600		,		not contract	ė	خ	
		500 MG INJECTION,	J0690		\$	-	not contracted	\$ -	\$ -	
		DEXAMETHASONE								
		SODIUM PHOSPHATE,								
		1 MG	J1100		\$	-	not contracted	\$ -	\$ -	
		INJECTION, MIDAZOLAM								
		HYDROCHLORIDE,								
		PER 1 MG	J2250		\$		not contracted	\$ -	\$ -	
		INJECTION,								
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -	
		INJECTION, ROPIVACAINE								
		HYDROCHLORIDE, 1								
		MG	J2795		\$	-	not contracted	\$ -	\$ -	
		INJECTION SECTION								
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$		not contracted	\$ -	\$ -	
		CITRAIL, U.I IVIU	12010		Ş	-	not contracted	- ب	- ب	

### COMMERCIAL PAYOR CONTRACT - COMPREHENSIVE SERVICES BY SERVICE AREA<sup>1</sup>

<b>EFFECTIVE JANUARY 1, 2024</b>
UPDATED AS OF 12/15/2023

	SHO	PPABLE OUTPATIENT SI	ERVICES			HEALT (Comm	TH NET	Maximum Negotiated Rate	Ne	Minimum Negotiated Rate	
Primary			CPT/HCPCS								
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>		Facility <sup>4</sup>	
		RINGERS LACTATE									
		INFUSION, UP TO	17400		_			_			
	MEDICAL GENETICS	1000 CC	J7120		\$	-	not contracted	\$	- \$	-	
	AND GENETICS										
	COUNSELING	PRIMARY									
	SERVICES,	PROCEDURE	96040		\$	_	not contracted	\$	- \$	_	
	INFECTIOUS AGENT	TROCEDONE	30010		7		not contracted	, , , , , , , , , , , , , , , , , , ,	7		
	DETECTION BY										
	NUCLEIC ACID (DNA	PRIMARY									
87624	OR	PROCEDURE	87624		\$	70.18	not contracted	\$ 87.7	3 \$	70.18	
		CYTOPATHOLOGY,									
		CERVICAL OR									
		VAGINAL (ANY									
		REPORTING	88142		\$	40.52	not contracted	\$ 50.6	5 \$	40.52	
		PERIODIC									
		COMPREHENSIVE									
		PREVENTIVE							1.		
		MEDICINE REEVALU	99396		\$	-	not contracted	\$	- \$	-	
		OFFICE OR OTHER									
		OFFICE OR OTHER									
		OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$		not contracted	\$	- \$		
<u> </u>	INFLUENZA VIRUS	OK THE EVALUATIO	33213		Ş		not contracted	,	۶ ۶		
	VACCINE, SPLIT										
	VIRUS, WHEN	PRIMARY									
	ADMINIS	PROCEDURE	Q2035		\$	-	not contracted	\$	- \$	-	
		IMMUNIZATION			<u> </u>				1		
		ADMINISTRATION									
		(INCLUDES									
		PERCUTANEOUS	90471		\$	158.38	not contracted	\$ 197.9	8 \$	158.38	
		HOSPITAL									
		OUTPATIENT CLINIC									
		VISIT FOR									
ļ	DEDIODIC	ASSESSMENT AN	G0463		\$	283.70	not contracted	\$ 354.6	3 \$	283.70	
	PERIODIC COMPREHENSIVE										
		DDIMADV									
	PREVENTIVE MEDICINE REEVALU	PRIMARY PROCEDURE	99397		\$		not contracted	\$	- \$		
3333/	WEDICHNE REEVALU	NOCEDURE	7535/		۶	-	not contracted	, ,	۶ ۶		
	CYSTOURETHROSCOP										
	Y WITH IRRIGATION	PRIMARY									
	AND EVACUATION O	PROCEDURE	52001		\$	7,523.70	not contracted	\$ 9,404.6	3 \$	7,523.70	
						·				·	
		CYTOPATHOLOGY,									
		SELECTIVE CELLULAR									
		ENHANCEMENT TECH	88112		\$	117.70	not contracted	\$ 147.1	3 \$	117.70	
	FIXED APPLIANCE	PRIMARY									
D8220	THERAPY	PROCEDURE	D8220		\$	-	not contracted	\$	- \$	-	
		LIMITED ORAL									
		EVALUATION -			_			_			
<u> </u>		PROBLEM FOCUSED	D0140		\$	-	not contracted	\$	- \$	-	
		ORTHODONTIC									
		RETENTION (REMOVAL OF									
		(REMOVAL OF APPLIANCES, CONS	D8680		\$		not contracted	Ś	- \$		
<u> </u>		ALFEIANCES, CONS	Dodgo		Ş		not contracted	۲	<u> </u>	-	

### COMMERCIAL PAYOR CONTRACT - COMPREHENSIVE SERVICES BY SERVICE AREA<sup>1</sup> EFFECTIVE JANUARY 1, 2024

EFFECTIVE JANUARY 1, 202	24
UPDATED AS OF 12/15/20	23

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>			Facility <sup>4</sup>
5545	ENDOSCOPIC	Consider Description	Couc				1101000101101		· uomity		
	RETROGRADE										
	CHOLANGIOPANCREA										
43276	TOGRAPHY (ER	PROCEDURE	43276		\$	12,302.06	not contracted	\$	15,377.58	\$	12,302.06
	ANORECTAL EXAM,										
	SURGICAL, REQUIRING	PRIMARY									
45990	ANESTHESIA (GE	PROCEDURE	45990		\$	6,031.58	not contracted	\$	7,539.48	\$	6,031.58
		SURGICAL			T	5,552.55		т	.,	7	3,332.03
		TREATMENT OF ANAL									
		FISTULA									
		(FISTULECTOMY/F	46280		\$	6,031.58	not contracted	\$	7,539.48	\$	6,031.58
		INJECTION,									
		MIDAZOLAM HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	-	not contracted	\$	-	\$	_
		INJECTION,									
		ONDANSETRON									
		HYDROCHLORIDE,									
		PER 1 MG	J2405		\$	-	not contracted	\$	-	\$	-
	SIMPLE UROFLOWMETRY										
	(UFR) (EG, STOP-	PRIMARY									
51736	WATCH FLOW RAT	PROCEDURE	51736		\$	272.56	not contracted	\$	340.70	\$	272.56
		MEASUREMENT OF			<u> </u>			·			
		POST-VOIDING									
		RESIDUAL URINE			١.						
		AND/OR	51798		\$	134.92	not contracted	\$	168.65	\$	134.92
	HEALTH BEHAVIOR										
		PRIMARY				service not	service not		service not		service not
96156	ASSESSMENT (IE,	PROCEDURE	96156			provided	provided		provided		provided
		PRIMARY									
D0470	DIAGNOSTIC CASTS	PROCEDURE	D0470		\$	-	not contracted	\$	-	\$	-
		LIMITED ORAL EVALUATION -									
		PROBLEM FOCUSED	D0140		\$		not contracted	\$		\$	
	INTRODUCTION OF	. NODELINI I OCUSED	50140		۲	-	not contracted	ڔ	-	ڔ	-
	NEEDLE(S) AND/OR	PRIMARY									
36902	CATHETER(S), DIAL	PROCEDURE	36902		\$	12,242.62	not contracted	\$	15,303.28	\$	12,242.62
		UROGRAPHY,									
		ANTEGRADE,									
		RADIOLOGICAL SUPERVISION AND	74425		\$	864.86	not contracted	¢	1,081.08	\$	864.86
		INJECTION,	74423		7	004.00	not contracted	٧	1,001.00	7	004.00
		MIDAZOLAM									
		HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	-	not contracted	\$	-	\$	-
		INJECTION FENTANCE									
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$		not contracted	\$		\$	
	INFLUENZA VIRUS	CITICATE, U.I IVIG	13010		۲	-	not contracted	ڔ		ڔ	
	VACCINE,										
	QUADRIVALENT	PRIMARY									
90674	(CCIIV4), DE	PROCEDURE	90674		\$	-	not contracted	\$	-	\$	-
		IMMUNIZATION									
		ADMINISTRATION									
		(INCLUDES PERCUTANEOUS	90471		\$	158.38	not contracted	\$	197.98	¢	158.38
	<u> </u>	I LICOTANLOUS	50471		۲	130.30	not contracted	7	131.30	۲	130.30

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm	TH NET	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
						,			
		OFFICE OR OTHER							
		OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$		not contracted	\$ -	\$ -
		PATIENT SCREENED	99213		Ş	_	not contracted	, ·	·
		FOR DEPRESSION							
		(SUD)	1220F		\$	-	not contracted	\$ -	\$ -
	COMPREHENSIVE ELECTROPHYSIOLOGI	DDIA 4 A DV							
93653	C EVALUATION WITH	PRIMARY PROCEDURE	93653		\$	55,119.98	not contracted	\$ 68,899.98	\$ 55,119.98
93033	1	ULTRASOUND	93033		Ş	33,119.90	not contracted	\$ 00,099.90	\$ 55,119.96
		GUIDANCE FOR							
		VASCULAR ACCESS							
		REQUIRING	76937		\$	-	not contracted	\$ -	\$ -
		ELECTROCARDIOGRA M, ROUTINE ECG							
		WITH AT LEAST 12 LE	93005		\$	134.92	not contracted	\$ 168.65	\$ 134.92
		COMPREHENSIVE METABOLIC PANEL			·				
		THIS PANEL MUST	80053		\$	21.12	not contracted	\$ 26.40	\$ 21.12
		INJECTION,	80033		7	21.12	not contracted	ÿ 20.40	γ Z1.1Z
		ADENOSINE, 1 MG (NOT TO BE USED TO							
		REPO	J0153		\$	-	not contracted	\$ -	\$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$	-	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS							
		INFUSION,	J2001		\$	-	not contracted	\$ -	\$ -
		INJECTION, FENTANYL	12010					<u></u>	<u>,</u>
		CITRATE, 0.1 MG MAGNESIUM	J3010 83735		\$ \$	13.40	not contracted not contracted		\$ - \$ 13.40
		COLUMN	03733		7	13.40	not contracted	7 10.73	7 15.40
		PROTHROMBIN TIME;	85610		\$	8.58	not contracted	\$ 10.73	\$ 8.58
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$	17.14	not contracted	\$ 21.43	\$ 17.14
	FETAL BIOPHYSICAL PROFILE; WITHOUT	PRIMARY							
76819	NON-STRESS TEST	PROCEDURE	76819		\$	250.90	not contracted	\$ 313.63	\$ 250.90
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$	_	not contracted	\$ -	\$ -
	DIAGNOSTIC BONE MARROW;		33211		7		sommueleu	Y	Y
	BIOPSY(IES) AND ASPIRATION	PRIMARY PROCEDURE	38222		\$	6,063.92	not contracted	\$ 7,579.90	\$ 6,063.92
30222	MATION	IMMUNOHISTOCHEM ISTRY OR IMMUNOCYTOCHEMI	30222		۶	0,003.92	not contracted	٧ . ١٥/٣٠٥٠	۷,005.92
		STRY, PER S	88341		\$	-	not contracted	\$ -	\$ -

	SHO	PPABLE OUTPATIENT SE	RVICES		HEALT (Comm	TH NET		Maximum otiated Rate	Minimum Negotiated Rate	
Primary			CPT/HCPCS		(Comir	ierciaij	Neg	otiated Kate	IVE	egotiated Kate
Code	Service Category	Service Description	Code	Note	Facility <sup>4</sup>	Professional <sup>3</sup>	ı	Facility <sup>4,5</sup>		Facility <sup>4</sup>
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 117.70	not contracted	\$	147.13	\$	117.70
		BONE MARROW, SMEAR INTERPRETATION	85097		\$ 1,822.78	not contracted		2,278.48		1,822.78
		IMMUNOHISTOCHEM ISTRY OR IMMUNOCYTOCHEMI STRY, PER S	88342		\$ 369.12	not contracted	\$	461.40	\$	369.12
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDI SPECIAL STAIN	88311		\$ -	not contracted	\$	-	\$	<u>-</u>
		INCLUDING INTERPRETATION AND REPORT;	88313		\$ 79.72	not contracted	\$	99.65	\$	79.72
11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WH	PRIMARY PROCEDURE	11104		\$ 875.74	not contracted	\$	1,094.68	\$	875.74
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	not contracted	\$	-	\$	-
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 117.70	not contracted	\$	147.13	\$	117.70
	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	58555		\$ 6,637.14	not contracted	\$	8,296.43	\$	6,637.14
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ -	not contracted	\$	-	\$	-
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ -	not contracted	\$	-	\$	-
93312	ECHOCARDIOGRAPHY , TRANSESOPHAGEAL, REAL-TIME WITH	PROCEDURE	93312		\$ 1,181.04	not contracted	\$	1,476.30	\$	1,181.04
		DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPI	93325		\$ 	not contracted	\$		\$	
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	not contracted	\$	-	\$	-
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	not contracted		-	\$	

	SHOI	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm			aximum iated Rate	Minimum Negotiated Rate	
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>		cility <sup>4,5</sup>		Facility <sup>4</sup>
	EXTRACORPOREAL										
1	SHOCK WAVE, HIGH	PRIMARY									
	ENERGY, PERFORMED		28890		\$	3,367.40	not contracted	\$	4,209.25	\$	3,367.40
		OFFICE OR OTHER									
		OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$	_	not contracted	\$	_	\$	_
	COLLECTION OF	TOR THE EVALUATIO	33212		7		not contracted	Ą		7	
	VENOUS BLOOD BY	PRIMARY									
36415	VENIPUNCTURE	PROCEDURE	36415		\$	17.14	not contracted	\$	21.43	\$	17.14
	CIRCUINACICIONI										
	CIRCUMCISION, SURGICAL EXCISION	PRIMARY									
	OTHER THAN CLAMP,	PROCEDURE	54161		\$	4,354.14	not contracted	\$	5,442.68	\$	4,354.14
	,					,				<i>'</i>	,
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO INJECTION,	99212		\$	-	not contracted	\$	-	\$	-
		LIDOCAINE HCL FOR									
		INTRAVENOUS									
		INFUSION,	J2001		\$	-	not contracted	\$	-	\$	-
1	ENDOSCOPIC										
1	RETROGRADE	DD18.44.DV									
1	CHOLANGIOPANCREA TOGRAPHY (ER	PROCEDURE	43275		\$	7,654.14	not contracted	\$	9,567.68	\$	7,654.14
43273	TOOKAITII (EK	ANESTHESIA FOR	43273		٧	7,034.14	not contracted	۲	3,307.08	7	7,054.14
		UPPER									
		GASTROINTESTINAL									
		ENDOSCOPIC P	00731		\$	-	not contracted	\$	-	\$	-
		ENDOSCOPIC RETROGRADE									
		CHOLANGIOPANCREA									
		TOGRAPHY (ER	43260		\$	7,654.14	not contracted	\$	9,567.68	\$	7,654.14
		FLUOROSCOPY									
		(SEPARATE									
		PROCEDURE), UP TO 1 HOUR PHY	76000		\$	548.16	not contracted	\$	685.20	\$	548.16
		INJECTION,	76000		۶	346.10	not contracted	Ş	065.20	Ş	346.10
		MIDAZOLAM									
		HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	-	not contracted	\$	-	\$	-
		INJECTION, PROPOFOL, 10 MG	J2704		ć		not contracted	\$		\$	
		r NOFOFOL, 10 MG	JZ/U4		\$	-	not contracted	Ą	-	۶	<u> </u>
		INJECTION, FENTANYL									
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	-	\$	-
		RINGERS LACTATE									
		INFUSION, UP TO 1000 CC	J7120		\$		not contracted	\$		\$	
		1000 CC	1/120		۶	-	not contracted	Ą	-	۶	<u> </u>
	ECHOCARDIOGRAPHY										
	, TRANSTHORACIC,	PRIMARY									
93308	REAL-TIME WITH IM	PROCEDURE	93308		\$	548.16	not contracted	\$	685.20	\$	548.16
	NEEDLE										
1	ELECTROMYOGRAPHY										
	, EACH EXTREMITY,	PRIMARY									
95886	WITH RELA	PROCEDURE	95886		\$	-	not contracted	\$	-	\$	-

	SHOI	PPABLE OUTPATIENT SE	ERVICES				HEALTH NET (Commercial)		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary			CPT/HCPCS				·					
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Fa	cility <sup>4,5</sup>		Facility <sup>4</sup>	
		NERVE CONDUCTION STUDIES; 1-2 STUDIES	95907		\$	341.38	not contracted	\$	426.73	\$	341.38	
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	_	not contracted	\$		\$	-	
	VITRECTOMY, MECHANICAL, PARS	PRIMARY	33220		<u> </u>		oc coaccea	<b>Y</b>		Ψ		
67036	PLANA APPROACH;	PROCEDURE	67036		\$	9,379.22	not contracted	\$	11,724.03	\$	9,379.22	
	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AN	PRIMARY PROCEDURE	92285		\$	134.92	not contracted	\$	168.65	\$	134.92	
		FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	92250		\$	272.56	not contracted	\$	340.70	\$	272.56	
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND	92012		\$	283.70	not contracted	\$	354.63	\$	283.70	
	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRA	PRIMARY PROCEDURE	96401		\$	158.38	not contracted	\$	197.98	\$	158.38	
		INJECTION, BORTEZOMIB (VELCADE), 0.1 MG	J9041		\$	21.16	not contracted	\$	26.45	\$	21.16	
	CHEMODENERVATIO N OF ONE EXTREMITY; 1-4 MUSCLE(S)	PRIMARY PROCEDURE	64642		\$	1,512.52	not contracted	\$	1,890.65	\$	1,512.52	
		CHEMODENERVATIO N OF ONE EXTREMITY; EACH ADDITIONAL	64643		\$	-	not contracted	\$	-	\$	-	
		INJECTION, ONABOTULINUMTOXI NA, 1 UNIT	J0585		\$	14.84	not contracted	\$	18.55	\$	14.84	
	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOU	PRIMARY PROCEDURE	30520		\$	6,678.42	not contracted	\$	8,348.03	\$	6,678.42	
		SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR	30140		\$	6,678.42	not contracted	\$	8,348.03	\$	6,678.42	
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$	0,078.42	not contracted	\$	0,348.U3	\$	0,078.42	
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$	-	not contracted			\$	-	

SHOPPABLE OUTPATIENT SERVICES						HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate	
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>	
	· · · · · · · · · · · · · · · · · · ·	INJECTION,	300.0					, a.a	T distinct,	
		HYDROMORPHONE,								
		UP TO 4 MG	J1170		\$	-	not contracted	\$ -	\$ -	
		INJECTION,								
		MIDAZOLAM								
		HYDROCHLORIDE, PER 1 MG	J2250		\$		not contracted	\$ -	\$ -	
		INJECTION,	12230		7		not contracted	7	· ·	
		ONDANSETRON								
		HYDROCHLORIDE,								
		PER 1 MG	J2405		\$	-	not contracted	\$ -	\$ -	
		INJECTION,								
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -	
		INTECTION FENTANIA								
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$		not contracted	\$ -	\$ -	
		RINGERS LACTATE	33010		7		not contracted	7	<u>-</u>	
		INFUSION, UP TO								
		1000 CC	J7120		\$		not contracted	\$ -	\$ -	
	DUCED ABORTION,									
	DILATION AND	PRIMARY	50044			service not	service not			
59841 EV	'ACUATION	PROCEDURE	59841			provided	provided	provided	provided	
		ANESTHESIA FOR								
		INDUCED ABORTION								
		PROCEDURES	01966		\$	-	not contracted	\$ -	\$ -	
		CHROMOSOME								
		ANALYSIS; COUNT 15-	00262		_	250.00		¢ 242.72	¢ 250.00	
		20 CELLS, 2 KARYOTYP	88262		\$	250.98	not contracted	\$ 313.73	\$ 250.98	
		ISTRY OR								
		IMMUNOCYTOCHEMI								
		STRY, PER S	88341		\$	-	not contracted	\$ -	\$ -	
		LEVEL IV - SURGICAL								
		PATHOLOGY, GROSS	2225			117.70		4	4 447.70	
		AND MICROSCOP IMMUNOHISTOCHEM	88305		\$	117.70	not contracted	\$ 147.13	\$ 117.70	
		ISTRY OR								
		IMMUNOCYTOCHEMI								
		STRY, PER S	88342		\$	369.12	not contracted	\$ 461.40	\$ 369.12	
		INJECTION,								
		SUCCINYLCHOLINE								
		CHLORIDE, UP TO 20	10220		_		mak at	ė	<u></u>	
<b></b>		MG INJECTION,	J0330		\$	-	not contracted	\$ -	\$ -	
		DEXAMETHASONE								
		SODIUM PHOSPHATE,								
		1 MG	J1100		\$		not contracted	\$ -	\$ -	
		INJECTION,								
		MIDAZOLAM								
		HYDROCHLORIDE,	10056		_			<u>,</u>		
<b></b>		PER 1 MG INJECTION,	J2250		\$	-	not contracted	\$ -	\$ -	
		ONDANSETRON								
		HYDROCHLORIDE,								
1									i	

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm		Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary			CPT/HCPCS			·	·				
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>		Fa	acility <sup>4</sup>
		INJECTION,									
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$	-	\$	
		INJECTION, FENTANYL									
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	-	\$	-
	RE-EVALUATION-										
	LIMITED, PROBLEM FOCUSED	PRIMARY									
	(ESTABLISHE	PROCEDURE	D0170		\$	-	not contracted	\$	-	\$	
	UNSPECIFIED										
	REMOVABLE										
	PROSTHODONTIC	PRIMARY	D5899		\$		not contracted	\$		\$	
DS899	PROCEDURE, BY	PROCEDURE LIMITED ORAL	פפפט		Ş	-	not contracted	Ş		Ş	
		EVALUATION -									
		PROBLEM FOCUSED	D0140		\$	-	not contracted	\$	-	\$	-
	THERAPEUTIC,										
	PROPHYLACTIC, OR DIAGNOSTIC	PRIMARY									
	INJECTION	PROCEDURE	96374		\$	484.90	not contracted	\$ 60	06.13	\$	484.90
								•			
		OFFICE OR OTHER									
		OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$		not contracted	\$		\$	
		INJECTION,	99211		٦	-	not contracted	Ş	-	Ą	
		ZOLEDRONIC ACID, 1									
		MG	J3489		\$	-	not contracted	\$	-	\$	-
D4254	CEALANT DED TOOTH	PRIMARY	D4254		,			*			
	SEALANT-PER TOOTH MENINGOCOCCAL	PROCEDURE	D1351		\$	-	not contracted	\$	-	\$	-
	CONJUGATE										
	VACCINE,	PRIMARY									
90734	SEROGROUPS A, C,	PROCEDURE	90734		\$	-	not contracted	\$	-	\$	-
		IMMUNIZATION									
		ADMINISTRATION (INCLUDES									
		PERCUTANEOUS	90471		\$	158.38	not contracted	\$ 19	7.98	\$	158.38
		IMMUNIZATION									
		ADMINISTRATION									
		(INCLUDES PERCUTANEOUS	90472		\$		not contracted	\$		\$	
		I LICOTAIVLOUS	30 <del>4</del> 72		۰	-	not contracted	ب	-	ب	
		OFFICE OR OTHER									
		OUTPATIENT VISIT	_					_			
	INTERROGATION	FOR THE EVALUATIO	99213		\$	-	not contracted	\$	-	\$	-
	DEVICE										
	EVALUATION(S)	PRIMARY									
93295	(REMOTE), UP TO	PROCEDURE	93295		\$	-	not contracted	\$	-	\$	-
	REVISION, OPEN,					Ī					
	ARTERIOVENOUS FISTULA; WITHOUT	PRIMARY									
36832		PROCEDURE	36832		\$	12,065.08	not contracted	\$ 15,08	31.35	\$	12,065.08
		-			<u> </u>	,		. ==,00		•	,.,.,
		ANESTHESIA FOR									
		VASCULAR SHUNT,	04044					<u> </u>		۸.	
		OR SHUNT REVISION, INJECTION,	01844		\$	-	not contracted	\$	-	\$	-
		CEFAZOLIN SODIUM,									
		500 MG	J0690		\$		not contracted	\$		\$	

	SHOI	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm	TH NET	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS				,		. regenated nate
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
		INJECTION,							
		MIDAZOLAM							
		HYDROCHLORIDE,							
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		ROPIVACAINE							
		HYDROCHLORIDE, 1	12705					<u>,</u>	<u> </u>
		MG	J2795		\$	-	not contracted	\$ -	\$ -
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		\$	_	not contracted	\$ -	\$ -
		INFUSION, NORMAL	33010		7		not contracted	7	7
		SALINE SOLUTION ,							
		1000 CC	J7030		\$	_	not contracted	\$ -	\$ -
	FINE NEEDLE							7	7
	ASPIRATION BIOPSY,								
	INCLUDING	PRIMARY							
10005	ULTRASOUN	PROCEDURE	10005		\$	1,523.40	not contracted	\$ 1,904.25	\$ 1,523.40
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATIO	99212		\$	-	not contracted	\$ -	\$ -
		CYTOPATHOLOGY,							
		EVALUATION OF FINE							
		NEEDLE ASPIRATE;	88173		\$	117.70	not contracted	\$ 147.13	\$ 117.70
		LEVEL IV. CURCICAL							
		LEVEL IV - SURGICAL PATHOLOGY, GROSS							
		AND MICROSCOP	88305		\$	117.70	not contracted	\$ 147.13	\$ 117.70
	ESOPHAGOGASTROD	AND WICKOSCOT	88303		7	117.70	not contracted	ÿ 147.13	3 117.70
	UODENOSCOPY,								
	FLEXIBLE,	PRIMARY							
	TRANSORAL; W	PROCEDURE	43247		\$	1,937.80	not contracted	\$ 2,422.25	\$ 1,937.80
	,	RADIOLOGIC				,		, ,	, ,
		EXAMINATION,							
		ABDOMEN; 1 VIEW	74018		\$	203.94	not contracted	\$ 254.93	\$ 203.94
-		INJECTION,							
		MIDAZOLAM							
		HYDROCHLORIDE,							
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INJECTION SECTION							
		INJECTION, FENTANYL	12042		_		mak	ć	, .
	GASTROINTESTINAL	CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -
	TRACT IMAGING,	PRIMARY							
91110	INTRALUMINAL (EG,	PROCEDURE	91110		\$	1,937.80	not contracted	\$ 2,422.25	\$ 1,937.80
71110	CIRCUMCISION,	MOCEDONE	71110		7	1,337.00	not contracted	2,422.23	7 1,557.80
	USING CLAMP OR								
	OTHER DEVICE WITH	PRIMARY							
54150		PROCEDURE	54150		\$	4,354.14	not contracted	\$ 5,442.68	\$ 4,354.14
						,		, , , , , , , , , , , ,	,
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATIO	99212		\$	-	not contracted	\$ -	\$ -
	DEBRIDEMENT,								
	SUBCUTANEOUS								
	TISSUE (INCLUDES	PRIMARY							
11042	EPIDERM	PROCEDURE	11042		\$	875.74	not contracted	\$ 1,094.68	\$ 875.74

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate	
Primary			CPT/HCPCS			·	·			
Code	Service Category	Service Description	Code	Note	F	acility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>	
		OFFICE OR OTHER								
		OUTPATIENT VISIT								
		FOR THE EVALUATIO	99212		\$	-	not contracted	\$ -	\$ -	
1	DIPHTHERIA,									
	TETANUS TOXOIDS, ACELLULAR	PRIMARY								
	PERTUSSIS V	PROCEDURE	90697		\$	-	not contracted	\$ -	\$ -	
		IMMUNIZATION							·	
		ADMINISTRATION								
		(INCLUDES	00474			450.20		407.00	450.20	
		PERCUTANEOUS	90471		\$	158.38	not contracted	\$ 197.98	\$ 158.38	
		HAEMOPHILUS								
		INFLUENZAE TYPE B								
		VACCINE (HIB), PRP-T	90648		\$	-	not contracted	\$ -	\$ -	
		PNEUMOCOCCAL								
		CONJUGATE								
		VACCINE, 13 VALENT (PCV13),	90670		\$	_	not contracted	\$ -	\$ -	
		(1 CV 13),	30070		7		not contracted	<u>,</u>	, -	
		ROTAVIRUS VACCINE,								
		PENTAVALENT (RV5),								
		3 DOSE SCHED	90680		\$	-	not contracted	\$ -	\$ -	
		OFFICE OR OTHER								
		OUTPATIENT VISIT								
		FOR THE EVALUATIO	99212		\$	-	not contracted	\$ -	\$ -	
	DESTRUCTION (EG,	2011440								
	LASER SURGERY, ELECTROSURGERY, CR	PRIMARY	17110		\$	423.90	not contracted	\$ 529.88	\$ 423.90	
17110	LLLCTROJONGLNT, CN	PROCEDORE	17110		۲	423.30	not contracted	Ç 329.88	Ş 423.90	
		OFFICE OR OTHER								
		OUTPATIENT VISIT								
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$ -	\$ -	
	INSERTION OF									
	TUNNELED									
	CENTRALLY INSERTED	PRIMARY								
36561	CENTRAL V	PROCEDURE	36561		\$	6,992.84	not contracted	\$ 8,741.05	\$ 6,992.84	
		TELETHERAPY								
		ISODOSE PLAN;								
		SIMPLE (1 OR 2 UNMODIFIE	77306		\$	842.06	not contracted	\$ 1,052.58	\$ 842.06	
		INJECTION, HEPARIN	,,,500		<b>—</b>	3 12.00	contracted	7 1,032.30	7 072.00	
		SODIUM, PER 1000								
		UNITS	J1644		\$	-	not contracted	\$ -	\$ -	
		INJECTION,								
		MIDAZOLAM HYDROCHLORIDE,								
		PER 1 MG	J2250		\$	_	not contracted	\$ -	\$ -	
			32230		<del>                                     </del>			<del>-</del>	7	
		INJECTION, FENTANYL								
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -	
	AQUEOUS SHUNT TO									
	EXTRAOCULAR EQUATORIAL PLATE	PRIMARY								
66180		PROCEDURE	66180		\$	9,379.22	not contracted	\$ 11,724.03	\$ 9,379.22	
55100			55100			2,0.3.22		,,,,	, 3,3,3.22	

	SHO	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate	
Primary			CPT/HCPCS			(011111	ercialy	Negotiated Nate	Negotiated Nate	
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>	
		CONNECTIVE TISSUE,								
		HUMAN (INCLUDES								
		FASCIA LATA)	C1762		\$	-	not contracted	\$	- \$ -	
		INJECTION,								
		MIDAZOLAM								
		HYDROCHLORIDE,	12250					<u>,</u>		
		PER 1 MG	J2250		\$	-	not contracted	\$	- \$ -	
		INJECTION, FENTANYL								
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	- \$ -	
		RINGERS LACTATE								
		INFUSION, UP TO								
		1000 CC	J7120		\$	-	not contracted	\$	- \$ -	
	A DTERIOVENIOUS	AQUEOUS SHUNT	L8612		\$	-	not contracted	\$	- \$ -	
	ARTERIOVENOUS ANASTOMOSIS,									
	OPEN; DIRECT, ANY	PRIMARY								
36821		PROCEDURE	36821		\$	6,992.84	not contracted	\$ 8,741.0	6,992.84	
					1	,			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		BASIC METABOLIC								
		PANEL (CALCIUM,								
		IONIZED) THIS PANE	80047		\$	27.46	not contracted	\$ 34.3	3 \$ 27.46	
		INJECTION,								
		CEFAZOLIN SODIUM, 500 MG	J0690		\$		not contracted	\$	- \$ -	
		INJECTION, HEPARIN	10090		Ş	-	not contracted	Ş	- ,	
		SODIUM, PER 1000								
		UNITS	J1644		\$	-	not contracted	\$	- \$ -	
		INJECTION,								
		MIDAZOLAM								
		HYDROCHLORIDE,						_		
		PER 1 MG	J2250		\$	-	not contracted	\$	- \$ -	
		INJECTION, ONDANSETRON								
		HYDROCHLORIDE,								
		PER 1 MG	J2405		\$	-	not contracted	\$	- \$ -	
		INJECTION,								
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$	- \$ -	
		INJECTION, FENTANYL	12040		_			<u>,</u>		
		CITRATE, 0.1 MG INFUSION, NORMAL	J3010		\$	-	not contracted	\$	- \$ -	
		SALINE SOLUTION ,								
		1000 CC	J7030		\$	-	not contracted	\$	- \$ -	
		COLLECTION OF			1					
		VENOUS BLOOD BY								
		VENIPUNCTURE	36415		\$	17.14	not contracted	\$ 21.4	3 \$ 17.14	
	TONSILLECTOMY,									
	PRIMARY OR	DDIMADY								
	SECONDARY; AGE 12 OR OVE	PRIMARY PROCEDURE	42826		\$	6,678.42	not contracted	\$ 8,348.0	3 \$ 6,678.42	
72020	5.1012	. NOCEDONE	72020		7	3,070.42	not contracted	y 0,540.0	7 0,070.42	
		LEVEL III - SURGICAL								
		PATHOLOGY, GROSS								
		AND MICROSCO	88304		\$	117.70	not contracted	\$ 147.1	3 \$ 117.70	
		INJECTION,								
		DEXAMETHASONE								
		SODIUM PHOSPHATE, 1 MG	J1100		\$	=	not contracted	\$	- \$ -	
	l	T 1410	11100		Ş		not contracted	۲	- ب	

	SHOI	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Camilaa Catagami	Comica Description	CPT/HCPCS	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
Code	Service Category	Service Description INJECTION,	Code	Note		racility	Professional	racility	racility
		HYDROMORPHONE,							
		UP TO 4 MG	J1170		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		MIDAZOLAM							
		HYDROCHLORIDE,	10050						_
		PER 1 MG INJECTION,	J2250		\$	-	not contracted	\$ -	\$ -
		ONDANSETRON							
		HYDROCHLORIDE,							
		PER 1 MG	J2405		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		\$	_	not contracted	\$ -	\$ -
		RINGERS LACTATE	.5020						,
		INFUSION, UP TO							
		1000 CC	J7120		\$	-	not contracted	\$ -	\$ -
	ODEN TREATMENT := :=								
	OPEN TREATMENT OF DISTAL RADIAL INTRA-	DRIMARY							
	ARTICULAR FR	PROCEDURE	25608		\$	15,527.18	not contracted	\$ 19,408.98	\$ 15,527.18
23000	7.11.11.00.27.11.11.11	ANESTHESIA FOR	25000		7	13,327.10	not contracted	7 13,100.30	ψ 13,327.10
		OPEN OR SURGICAL							
		ARTHROSCOPIC/END							
		OS	01830		\$	-	not contracted	\$ -	\$ -
		FLUOROSCOPY							
		(SEPARATE PROCEDURE), UP TO							
		1 HOUR PHY	76000		\$	548.16	not contracted	\$ 685.20	\$ 548.16
								* 555.25	7 0.0.20
		ANCHOR/SCREW FOR							
		OPPOSING BONE-TO-							
		BONE OR SOFT TIS	C1713		\$	-	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM,							
		500 MG	J0690		\$	-	not contracted	\$ -	\$ -
		INJECTION,			T				·
		MIDAZOLAM							
		HYDROCHLORIDE,							
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$	_	not contracted	\$ -	\$ -
		INJECTION,	JZ / U4		ڔ	-	not contracted		, ,
		ROPIVACAINE							
		HYDROCHLORIDE, 1							
		MG	J2795		\$	-	not contracted	\$ -	\$ -
		INTECTION FENTANCE							
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$		not contracted	\$ -	\$ -
		RINGERS LACTATE	12010		۶	-	not contracted	- -	
		INFUSION, UP TO							
		1000 CC	J7120		\$	-	not contracted	\$ -	\$ -
	INTRODUCTION OF								
	NEEDLE(S) AND/OR	PRIMARY	2000:		_	2 400 ==		4	4 2 2 2 2
36901	CATHETER(S), DIAL	PROCEDURE	36901		\$	3,492.58	not contracted	\$ 4,365.73	\$ 3,492.58
		INTRODUCTION OF NEEDLE(S) AND/OR							
		CATHETER(S), DIAL	36903		\$	24,918.38	not contracted	\$ 31,147.98	\$ 24,918.38

### COMMERCIAL PAYOR CONTRACT - COMPREHENSIVE SERVICES BY SERVICE AREA $^1$ $\,$ EFFECTIVE JANUARY 1, 2024

EFFECTIVE JANUARY 1, 2024
UPDATED AS OF 12/15/2023

	SHO	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm	TH NET	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		acility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
Couc	Service euregory	INJECTION, HEPARIN	Couc	11010		ucincy	rioressionar	1 demey	racincy
		SODIUM, PER 1000							
		UNITS	J1644		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		MIDAZOLAM							
		HYDROCHLORIDE, PER 1 MG	J2250		\$		not contracted	\$ -	\$ -
		FLK 1 IVIG	12230		٠		not contracted	<del>-</del>	, -
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -
		INFUSION, NORMAL							
		SALINE SOLUTION,	17040					<u>,</u>	<u>,</u>
	INJECTION(S),	STERILE (500 ML	J7040		\$	-	not contracted	\$ -	\$ -
	DIAGNOSTIC OR								
	THERAPEUTIC AGENT,	PRIMARY							
64493	·	PROCEDURE	64493		\$	2,000.40	not contracted	\$ 2,500.50	\$ 2,000.40
		INJECTION(S),							
		DIAGNOSTIC OR							
		THERAPEUTIC AGENT,			_				
		PAR FLUOROSCOPY	64494		\$	-	not contracted	\$ -	\$ -
		(SEPARATE							
		PROCEDURE), UP TO							
		1 HOUR PHY	76000		\$	548.16	not contracted	\$ 685.20	\$ 548.16
	INSERTION, DRUG-							•	·
	DELIVERY IMPLANT	PRIMARY							
11981	(IE, BIORESORBABL	PROCEDURE	11981		\$	272.56	not contracted	\$ 340.70	\$ 272.56
		055105 00 051150							
		OFFICE OR OTHER OUTPATIENT VISIT							
		FOR THE EVALUATIO	99212		\$	_	not contracted	\$ -	\$ -
		INJECTION,	33212		7		not contracted	<b>Y</b>	Ÿ
		LIDOCAINE HCL FOR							
		INTRAVENOUS							
		INFUSION,	J2001		\$	-	not contracted	\$ -	\$ -
		ETONOGESTREL							
		(CONTRACEPTIVE) IMPLANT SYSTEM,							
		INCLU	J7307		\$	_	not contracted	\$ -	\$ -
			37307		7	_	not contracted	<u> </u>	<u> </u>
	EXCISION OF BREAST								
	LESION IDENTIFIED BY	PRIMARY							
19125	PREOPERATI	PROCEDURE	19125		\$	8,069.90	not contracted	\$ 10,087.38	\$ 8,069.90
		LEVEL V. CURCICAL							
		LEVEL V - SURGICAL PATHOLOGY, GROSS							
		AND MICROSCOPI	88307		\$	760.82	not contracted	\$ 951.03	\$ 760.82
		IMMUNOHISTOCHEM	00007		7	, 00.02		, 331.03	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		ISTRY OR							
		IMMUNOCYTOCHEMI							
		STRY, PER S	88342		\$	369.12	not contracted	\$ 461.40	\$ 369.12
		DADIOLOGICA:							
		RADIOLOGICAL							
		EXAMINATION, SURGICAL SPECIMEN	76098		\$	1,181.04	not contracted	\$ 1,476.30	\$ 1,181.04
		INJECTION,	70036		۰	1,101.04	not contracted	7 1,470.30	1,101.04
		CEFAZOLIN SODIUM,							
		500 MG	J0690		\$	-	not contracted	\$ -	\$ -

	SHO	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm	TH NET	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		acility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
Code	Service Category	INJECTION,	Code	Note		acility	FIOIESSIOIIAI	raciiity	racility
		DEXAMETHASONE							
		SODIUM PHOSPHATE,							
		1 MG	J1100		\$	-	not contracted	\$ -	\$ -
		INJECTION,						,	,
		MIDAZOLAM							
		HYDROCHLORIDE,							
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		ONDANSETRON							
		HYDROCHLORIDE,	12.425						
		PER 1 MG	J2405		\$	-	not contracted	\$ -	\$ -
		INJECTION,	12704					<u>,</u>	_
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		\$	_	not contracted	\$ -	\$ -
		RINGERS LACTATE	33010		+		st contracted	7	7
		INFUSION, UP TO							
		1000 CC	J7120		\$	-	not contracted	\$ -	\$ -
	PHYSICAL THERAPY								
	EVALUATION: LOW	PRIMARY							
97161	COMPLEXITY, REQUI	PROCEDURE	97161		\$	-	not contracted	\$ -	\$ -
		OFFICE OR OTHER							
		OUTPATIENT VISIT	22242						
	CHEMOTHERAPY	FOR THE EVALUATIO	99212		\$	-	not contracted	\$ -	\$ -
	ADMINISTRATION;								
	INTRAVENOUS, PUSH	PRIMARY							
96409		PROCEDURE	96409		\$	484.90	not contracted	\$ 606.13	\$ 484.90
									,
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATIO	99211		\$	-	not contracted	\$ -	\$ -
		ONDANSETRON 1							
		MG, ORAL, FDA							
		APPROVED	00463					<u>,</u>	<u></u>
		PRESCRIPTION	Q0162		\$	-	not contracted	\$ -	\$ -
		INJECTION, AZACITIDINE, 1 MG	J9025		\$	_	not contracted	\$ -	\$ -
		(CITIDINE, I IVIO	33023		,		not contracted		7
	INJECTION,	PRIMARY							
	OMALIZUMAB, 5 MG	PROCEDURE	J2357		\$	89.66	not contracted	\$ 112.08	\$ 89.66
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATIO	99211		\$	-	not contracted	\$ -	\$ -
	DADING OD GUTTURE								
	PARING OR CUTTING								
	OF BENIGN HYPERKERATOTIC	PRIMARY							
	LESION	PROCEDURE	11056		\$	423.90	not contracted	\$ 529.88	\$ 423.90
11030		OCEDONE	11030		7	723.30	not contracted	7 323.00	7 423.30
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATIO	99213		\$		not contracted	\$ -	\$ -
	INJECTION								
	PROCEDURE FOR	PRIMARY							
54200	PEYRONIE DISEASE;	PROCEDURE	54200		\$	504.38	not contracted	\$ 630.48	\$ 504.38

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm			Maximum gotiated Rate	Minimum Negotiated Rate	
Primary			CPT/HCPCS			(Comm	lerciai)	iveg	gotiated Kate	Ne	gotiated Kate
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>		Facility <sup>4,5</sup>		Facility <sup>4</sup>
		INJECTION,									
		COLLAGENASE,									
		CLOSTRIDIUM				44674			100.10		446 74
	COMPREHENSIVE	HISTOLYTICUM,	J0775		\$	146.74	not contracted	\$	183.43	\$	146.74
	MEDICATION										
	SERVICES, PER 15	PRIMARY									
H2010	MINUTES	PROCEDURE	H2010			not available	not contracted		not available		not available
	CROWN-PORCELAIN										
	FUSED TO HIGH	PRIMARY									
D2750	NOBLE METAL	PROCEDURE	D2750		\$	-	not contracted	\$	-	\$	-
		ORAL HYGIENE									
		INSTRUCTION	D1330		\$	-	not contracted	\$	-	\$	-
		LIMITED ORAL									
		EVALUATION -								_	
	2011717101105	PROBLEM FOCUSED	D0140		\$	-	not contracted	\$		\$	-
	CONIZATION OF										
	CERVIX, WITH OR	DDIAADV									
57522	WITHOUT	PRIMARY	E7E22		\$	6 627 14	not contracted	\$	9 206 42	\$	6 627 14
5/522	FULGURATION,	PROCEDURE ENDOCERVICAL	57522		Ş	6,637.14	not contracted	Ş	8,296.43	Ş	6,637.14
		CURETTAGE (NOT									
		DONE AS PART OF A									
		DILA	57505		\$	1,651.32	not contracted	\$	2,064.15	\$	1,651.32
		ANESTHESIA FOR	0.000			_,00		т .		т.	_,,
		VAGINAL									
		PROCEDURES									
		(INCLUDING BIOPS	00940		\$	-	not contracted	\$	-	\$	-
		LEVEL V - SURGICAL									
		PATHOLOGY, GROSS									
		AND MICROSCOPI	88307		\$	760.82	not contracted	\$	951.03	\$	760.82
		LEVEL IV CURCICAL									
		LEVEL IV - SURGICAL PATHOLOGY, GROSS									
		AND MICROSCOP	88305		\$	117.70	not contracted	\$	147.13	\$	117.70
		IMMUNOHISTOCHEM	00303		7	117.70	not contracted	7	147.13	7	117.70
		ISTRY OR									
		IMMUNOCYTOCHEMI									
		STRY, PER S	88342		\$	369.12	not contracted	\$	461.40	\$	369.12
		BLOOD COUNT;									
		COMPLETE (CBC),									
		AUTOMATED (HGB,									
		НСТ,	85025		\$	15.54	not contracted	\$	19.43	\$	15.54
		INJECTION,									
		MIDAZOLAM									
		HYDROCHLORIDE,	12250					_		_	
		PER 1 MG	J2250		\$	-	not contracted	\$	-	\$	-
		INJECTION, PROPOFOL, 10 MG	J2704		\$		not contracted	ć		\$	
		FROPUFUL, 10 IVIG	JZ/U4		, ,	-	not contracted	\$	-	Ş	-
		INJECTION, FENTANYL									
		CITRATE, 0.1 MG	J3010		\$	_	not contracted	\$	-	\$	=
		RINGERS LACTATE	33010					7		7	
		INFUSION, UP TO			1						
		1000 CC	J7120		\$	-	not contracted	\$	-	\$	-
		ANTIBODY SCREEN,			<u> </u>						
		RBC, EACH SERUM			1						
		TECHNIQUE	86850		\$	117.70	not contracted	\$	147.13	\$	117.70

	sно	PPABLE OUTPATIENT SE	RVICES			5 272.56 not contracted \$ 340.70  17.14 not contracted \$ 21.45  8 8,314.32 not contracted \$ 10,392.90					Minimum otiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note			·				Facility <sup>4</sup>
		BLOOD TYPING,							•		,
		SEROLOGIC; RH (D)	86901		\$	79.72	not contracted	\$	99.65	\$	79.72
		BLOOD TYPING,									
		SEROLOGIC; ABO	86900		\$	272.56	not contracted	\$	340.70	\$	272.56
		COLLECTION OF									
		VENOUS BLOOD BY	26415		۲	17.14	not contracted	۲	21.42	۲	17 1 4
	EXCHANGE OF	VENIPUNCTURE	36415		\$	17.14	not contracted	Ş	21.43	\$	17.14
	BILIARY DRAINAGE										
	CATHETER (EG,	PRIMARY									
	EXTERNA	PROCEDURE	47536		\$	8,314.32	not contracted	\$	10,392.90	\$	8,314.32
		CHANGE OF				·					·
		PERCUTANEOUS									
		TUBE OR DRAINAGE									
		CATHETER W	75984		\$	-	not contracted	\$	-	\$	-
		INJECTION, CEFTRIAXONE									
		SODIUM, PER 250 MG	J0696		\$	-	not contracted	\$	-	\$	=
		INJECTION, MIDAZOLAM HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	-	not contracted	\$	-	\$	_
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	-	\$	-
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML	J7040		\$	-	not contracted	\$	-	\$	-
	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	PRIMARY PROCEDURE	20206		\$	3,520.04	not contracted	\$	4,400.05	\$	3,520.04
20200	NELDEL	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOP	76942		\$	3,320.04	not contracted		4,400.03	\$	3,320.04
		COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAS	73701		\$	423.34	not contracted	\$	529.18	\$	423.34
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$	760.82	not contracted	\$	951.03	\$	760.82
		IMMUNOHISTOCHEM ISTRY OR IMMUNOCYTOCHEMI STRY, PER S	88342		\$	369.12	not contracted	\$	461.40	\$	369.12
	INFLUENZA VIRUS VACCINE (IIV), SPLIT VIRUS, PRESER	PRIMARY PROCEDURE	90662		\$	-	not contracted	\$	-	\$	-
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$	158.38	not contracted	\$	197.98	\$	158.38

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm		Minimum Negotiated Rate	
Primary			CPT/HCPCS			, I	·	Negotiated Rate	
Code	Service Category	Service Description	Code	Note	,	acility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
		SEVERE ACUTE RESPIRATORY							
		SYNDROME							
		CORONAVIRUS 2 (S	91300		\$	-	not contracted	\$ -	\$ -
		,						•	·
		IMMUNIZATION							
		ADMINISTRATION BY							
		INTRAMUSCULAR	00044		_	07.46		424.02	6 07.46
		INJEC	0004A		\$	97.46	not contracted	\$ 121.83	\$ 97.46
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$ -	\$ -
		PATIENT SCREENED							
		FOR DEPRESSION							
		(SUD)	1220F		\$	-	not contracted	\$ -	\$ -
		SARSCOV2 VAC BVL							
		30MCG/0.3ML SEVERE ACUTE							
		RESPIRAT	91312		\$	_	not contracted	\$ -	\$ -
		ADM SARSCV2 BVL							,
		30MCG/.3ML B							
		IMMUNIZATION							
		ADMINIST	0124A		\$	97.46	not contracted	\$ 121.83	\$ 97.46
	VASCULAR								
	EMBOLIZATION OR OCCLUSION,	PRIMARY							
37243	INCLUSIVE OF A	PROCEDURE	37243		\$	24,918.38	not contracted	\$ 31,147.98	\$ 24,918.38
372.10		TRANSCATHETER	0,2.0		<u> </u>	2 1,5 20.50		φ σ1/1 .7.15 α	ψ 2.1,520.00
		THERAPY,							
		EMBOLIZATION, ANY							
		METHOD, R	75894		\$	-	not contracted	\$ -	\$ -
		INJECTION							
		INJECTION, CEFTRIAXONE							
		SODIUM, PER 250 MG	J0696		\$	_	not contracted	\$ -	\$ -
		INJECTION, HEPARIN			-			т	7
		SODIUM, PER 1000							
		UNITS	J1644		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		MIDAZOLAM							
		HYDROCHLORIDE, PER 1 MG	J2250		\$	_	not contracted	\$ -	\$ -
		INJECTION,	32230		,	-	not contracted	7	- -
		ONDANSETRON							
		HYDROCHLORIDE,							
		PER 1 MG	J2405		\$	-	not contracted	\$ -	\$ -
		INVESTIGAL SENTAGE							
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$		not contracted	\$ -	\$ -
		CITRATE, U.1 IVIU	12010		۶	-	not contracted	٠ -	- ب
	ARTHROSCOPICALLY								
	AIDED ANTERIOR	PRIMARY							
29888	CRUCIATE LIGAMENT	PROCEDURE	29888		\$	15,527.18	not contracted	\$ 19,408.98	\$ 15,527.18
		ANESTHESIA FOR							
		OPEN OR SURGICAL							
		ARTHROSCOPIC	01 400		خ.		not contract	ė	ے ا
	<u> </u>	PROCE	01400		\$	-	not contracted	\$ -	\$ -

	SHO	PPABLE OUTPATIENT SE	RVICES			HEALTI (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS			Ò	·		
Code	Service Category	Service Description	Code	Note	Fa	cility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
		PHYSICAL THERAPY							
		EVALUATION: LOW	07464						
		COMPLEXITY, REQUI	97161		\$	-	not contracted	\$ -	\$ -
		THERAPEUTIC PROCEDURE, 1 OR							
		MORE AREAS, EACH							
		15 MI	97116		\$	_	not contracted	\$ -	\$ -
		13 1011	97110		۲	-	not contracted	, -	· ·
		ANCHOR/SCREW FOR							
		OPPOSING BONE-TO-							
		BONE OR SOFT TIS	C1713		\$	_	not contracted	\$ -	\$ -
		INJECTION,			<u>'</u>				,
		CEFAZOLIN SODIUM,							
		500 MG	J0690		\$	_	not contracted	\$ -	\$ -
		INJECTION,						•	·
		DEXAMETHASONE							
		SODIUM PHOSPHATE,							
		1 MG	J1100		\$	-	not contracted	\$ -	\$ -
		INJECTION,	İ						
		HYDROMORPHONE,							
		UP TO 4 MG	J1170		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		MIDAZOLAM							
		HYDROCHLORIDE,							
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		ONDANSETRON							
		HYDROCHLORIDE,							
		PER 1 MG	J2405		\$	-	not contracted	\$ -	\$ -
		INJECTION,			_				
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		NEOSTIGMINE							
		METHYLSULFATE, UP TO 0.5 MG	J2710		\$		not contracted	\$ -	\$ -
		INJECTION,	J2/10		۶	-	not contracted	, -	
		ROPIVACAINE							
		HYDROCHLORIDE, 1							
		MG	J2795		\$	_	not contracted	\$ -	\$ -
		IVIO .	32,33		7		not contracted	Ψ	Υ
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		\$	_	not contracted	\$ -	\$ -
		RINGERS LACTATE			+			•	
		INFUSION, UP TO							
		1000 CC	J7120		\$	-	not contracted	\$ -	\$ -
	INJECTION,								
	INTRALESIONAL; UP								
	TO AND INCLUDING 7	PRIMARY							
11900	LE	PROCEDURE	11900		\$	423.90	not contracted	\$ 529.88	\$ 423.90
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$ -	\$ -
	FOOT EXAMINATION								
	PERFORMED								
	(INCLUDES	PRIMARY	2222		_			<b>A</b>	
2028F	EXAMINATION T	PROCEDURE	2028F		\$	-	not contracted	\$ -	\$ -

### COMMERCIAL PAYOR CONTRACT - COMPREHENSIVE SERVICES BY SERVICE AREA $^1$ $\,$ EFFECTIVE JANUARY 1, 2024

<b>EFFECTIVE JANUARY 1, 2024</b>
UPDATED AS OF 12/15/2023

	SHOI	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm	H NET nercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$	-	not contracted	\$	- \$ -
	REMOVAL, NON- BIODEGRADABLE DRUG DELIVERY	PRIMARY							
11982	IMPLANT	PROCEDURE	11982		\$	886.30	not contracted	\$ 1,107.88	8 \$ 886.30
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$	-	not contracted	\$	- \$ -
	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH								
D3910	WITH RUB	PROCEDURE ENDODONTIC	D3910		\$	-	not contracted	\$	- \$ -
		THERAPY, MOLAR (EXCLUDING FINAL	D2220						
		RESTORA ORAL HYGIENE	D3330		\$	-	not contracted	\$	- \$ -
		INSTRUCTION	D1330		\$	-	not contracted	\$	- \$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$	-	not contracted	\$	- \$ -
	COMPREHENSIVE ELECTROPHYSIOLOGI C EVALUATION	PRIMARY							
93656	INCLUD	PROCEDURE BASIC METABOLIC	93656		\$	55,119.98	not contracted	\$ 68,899.98	3 \$ 55,119.98
		PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$	16.92	not contracted	\$ 21.15	5 \$ 16.92
		INJECTION, MIDAZOLAM HYDROCHLORIDE,	12250		4		not contracted	ć	6
		PER 1 MG INJECTION,	J2250		\$	-	not contracted	\$	- \$ -
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$	- \$ -
		INJECTION, PROTAMINE SULFATE,							
		PER 10 MG	J2720		\$	-	not contracted	\$	- \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	- \$ -
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85027		\$	12.94	not contracted	\$ 16.18	3 \$ 12.94
		,	03027		7				12.54
		PROTHROMBIN TIME; COLLECTION OF VENOUS BLOOD BY	85610		\$	8.58	not contracted	\$ 10.73	8.58
		VENIPUNCTURE	36415		\$	17.14	not contracted	\$ 21.43	3 \$ 17.14
	ARTHROCENTESIS, ASPIRATION AND/OR	PRIMARY							
20605	INJECTION, INTER	PROCEDURE	20605		\$	638.24	not contracted	\$ 797.80	\$ 638.24

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm			Maximum otiated Rate		Minimum gotiated Rate
Primary		CPT/HCPCS  Somice Description Code Note				Ò	·				
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>		Facility <sup>4,5</sup>		Facility <sup>4</sup>
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO	99213		\$	_	not contracted	\$	_	\$	-
	REMOVAL OF		33213		Ť			Ψ		Ψ.	
	PERMANENT										
	PACEMAKER PULSE	PRIMARY									
33228	GENERATOR WIT	PROCEDURE	33228		\$	24,245.76	not contracted	\$	30,307.20	\$	24,245.76
		INSERTION OR									
		REPLACEMENT OF									
		PERMANENT									
		SUBCUTANEOUS	33270		\$	75,295.98	not contracted	\$	94,119.98	\$	75,295.98
		INJECTION,									
		CEFAZOLIN SODIUM,	10000		,			4		<u> </u>	
		500 MG INJECTION,	J0690		\$	-	not contracted	\$		\$	
		LIDOCAINE HCL FOR									
		INTRAVENOUS									
		INFUSION,	J2001		\$	_	not contracted	\$	_	\$	_
		INJECTION,	32001		7		not contracted	7		7	
		MIDAZOLAM									
		HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	-	not contracted	\$	-	\$	-
		INJECTION, FENTANYL									
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	-	\$	-
	OPEN TREATMENT OF	2011									
27702	DISTAL FIBULAR	PRIMARY	27702		<u>,</u>	45 527 40		<u> </u>	10 400 00	<u>,</u>	45 527 40
2//92	FRACTURE (LATERAL	PROCEDURE ANESTHESIA FOR	27792		\$	15,527.18	not contracted	\$	19,408.98	\$	15,527.18
		OPEN PROCEDURES									
		ON BONES OF LOWER									
		L	01480		\$	_	not contracted	\$	-	\$	-
		FLUOROSCOPY									
		(SEPARATE									
		PROCEDURE), UP TO									
		1 HOUR PHY	76000		\$	548.16	not contracted	\$	685.20	\$	548.16
		RADIOLOGIC									
		EXAMINATION,									
		ANKLE; COMPLETE,	70.040		_	202.01		۲.	254.62	<u>,</u>	202.01
		MINIMUM O	73610		\$	203.94	not contracted	\$	254.93	\$	203.94
		ANCHOR/SCREW FOR									
		OPPOSING BONE-TO-									
		BONE OR SOFT TIS	C1713		\$	_	not contracted	\$	-	\$	-
		INJECTION,	01/13		7			7		~	
		CEFAZOLIN SODIUM,									
		500 MG	J0690		\$	-	not contracted	\$	-	\$	-
	_	INJECTION,									
		DEXAMETHASONE									
		SODIUM PHOSPHATE,									
		1 MG	J1100		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		MIDAZOLAM									
		HYDROCHLORIDE, PER 1 MG	J2250		\$		not contracted	\$		\$	
		L L IV I IVIU	J225U		Ş	-	not contracted	Ş		Ş	

	SHC	OPPABLE OUTPATIENT SE	ERVICES			HEALT (Comm		Minimum Negotiated Rate	
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note	Fa	acility <sup>4</sup>	Professional <sup>3</sup>	Negotiated Rate  Facility <sup>4,5</sup>	Facility <sup>4</sup>
		INJECTION,							
		ONDANSETRON							
		HYDROCHLORIDE,							
		PER 1 MG	J2405		\$	-	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -
		,			,			·	·
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -
		RINGERS LACTATE							
		INFUSION, UP TO 1000 CC	J7120		\$		not contracted	\$ -	\$ -
	CHEMOTHERAPY	1000 CC	37120		Ş	-	not contracted	· -	· -
	ADMINISTRATION,								
	INTRAVENOUS	PRIMARY							
96416	INFUSION	PROCEDURE	96416		\$	780.80	not contracted	\$ 976.00	\$ 780.80
		CHEMOTHERAPY				T			
		ADMINISTRATION,							
		INTRAVENOUS INFUSION	96413		\$	780.80	not contracted	\$ 976.00	\$ 780.80
		CHEMOTHERAPY	90413		Ş	760.60	not contracted	\$ 976.00	\$ 760.60
		ADMINISTRATION,							
		INTRAVENOUS							
		INFUSION	96415		\$	158.38	not contracted	\$ 197.98	\$ 158.38
		CHEMOTHERAPY							
		ADMINISTRATION,							
		INTRAVENOUS	06447		,	450.20		407.00	ć 450.30
		INFUSION THERAPEUTIC,	96417		\$	158.38	not contracted	\$ 197.98	\$ 158.38
		PROPHYLACTIC, OR							
		DIAGNOSTIC							
		INJECTION	96375		\$	99.46	not contracted	\$ 124.33	\$ 99.46
		OFFICE OR OTHER							
		OUTPATIENT VISIT	00211		\$		not contracted	\$ -	\$ -
		FOR THE EVALUATIO INJECTION,	99211		Ş	-	not contracted	\$ -	Ş -
		BEVACIZUMAB-BVZR,							
		BIOSIMILAR,							
		(ZIRABEV)	Q5118		\$	79.10	not contracted	\$ 98.88	\$ 79.10
		INJECTION, ATROPINE	10.454						_
		SULFATE, 0.01 MG	J0461		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		LEUCOVORIN							
		CALCIUM, PER 50 MG	J0640		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		DEXAMETHASONE							
		SODIUM PHOSPHATE,							
		1 MG	J1100		\$	-	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON							
		HYDROCHLORIDE,							
		PER 1 MG	J2405		\$	-	not contracted	\$ -	\$ -
		INFUSION, NORMAL							
		SALINE SOLUTION ,							
		1000 CC	J7030		\$	-	not contracted	\$ -	\$ -

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm	TH NET		laximum tiated Rate		Minimum gotiated Rate
Primary			CPT/HCPCS			,					
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	F	acility <sup>4,5</sup>		Facility <sup>4</sup>
		INFUSION, NORMAL									
		SALINE SOLUTION,	17050		_			<u>,</u>		ے ا	
		250 CC INJECTION,	J7050		\$		not contracted	\$		\$	
		FLUOROURACIL, 500									
		MG	J9190		\$	_	not contracted	\$	-	\$	_
		INJECTION,			,			,		Ė	
		IRINOTECAN, 20 MG	J9206		\$	-	not contracted	\$	-	\$	-
	LARYNGOSCOPY,										
	FLEXIBLE;	PRIMARY									
31575	DIAGNOSTIC	PROCEDURE	31575		\$	419.60	not contracted	\$	524.50	\$	419.60
		OFFICE OR OTHER									
		OFFICE OR OTHER									
		OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$		not contracted	\$		\$	
	PERIODONTAL	PRIMARY	33212		۲		not contracted	۲		٧	
	MAINTENANCE	PROCEDURE	D4910		\$	_	not contracted	\$	-	\$	-
	-	LIMITED ORAL						,		Ė	
		EVALUATION -									
		PROBLEM FOCUSED	D0140		\$	_	not contracted	\$	-	\$	-
	RENAL BIOPSY;										
	PERCUTANEOUS, BY	PRIMARY									
50200	TROCAR OR NEEDLE	PROCEDURE	50200		\$	3,520.04	not contracted	\$	4,400.05	\$	3,520.04
		LILTRACONIC									
		ULTRASONIC GUIDANCE FOR									
		NEEDLE PLACEMENT									
		(EG, BIOP	76942		\$	_	not contracted	\$	-	\$	_
		(10,110)	7 00 12					т .			
		LEVEL IV - SURGICAL									
		PATHOLOGY, GROSS									
		AND MICROSCOP	88305		\$	117.70	not contracted	\$	147.13	\$	117.70
		SPECIAL STAIN									
		INCLUDING									
		INTERPRETATION AND REPORT;	88312		\$	117.70	not contracted	\$	147.13	\$	117.70
		SPECIAL STAIN	00312		Ş	117.70	not contracted	Ą	147.13	Ş	117.70
		INCLUDING									
		INTERPRETATION									
		AND REPORT;	88313		\$	79.72	not contracted	\$	99.65	\$	79.72
	ENDOSCOPIC				İ						
	RETROGRADE										
	CHOLANGIOPANCREA										
43277	TOGRAPHY (ER	PROCEDURE	43277		\$	7,654.14	not contracted	\$	9,567.68	\$	7,654.14
		ENDOSCOPIC									
		RETROGRADE CHOLANGIOPANCREA									
		TOGRAPHY (ER	43275		\$	7,654.14	not contracted	\$	9,567.68	Ś	7,654.14
		ENDOSCOPIC	73273		7	,,054.14	not contracted	7	3,307.00	7	,,054.14
		RETROGRADE									
		CHOLANGIOPANCREA									
		TOGRAPHY (ER	43260		\$	7,654.14	not contracted	\$	9,567.68	\$	7,654.14
		FLUOROSCOPY									
		(SEPARATE									
		PROCEDURE), UP TO									
		1 HOUR PHY	76000		\$	548.16	not contracted	\$	685.20	\$	548.16
		INJECTION,	12704		٠,		not contract	ć		۲	
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$	-	\$	-

	SHOI	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm	TH NET nercial)	Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary		CPT/HCPCS									
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	F	acility <sup>4,5</sup>		Facility <sup>4</sup>
		INJECTION, FENTANYL									
		CITRATE, 0.1 MG	J3010		\$	_	not contracted	\$	_	\$	_
		RINGERS LACTATE	33010		7		not contracted	۲		٦	
		INFUSION, UP TO									
		1000 CC	J7120		\$	-	not contracted	\$	-	\$	-
	OPEN TREATMENT OF	221111111									
		PRIMARY	27014		_ ا	15 527 10	not contracted	4	10 400 00	ے ا	15 527 10
2/814	FRACTURE (EG,	PROCEDURE ANESTHESIA FOR	27814		\$	15,527.18	not contracted	\$	19,408.98	\$	15,527.18
		OPEN PROCEDURES									
		ON BONES OF LOWER									
		I	01480		\$	_	not contracted	\$	-	\$	-
		FLUOROSCOPY	02.00		Ť			Ψ		· ·	
		(SEPARATE									
		PROCEDURE), UP TO									
		1 HOUR PHY	76000		\$	548.16	not contracted	\$	685.20	\$	548.16
		RADIOLOGIC									
		EXAMINATION,									
		ANKLE; COMPLETE,									
		MINIMUM O	73610		\$	203.94	not contracted	\$	254.93	\$	203.94
		ANCHOR/SCREW FOR									
		OPPOSING BONE-TO-	64743		_					,	
		BONE OR SOFT TIS	C1713		\$	-	not contracted	\$		\$	
		INJECTION, CEFAZOLIN SODIUM,									
		500 MG	J0690		\$	_	not contracted	\$	_	\$	_
		INJECTION,	30030				not contracted	7		7	
		DEXAMETHASONE									
		SODIUM PHOSPHATE,									
		1 MG	J1100		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		HYDROMORPHONE,									
		UP TO 4 MG	J1170		\$	_	not contracted	\$	-	\$	-
		INJECTION,									
		MIDAZOLAM									
		HYDROCHLORIDE,	12250		_		mak a	,		_	
		PER 1 MG INJECTION,	J2250		\$	-	not contracted	\$	-	\$	
		ONDANSETRON									
		HYDROCHLORIDE,									
		PER 1 MG	J2405		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$	-	\$	-
		INJECTION, FENTANYL									
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	-	\$	-
		RINGERS LACTATE									
		INFUSION, UP TO	17430		_		not contine at a d	۲		,	
	INJECTION,	1000 CC	J7120		\$	-	not contracted	\$	-	\$	-
	TRIAMCINOLONE										
	ACETONIDE, NOT	PRIMARY									
	OTHERWISE	PROCEDURE	J3301		\$	-	not contracted	\$	-	\$	-
								т			
		ARTHROCENTESIS,									
		ASPIRATION AND/OR									
		INJECTION, MAJOR	20610		\$	638.24	not contracted	\$	797.80	\$	638.24

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm		Maximum Negotiated Rate			Minimum gotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS escription Code No			Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>		Facility <sup>4</sup>	
55.00	and the caregory	HOSPITAL	33			, , , , , , , , , , , , , , , , , , , ,			,		
		OUTPATIENT CLINIC									
		VISIT FOR									
		ASSESSMENT AN	G0463		\$	283.70	not contracted	\$	354.63	\$	283.70
		INJECTION,									
		LIDOCAINE HCL FOR									
		INTRAVENOUS	12004		_					_	
		INFUSION, INJECTION,	J2001		\$	-	not contracted	\$		\$	-
		BUPIVICAINE									
		HYDROCHLORIDE, 30									
		ML	S0020			not available	not contracted		not available		not available
	INITIAL										
	COMPREHENSIVE	DDIAAADV									
	PREVENTIVE MEDICINE EVALUATI	PRIMARY PROCEDURE	99387		\$		not contracted	\$		\$	
	ANOGENITAL	PROCEDURE	99307		۶	-	not contracted	Ą	-	Ş	-
	EXAMINATION,										
	MAGNIFIED, IN	PRIMARY									
	CHILDHOOD FO	PROCEDURE	99170		\$	418.14	not contracted	\$	522.68	\$	418.14
		INFECTIOUS AGENT									
		DETECTION BY									
		NUCLEIC ACID (DNA									
		OR	87491		\$	70.18	not contracted	\$	87.73	\$	70.18
		INFECTIOUS AGENT									
		DETECTION BY									
		NUCLEIC ACID (DNA	07504			70.40			07.72		70.40
	INSERTION OR	OR	87591		\$	70.18	not contracted	\$	87.73	\$	70.18
	REPLACEMENT OF										
	PERMANENT	PRIMARY									
	IMPLANTABLE	PROCEDURE	33249		\$	75,295.98	not contracted	\$	94,119.98	\$	75,295.98
						,		·	· ·		•
		ELECTROCARDIOGRA									
		M, ROUTINE ECG									
		WITH AT LEAST 12 LE	93005		\$	134.92	not contracted	\$	168.65	\$	134.92
		RADIOLOGIC									
		EXAMINATION,						_			
		CHEST; 2 VIEWS INJECTION,	71046		\$	203.94	not contracted	\$	254.93	\$	203.94
		CEFAZOLIN SODIUM,									
		500 MG	J0690		\$	_	not contracted	\$	-	\$	-
		INJECTION,	30030		Ť			Ψ		Ψ.	
		LIDOCAINE HCL FOR									
		INTRAVENOUS									
		INFUSION,	J2001		\$	-	not contracted	\$		\$	<u> </u>
		INJECTION,		·					-		
		MIDAZOLAM									
		HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	-	not contracted	\$	-	\$	-
		INJECTION SENTANCE									
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$		not contracted	\$		\$	
	ARTERIOVENOUS	CITRATE, U.I IVIG	12010		, P	-	not contracted	Ş	-	Ş	-
	ANASTOMOSIS,										
	OPEN; BY UPPER ARM	PRIMARY									
	OPEN, DI OPPEN ANIVI										l.

	SHOPPABLE OUTPATIENT SERVICES						TH NET nercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$	-	not contracted		\$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$	-	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$	_	not contracted	\$ -	\$ -
		INJECTION,						,	
		PROPOFOL, 10 MG INFUSION, NORMAL SALINE SOLUTION ,	J2704		\$	-	not contracted	\$ -	\$ -
		1000 CC COLLECTION OF VENOUS BLOOD BY	J7030		\$	<del>-</del>	not contracted	\$ -	\$ -
67109	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY	PRIMARY  PROCEDURE	36415 67108		\$	9,379.22	not contracted		
67108	VITRECTOMY, ANY	PROCEDURE  ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SU	00145		\$	9,379.22	not contracted		\$ 9,379.22
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$	134.92	not contracted	\$ 168.65	\$ 134.92
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$	_	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG RINGERS LACTATE	J3010		\$	-	not contracted	\$ -	\$ -
		INFUSION, UP TO 1000 CC	J7120		\$	_	not contracted	\$ -	\$ -
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT) EFFECTIVE DATE:	PRIMARY PROCEDURE	96900		\$	79.72	not contracted	\$ 99.65	\$ 79.72
	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT	PRIMARY PROCEDURE	57452		\$	418.14	not contracted	\$ 522.68	\$ 418.14
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$		not contracted	\$ -	\$ -
	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH	PRIMARY PROCEDURE	67043		\$	9,379.22	not contracted	\$ 11,724.03	

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
		ANESTHESIA FOR							
		PROCEDURES ON EYE;							
		VITREORETINAL SU	00145		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		MIDAZOLAM							
		HYDROCHLORIDE,	12250		ے ا		nat contracted	ć	ć
		PER 1 MG INFUSION, NORMAL	J2250		\$	-	not contracted	\$ -	\$ -
		SALINE SOLUTION ,							
		1000 CC	J7030		\$	-	not contracted	\$ -	\$ -
	SLING OPERATION								
	FOR STRESS								
	INCONTINENCE (EG,	PRIMARY							
57288	FASCI	PROCEDURE	57288		\$	10,880.46	not contracted	\$ 13,600.58	\$ 10,880.46
		ANESTHESIA FOR EXTRAPERITONEAL							
		PROCEDURES IN							
		LOWER	00860		\$	_	not contracted	\$ -	\$ -
		BLOOD COUNT;						•	·
		COMPLETE (CBC),							
		AUTOMATED (HGB,							
		нст,	85025		\$	15.54	not contracted	\$ 19.43	\$ 15.54
		REPAIR DEVICE,							
		URINARY, INCONTINENCE,							
		WITH SLING G	C1771		\$	_	not contracted	\$ -	\$ -
		INJECTION,	C1771		7		not contracted	Ψ	Y
		SUCCINYLCHOLINE							
		CHLORIDE, UP TO 20							
		MG	J0330		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		CEFAZOLIN SODIUM, 500 MG	10000		\$		not contracted	ć	\$ -
		INJECTION,	J0690		Ş	-	not contracted	\$ -	Ş -
		DEXAMETHASONE							
		SODIUM PHOSPHATE,							
		1 MG	J1100		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		HYDROMORPHONE,							,
		UP TO 4 MG	J1170		\$	-	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM							
		HYDROCHLORIDE,							
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		PHENYLEPHRINE HCL,	10075					ć	
		UP TO 1 ML DEACTIVE INJECTION,	J2370		\$	-	not contracted	\$ -	\$ -
		ONDANSETRON							
		HYDROCHLORIDE,							
		PER 1 MG	J2405		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -
		INVESTIGNAL SENTENCIA							
		INJECTION, FENTANYL	12010		خ		not contracted	ė	\$ -
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	- د

	SHO	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate	
Primary		CPT/HCPCS			(Commercial)			Negotiated Rate	Negotiated Kate	
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>	
		RINGERS LACTATE								
		INFUSION, UP TO								
		1000 CC	J7120		\$	-	not contracted	\$ -	\$ -	
		ANTIBODY SCREEN, RBC, EACH SERUM								
		TECHNIQUE	86850		\$	117.70	not contracted	\$ 147.13	\$ 117.70	
	EXCISION OR				1			*	·	
	TRANSPOSITION OF									
	PTERYGIUM; WITH	PRIMARY								
65426	GRAFT	PROCEDURE	65426		\$	4,962.92	not contracted	\$ 6,203.65	\$ 4,962.92	
		LEVEL III. CURCICAL								
		LEVEL III - SURGICAL PATHOLOGY, GROSS								
		AND MICROSCO	88304		\$	117.70	not contracted	\$ 147.13	\$ 117.70	
	SURGICAL				1			7 21112	7 227776	
	TREATMENT OF ANAL									
	FISTULA	PRIMARY								
46270	(FISTULECTOMY/F	PROCEDURE	46270		\$	6,031.58	not contracted	\$ 7,539.48	\$ 6,031.58	
		ANORECTAL								
		ANORECTAL PROCEDURE	00902		\$	_	not contracted	\$ -	\$ -	
		INJECTION,	00302		7	_	not contracted	_ ·	- -	
		MIDAZOLAM								
		HYDROCHLORIDE,								
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -	
		INJECTION,								
		ONDANSETRON								
		HYDROCHLORIDE, PER 1 MG	J2405		\$	_	not contracted	\$ -	\$ -	
		INJECTION,	32403		7		not contracted	7	,	
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -	
		RINGERS LACTATE								
		INFUSION, UP TO								
		1000 CC	J7120		\$	-	not contracted	\$ -	\$ -	
		GLYCOPYRROLATE, INHALATION								
		SOLUTION,								
		COMPOUNDED PR	J7642		Ś	_	not contracted	\$ -	Ś -	
	NEUROPLASTY									
	AND/OR									
	TRANSPOSITION;	PRIMARY	_					_		
64721	MEDIAN NERVE AT	PROCEDURE	64721		\$	4,219.50	not contracted	\$ 5,274.38	\$ 4,219.50	
		INJECTION, MIDAZOLAM								
		HYDROCHLORIDE,								
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -	
		INJECTION,						·		
		ONDANSETRON								
		HYDROCHLORIDE,			1.			l .		
		PER 1 MG	J2405		\$	-	not contracted	\$ -	\$ -	
		INJECTION, PROPOFOL, 10 MG	J2704		\$		not contracted	\$ -	\$ -	
		I NOFOFOL, 10 MG	J2/U4		۶	-	not contracted	· ·	· ·	
		INJECTION, FENTANYL								
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -	
	PHYSICIAN OR OTHER									
00070	QUALIFIED HEALTH	PRIMARY	00070		_		not continue at a d	خ	ا	
99078	CARE PROFESSIO	PROCEDURE	99078		\$	-	not contracted	\$ -	\$ -	

### COMMERCIAL PAYOR CONTRACT - COMPREHENSIVE SERVICES BY SERVICE AREA $^1$ $\,$ EFFECTIVE JANUARY 1, 2024

EFFECTIVE JANUARY 1, 2024	
<b>UPDATED AS OF 12/15/2023</b>	

	SHO	PPABLE OUTPATIENT SE	RVICES		HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note	acility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
Couc	Science category	OFFICE OR OTHER	couc	Note	demey	Trotessional	Tacincy	. demity
		OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	not contracted	\$ -	\$ -
	DETECTION BY							
87635	NUCLEIC ACID (DNA OR	PRIMARY PROCEDURE	87635		\$ 102.62	not contracted	\$ 128.28	\$ 102.62
		SARS-COV-2 COVID- 19 AMP PRB HIGH THROUGHPUT TECH I	U0003		\$ -	not contracted	\$ -	\$ -
		COV-19 AMP PRB HGH THRUPUT WITHIN 2 DAYS COLLECT	U0005		\$ -	not contracted	\$ -	\$ -
	ANOSCOPY; DIAGNOSTIC,							
46600	INCLUDING COLLECTION OF SPEC	PRIMARY PROCEDURE	46600		\$ 272.56	not contracted	\$ 340.70	\$ 272.56
		OFFICE OR OTHER OUTPATIENT VISIT						
		FOR THE EVALUATIO	99203		\$ -	not contracted	\$ -	\$ -
	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT	PRIMARY						
90732		PROCEDURE	90732		\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES						
		PERCUTANEOUS	90471		\$ 158.38	not contracted	\$ 197.98	\$ 158.38
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ _	not contracted	\$ -	\$ -
	OPEN TREATMENT OF		33220			ot communica	Ť	¥
25609	DISTAL RADIAL INTRA- ARTICULAR FR	PRIMARY PROCEDURE APPLICATION OF	25609		\$ 15,527.18	not contracted	\$ 19,408.98	\$ 15,527.18
		SHORT ARM SPLINT (FOREARM TO HAND);	29126		\$ 272.56	not contracted	\$ 340.70	\$ 272.56
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO						
		1 HOUR PHY ANCHOR/SCREW FOR	76000		\$ 548.16	not contracted	\$ 685.20	\$ 548.16
		OPPOSING BONE-TO- BONE OR SOFT TIS	C1713		\$ _	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE,						
		PER 1 MG	J2250		\$ -	not contracted	\$ -	\$ -

	sho	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm	TH NET nercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS			·			
Code	Service Category	Service Description	Code	Note	ı	Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
		INJECTION,							,
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -
		INJECTION, ROPIVACAINE							
		HYDROCHLORIDE, 1							
		MG	J2795		\$	-	not contracted	\$ -	\$ -
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG RINGERS LACTATE	J3010		\$	-	not contracted	\$ -	\$ -
		INFUSION, UP TO							
		1000 CC	J7120		\$	-	not contracted	\$ -	\$ -
								·	
	DETERMINATION OF	PRIMARY							
93770	VENOUS PRESSURE	PROCEDURE	93770		\$	-	not contracted	\$ -	\$ -
		OFFICE OF OTHER							
		OFFICE OR OTHER OUTPATIENT VISIT							
		FOR THE EVALUATIO	99211		\$	_	not contracted	\$ -	\$ -
	RETRIEVAL							•	·
	(REMOVAL) OF								
27400	INTRAVASCULAR	PRIMARY	27400						
3/193	VENA CAVA FIL	PROCEDURE INSERTION OF	37193		\$	6,992.84	not contracted	\$ 8,741.05	\$ 6,992.84
		INTRAVASCULAR							
		VENA CAVA FILTER,							
		ENDOV	37191		\$	12,065.08	not contracted	\$ 15,081.35	\$ 12,065.08
		LEVEL I - SURGICAL							
		PATHOLOGY, GROSS EXAMINATION ON	88300		\$	58.60	not contracted	\$ 73.25	\$ 58.60
		INJECTION,	88300		۲	36.00	not contracted	3 73.23	3 38.00
		MIDAZOLAM							
		HYDROCHLORIDE,							
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INVESTIGAL FEATURANY							
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		Ś		not contracted	\$ -	. s -
		CITRATE, 0.1 WIG	13010		٠	_	not contracted	7	-
		INFUSION, NORMAL							
		SALINE SOLUTION,							
		STERILE (500 ML	J7040		\$	-	not contracted	\$ -	\$ -
	COMPLEX								
	UROFLOWMETRY (EG, CALIBRATED	PRIMARY							
51741	ELECTRONIC EQ	PROCEDURE	51741		\$	341.38	not contracted	\$ 426.73	\$ 341.38
		MEASUREMENT OF			<u> </u>				, 512.55
		POST-VOIDING							
		RESIDUAL URINE			_			4	4
		AND/OR	51798		\$	134.92	not contracted	\$ 168.65	\$ 134.92
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$ -	\$ -
	CYTOPATHOLOGY,	DDIMADY							
88161	SMEARS, ANY OTHER SOURCE; PREPARATI	PRIMARY PROCEDURE	88161		\$	58.60	not contracted	\$ 73.25	\$ 58.60
55101	JOONEL, I KEI AKATI	. ACCEDONE	55101		۲ ا	36.00	contracted	75.25	7 30.00

	SHC	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate	
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>		Facility <sup>4</sup>
550.5	contract caregory	PERIODIC	Couc			,				
		COMPREHENSIVE								
		PREVENTIVE								
		MEDICINE REEVALU	99396		\$	-	not contracted	\$	\$	-
		OFFICE OR OTHER								
		OUTPATIENT VISIT						_	_	
		FOR THE EVALUATIO	99212		\$	-	not contracted	\$	\$	-
		INFECTIOUS AGENT DETECTION BY								
		NUCLEIC ACID (DNA								
		OR	87624		\$	70.18	not contracted	\$ 87.73	\$	70.18
		CYTOPATHOLOGY,	0,02.		Ť	70.20		φ σσ	7	70.20
		CERVICAL OR								
		VAGINAL (ANY								
		REPORTING	88142		\$	40.52	not contracted	\$ 50.65	\$	40.52
	TRANSFUSION,			<u> </u>						
	BLOOD OR BLOOD	PRIMARY								
36430	COMPONENTS	PROCEDURE	36430		\$	957.16	not contracted	\$ 1,196.45	\$	957.16
		DIPHENHYDRAMINE								
		HYDROCHLORIDE, 50								
		MG, ORAL, FDA AP	Q0163		\$	_	not contracted	\$	. \$	-
		RED BLOOD CELLS,	Q0100		<u> </u>			<u> </u>	7	
		LEUKOCYTES								
		REDUCED,								
		IRRADIATED, E	P9040		\$	608.26	not contracted	\$ 760.33	\$	608.26
	PERCUTANEOUS									
	TRANSCATHETER									
	PLACEMENT OF	PRIMARY								
92928	INTRACORON	PROCEDURE	92928		\$	24,918.38	not contracted	\$ 31,147.98	\$	24,918.38
		CATHETER PLACEMENT IN								
		CORONARY								
		ARTERY(S) FOR								
		CORON	93454		\$	6,944.68	not contracted	\$ 8,680.85	\$	6,944.68
		BASIC METABOLIC								·
		PANEL (CALCIUM,								
		TOTAL) THIS PANEL	80048		\$	16.92	not contracted	\$ 21.15	\$	16.92
		INJECTION, HEPARIN								
		SODIUM, PER 1000						_	_	
		UNITS	J1644		\$	-	not contracted	\$	\$	
		INJECTION, MIDAZOLAM								
		HYDROCHLORIDE,								
		PER 1 MG	J2250		\$	_	not contracted	\$	\$	_
		T EN T IVIG	32230		7		not contracted	Ť	7	
		INJECTION, FENTANYL								
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	\$	-
		BLOOD COUNT;								
		COMPLETE (CBC),								
		AUTOMATED (HGB,						_	].	
		НСТ,	85027		\$	12.94	not contracted	\$ 16.18	\$ \$	12.94
		PROTHROMBIN TIME;	85610		\$	8.58	not contracted	\$ 10.73	ا د	8.58
		COLLECTION OF	93010		۰	0.30	not contracted	7 10.73	,, ,	0.30
		VENOUS BLOOD BY								
					l l					

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEALTI (Commo		Maximum Negotiated Rate	. Ne	Minimum gotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note	F	Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>		Facility <sup>4</sup>
	OPEN TREATMENT OF	para i	333.5	11000		,		, ac		
	TRIMALLEOLAR									
	ANKLE FRACTURE,	PRIMARY								
27822	INC	PROCEDURE	27822		\$	15,527.18	not contracted	\$ 19,408.9	98 \$	15,527.18
		ANESTHESIA FOR								
		OPEN PROCEDURES								
		ON BONES OF LOWER								
		L	01480		\$	-	not contracted	\$	- \$	-
		FLUOROSCOPY								
		(SEPARATE								
		PROCEDURE), UP TO	76000		_	540.46		ć 605.		540.46
		1 HOUR PHY	76000		\$	548.16	not contracted	\$ 685.2	20 \$	548.16
		RADIOLOGIC EXAMINATION,								
		ANKLE; COMPLETE,								
		MINIMUM O	73610		\$	203.94	not contracted	\$ 254.9	3 4	203.94
		IVIII VII VII VII O	,3010		٠	203.34	not contracted	ب کی4.:	ر د,	203.34
		ANCHOR/SCREW FOR								
		OPPOSING BONE-TO-								
		BONE OR SOFT TIS	C1713		\$	_	not contracted	\$	- s	-
		INJECTION,			7				7	
		CEFAZOLIN SODIUM,								
		500 MG	J0690		\$	-	not contracted	\$	- \$	-
		INJECTION,								
		MIDAZOLAM								
		HYDROCHLORIDE,								
		PER 1 MG	J2250		\$	-	not contracted	\$	- \$	
		INJECTION,								
		ONDANSETRON								
		HYDROCHLORIDE,								
		PER 1 MG	J2405		\$	-	not contracted	\$	- \$	-
		INJECTION,	10704							
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$	- \$	
		INJECTION FENTANVI								
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$		not contracted	\$	- \$	
		RINGERS LACTATE	13010		Ş	-	not contracted	Ş	- ş	
		INFUSION, UP TO								
		1000 CC	J7120		\$	_	not contracted	\$	- \$	-
		1000 00	37120		<u> </u>			Ψ	· ·	
	RESIN-ONE SURFACE,	PRIMARY								
D2330	ANTERIOR	PROCEDURE	D2330		\$	-	not contracted	\$	- \$	-
		ORAL HYGIENE								
		INSTRUCTION	D1330		\$		not contracted	\$	- \$	
		LIMITED ORAL		<u></u>						
		EVALUATION -								
		PROBLEM FOCUSED	D0140		\$	-	not contracted	\$	- \$	-
	BITEWING-SINGLE	PRIMARY						_		
D0270	FILM	PROCEDURE	D0270		\$	4,043.24	not contracted	\$ 5,054.0	)5 \$	4,043.24
		INTRAORAL-								
		PERIAPICAL-FIRST	D0330		_		mat	<u>.</u>		
		FILM	D0220		\$	-	not contracted	\$	- \$	-
		LIMITED ORAL EVALUATION -								
		PROBLEM FOCUSED	D0140		\$		not contracted	\$	- \$	
	CILIARY BODY	I NOBLLINI FOCUSED	D0140		Ş	-	not contracted	٧	- >	-
	DESTRUCTION;									
	CYCLOPHOTOCOAGU	PRIMARY								
	LATION, T	PROCEDURE	66710		\$	4,962.92	not contracted	\$ 6,203.6	55 S	4,962.92

### COMMERCIAL PAYOR CONTRACT - COMPREHENSIVE SERVICES BY SERVICE AREA<sup>1</sup>

EFFECTIVE JANUARY 1, 2024	
UPDATED AS OF 12/15/2023	

	SHO	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm	TH NET	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
91312	SARSCOV2 VAC BVL 30MCG/0.3ML SEVERE ACUTE RESPIRAT	PRIMARY PROCEDURE	91312		\$	-	not contracted	\$ -	\$ -
		ADM SARSCV2 BVL 30MCG/.3ML B IMMUNIZATION ADMINIST	0124A		\$	97.46	not contracted	\$ 121.83	\$ 97.46
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATER	PRIMARY PROCEDURE	31231		\$	419.60	not contracted	\$ 524.50	\$ 419.60
31231	JIB WEN	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$	113.00	not contracted	\$ -	\$ -
	BRONCHOSCOPY, RIGID OR FLEXIBLE,	PRIMARY	33212		7		not contracted	Ψ	Ÿ
31652	INCLUDING FLUOROS	PROCEDURE	31652		\$	7,825.42	not contracted	\$ 9,781.78	\$ 7,825.42
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	31624		\$	3,752.46	not contracted	\$ 4,690.58	\$ 3,752.46
		BRONCHOSCOPY, RIGID OR FLEXIBLE,							
		BRONCHOSCOPY, RIGID OR FLEXIBLE,	31628		\$	7,825.42	not contracted	\$ 9,781.78	\$ 7,825.42
		INCLUDING FLUOROS	31629		\$	7,825.42	not contracted	\$ 9,781.78	\$ 7,825.42
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE;	88173		\$	117.70	not contracted	\$ 147.13	\$ 117.70
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$	117.70	not contracted	\$ 147.13	\$ 117.70
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND	88108		\$	79.72	not contracted	\$ 99.65	\$ 79.72
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87801		\$	140.40	not contracted		
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY	87305		\$	23.96	not contracted		
		RADIOLOGIC EXAMINATION,	67303		7	23.50	not contracted	25.55	
		CHEST; SINGLE VIEW CULTURE, TUBERCLE OR OTHER ACID-FAST	71045		\$	203.94	not contracted		
	1	BACILLI (EG,	87116		\$	21.60	not contracted	\$ 27.00	\$ 21.60

	SHO	PPABLE OUTPATIENT SE	RVICES				TH NET		Maximum		Minimum
Primary			CPT/HCPCS			(Comm	iercial)	Neg	otiated Rate	Ne	gotiated Rate
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>		Facility <sup>4,5</sup>		Facility <sup>4</sup>
		BASIC METABOLIC									
		PANEL (CALCIUM,									
		TOTAL) THIS PANEL	80048		\$	16.92	not contracted	\$	21.15	\$	16.92
		SPECIAL STAIN									
		INCLUDING									
		INTERPRETATION	00040			447.70			4.7.40	_	447.70
		AND REPORT; BLOOD COUNT;	88312		\$	117.70	not contracted	\$	147.13	\$	117.70
		COMPLETE (CBC),									
		AUTOMATED (HGB,									
		нст,	85025		\$	15.54	not contracted	\$	19.43	\$	15.54
		CULTURE, FUNGI									
		(MOLD OR YEAST)			١.			١.		١.	
		ISOLATION, WITH PRE	87102		\$	16.82	not contracted	\$	21.03	\$	16.82
	RESIN-TWO	PRIMARY									
D2331	SURFACES, ANTERIOR		D2331		\$	_	not contracted	\$	-	\$	-
		ORAL HYGIENE						,		·	
		INSTRUCTION	D1330		\$	-	not contracted	\$	-	\$	-
		LIMITED ORAL									
		EVALUATION -									
		PROBLEM FOCUSED	D0140		\$	-	not contracted	\$	-	\$	-
	ELECTROCARDIOGRA										
	M, ROUTINE ECG	PRIMARY									
	WITH AT LEAST 12 LE	PROCEDURE	93010		\$	_	not contracted	\$	_	\$	-
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$	-	\$	-
		FI FOTDOCADDIO CDA									
		ELECTROCARDIOGRA									
		M, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$	134.92	not contracted	\$	168.65	\$	134.92
		PRIMARY	33003		7	134.52	not contracted	7	100.03	7	134.52
D1120	PROPHYLAXIS-CHILD	PROCEDURE	D1120		\$	-	not contracted	\$	-	\$	=
		TOPICAL FLUORIDE									
		VARNISH;									
		THERAPEUTIC									
		APPLICATION	D1206		\$	-	not contracted	\$	-	\$	-
		ORAL HYGIENE INSTRUCTION	D1330		\$		not contracted	\$		\$	
		PERIODIC ORAL	ח1330		, ş	-	not contracted	Ş	-	Ş	-
		EVALUATION -									
		ESTABLISHED									
<u> </u>		PATIENT	D0120		\$	-	not contracted	\$	-	\$	-
	BITEWINGS-TWO	PRIMARY									
D0272	FILMS	PROCEDURE	D0272		\$	4,043.24	not contracted	\$	5,054.05	\$	4,043.24
		PERIODIC ORAL									
		EVALUATION - ESTABLISHED									
		PATIENT	D0120		\$	_	not contracted	\$	_	\$	_
		INTRAORAL-	20120		<del>                                     </del>		communica		_		_
		PERIAPICAL-FIRST									
		FILM	D0220		\$	-	not contracted	\$	-	\$	-
		INTRAORAL-									
		PERIAPICAL-EACH			.						
		ADDITIONAL FILM	D0230		\$	-	not contracted	\$	-	\$	-

	SHC	OPPABLE OUTPATIENT SE	ERVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS			Ţ	·		
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
		CARIES RISK							
		ASSESSMENT AND							
		DOCUMENTATION,	D0603		,		not contracted	ė	خ
		WITH A F	D0603		\$	-	not contracted	\$ -	\$ -
		PROPHYLAXIS-CHILD	D1120		\$	-	not contracted	\$ -	\$ -
		TOPICAL FLUORIDE							
		VARNISH;							
		THERAPEUTIC						_	
		APPLICATION	D1206		\$	-	not contracted	\$ -	\$ -
		ORAL HYGIENE	D1220		\$		not contracted	\$ -	\$ -
	TYMPANOPLASTY	INSTRUCTION	D1330		Ş	-	not contracted	Ş -	\$ -
	WITHOUT								
	MASTOIDECTOMY	PRIMARY							
69631	(INCLUDING CAN	PROCEDURE	69631		\$	12,534.34	not contracted	\$ 15,667.93	\$ 12,534.34
		ANESTHESIA FOR							
		PROCEDURES ON							
		EXTERNAL, MIDDLE,							
		AND	00120		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		SUCCINYLCHOLINE							
		CHLORIDE, UP TO 20 MG	J0330		\$		not contracted	\$ -	\$ -
		INJECTION,	30330		7		not contracted	· ·	,
		CEFAZOLIN SODIUM,							
		500 MG	J0690		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		DEXAMETHASONE							
		SODIUM PHOSPHATE,							
		1 MG	J1100		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		MIDAZOLAM							
		HYDROCHLORIDE, PER 1 MG	J2250		\$	_	not contracted	\$ -	\$ -
		INJECTION,	32230		7		not contracted	7	, -
		ONDANSETRON							
		HYDROCHLORIDE,							
		PER 1 MG	J2405		\$		not contracted	\$ -	\$ -
		INJECTION,							
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -
		INJECTION FENTANCE							
		INJECTION, FENTANYL	12010		ć		not contracted	خ	ے
		CITRATE, 0.1 MG RINGERS LACTATE	J3010		\$	-	not contracted	\$ -	\$ -
		INFUSION, UP TO							
		1000 CC	J7120		\$	-	not contracted	\$ -	\$ -
	ANGIOGRAPHY,				<u>'</u>				
	EXTREMITY,								
	UNILATERAL,	PRIMARY							
75710	RADIOLOGICAL S	PROCEDURE	75710		\$	6,992.84	not contracted	\$ 8,741.05	\$ 6,992.84
		CELECT!! /5 04 =: : ====							
		SELECTIVE CATHETER							
		PLACEMENT, ARTERIAL SYSTEM;							
		EAC	36245		\$	_	not contracted	\$ -	\$ -
			30243		,	7	not contracted	<u> </u>	-
		BASIC METABOLIC							
		PANEL (CALCIUM,							
		IONIZED) THIS PANE	80047		\$	27.46	not contracted	\$ 34.33	\$ 27.46

	SHO	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate	
Primary			CPT/HCPCS			, I	·			
Code	Service Category	Service Description	Code	Note	F	acility⁴	Professional <sup>3</sup>	Facility <sup>4,5</sup>	F	Facility <sup>4</sup>
1		INJECTION,								
		CEFAZOLIN SODIUM, 500 MG	J0690		\$		not contracted	\$	- \$	
		INJECTION,	10090		Ş	-	not contracted	Į.	. ,	
		MIDAZOLAM								
		HYDROCHLORIDE,								
1		PER 1 MG	J2250		\$	-	not contracted	\$	- \$	-
1		INJECTION,								
1		PHENYLEPHRINE HCL,							_	
		UP TO 1 ML DEACTIVE	J2370		\$	-	not contracted	\$	- \$	-
1		INJECTION, PROPOFOL, 10 MG	J2704		\$	_	not contracted	\$	. \$	_
		T KOT OT OL, 10 WIG	32704		7		not contracted	7	Ţ	
1		INJECTION, FENTANYL								
1		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	- \$	-
		INFUSION, NORMAL								
1		SALINE SOLUTION ,								
		1000 CC	J7030		\$	-	not contracted	\$	- \$	-
1		GLYCOPYRROLATE,								
1		INHALATION SOLUTION,								
		COMPOUNDED PR	J7642		\$	_	not contracted	\$	- \$	_
		COLLECTION OF	37012		7		not contracted	Ψ	7	
		VENOUS BLOOD BY								
1		VENIPUNCTURE	36415		\$	17.14	not contracted	\$ 21.43	\$	17.14
	UNSPECIFIED									
	RESTORATIVE									
	PROCEDURE, BY	PRIMARY								
D2999	REPORT	PROCEDURE LOCAL ANESTHESIA	D2999 D9215		\$ \$	4,043.24	not contracted		\$ - \$	4,043.24
		LIMITED ORAL	D9215		Ş	-	not contracted	\$	· >	-
1		EVALUATION -								
1		PROBLEM FOCUSED	D0140		\$	-	not contracted	\$	- \$	-
	COLPOSCOPY OF THE									
	CERVIX INCLUDING	PRIMARY								
57455	UPPER/ADJACENT	PROCEDURE	57455		\$	685.34	not contracted	\$ 856.68	\$ \$	685.34
1		LEVEL IV - SURGICAL								
1		PATHOLOGY, GROSS								
1		AND MICROSCOP	88305		\$	117.70	not contracted	\$ 147.13	\$	117.70
	ARTHROSCOPY,				·					
1	SHOULDER,									
	SURGICAL; WITH	PRIMARY								
29827	ROTATOR CUFF	PROCEDURE	29827		\$	15,527.18	not contracted	\$ 19,408.98	\$	15,527.18
		ANESTHESIA FOR								
		OPEN OR SURGICAL ARTHROSCOPIC								
		PROCE	01630		\$	_	not contracted	\$	. \$	-
			31030		7			7		
		ANCHOR/SCREW FOR								
		OPPOSING BONE-TO-								
		BONE OR SOFT TIS	C1713		\$	-	not contracted	\$	- \$	-
		INJECTION,								
		CEFAZOLIN SODIUM,						<u>,</u>	_	
		500 MG	J0690		\$	-	not contracted	\$	- \$	-
		INJECTION,							1	
		HYDROMORPHONE,								

	SHO	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS			·	icicialy		
Code	Service Category	Service Description	Code	Note	ı	Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
		INJECTION,							
		MIDAZOLAM							
		HYDROCHLORIDE,	J2250		ے		not contracted	ė	\$ -
		PER 1 MG INJECTION,	J2250		\$	-	not contracted	\$ -	\$ -
		ONDANSETRON							
		HYDROCHLORIDE,							
		PER 1 MG	J2405		\$	-	not contracted	\$ -	\$ -
		INJECTION,						,	·
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		ROPIVACAINE							
		HYDROCHLORIDE, 1							
		MG	J2795		\$	-	not contracted	\$ -	\$ -
		INJECTION FENTANCE							
		INJECTION, FENTANYL	12040		_		not contine at a d	خ	خ
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO							
		1000 CC	J7120		\$		not contracted	\$ -	\$ -
	ASSESSMENT OF A	PRIMARY	37120		7	_	not contracted	- ب	- ب
	PATIENT	PROCEDURE	D0191		\$	_	not contracted	\$ -	\$ -
					<u> </u>			,	·
	APPLIANCE REMOVAL								
	(NOT BY DENTIST	PRIMARY							
D7997	WHO PLACED APPLI	PROCEDURE	D7997		\$	-	not contracted	\$ -	\$ -
	EXCISION OF NAIL								
	AND NAIL MATRIX,	PRIMARY							
11750	PARTIAL OR COMPL	PROCEDURE	11750		\$	875.74	not contracted	\$ 1,094.68	\$ 875.74
		OFFICE OR OTHER							
		OFFICE OR OTHER							
		OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$		not contracted	\$ -	\$ -
	ESOPHAGOGASTROD	TOR THE EVALUATIO	99212		7	_	not contracted	- ب	- ب
	UODENOSCOPY,								
	FLEXIBLE,	PRIMARY							
	TRANSORAL; W	PROCEDURE	43259		\$	4,088.20	not contracted	\$ 5,110.25	\$ 4,088.20
		INJECTION,							
		MIDAZOLAM							
		HYDROCHLORIDE,							
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INJECTION, FENTANYL	1004						
	LADADOSCODY	CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -
	LAPAROSCOPY, SURGICAL, WITH								
	TOTAL	PRIMARY							
	HYSTERECTOMY, FO	PROCEDURE	58573		\$	21,331.52	not contracted	\$ 26,664.40	\$ 21,331.52
33373		ANESTHESIA FOR	33373		+	_1,551.52	st contracted	· 20,004.40	· 21,551.52
		INTRAPERITONEAL							
		PROCEDURES IN							
		LOWER	00840		\$	_	not contracted	\$ -	\$ -
		LEVEL V - SURGICAL							
		PATHOLOGY, GROSS							
		AND MICROSCOPI	88307		\$	760.82	not contracted	\$ 951.03	\$ 760.82
		INFECTIOUS AGENT							
		DETECTION BY							
		NUCLEIC ACID (DNA	07635		۲.	102.62	not contine at a d	ć 430.30	¢ 400.00
		OR	87635		\$	102.62	not contracted	\$ 128.28	\$ 102.62

	SHC	OPPABLE OUTPATIENT SE	RVICES			HEALT (Comm			ximum ated Rate		inimum iated Rate
Primary	6	C i D i. ii	CPT/HCPCS	Number		·	·				
Code	Service Category	Service Description	Code	Note	F	acility <sup>4</sup>	Professional <sup>3</sup>	Fa	cility <sup>4,5</sup>	Fa	cility <sup>4</sup>
		RADIOLOGIC									
		EXAMINATION,	74010		ے ا	202.04	not contracted	<u> </u>	254.02	۲.	202.04
		ABDOMEN; 1 VIEW	74018		\$	203.94	not contracted	\$	254.93	\$	203.94
		BLOOD COUNT; COMPLETE (CBC),									
		AUTOMATED (HGB,									
		HCT,	85025		\$	15.54	not contracted	¢	19.43	Ċ	15.54
		INJECTION,	03023			13.54	not contracted	7	15.75	7	13.54
		CEFAZOLIN SODIUM,									
		500 MG	J0690		\$	_	not contracted	\$	_	\$	-
		INJECTION,	30030		<u> </u>			Ψ		<u> </u>	
		DEXAMETHASONE									
		SODIUM PHOSPHATE,									
		1 MG	J1100		\$	_	not contracted	\$	-	\$	-
		INJECTION,						7		-	
		HYDROMORPHONE,									
		UP TO 4 MG	J1170		\$	-	not contracted	\$	-	\$	-
		INJECTION, HEPARIN						-		-	
		SODIUM, PER 1000									
		UNITS	J1644		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		MIDAZOLAM									
		HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		PHENYLEPHRINE HCL,									
		UP TO 1 ML DEACTIVE	J2370		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		ONDANSETRON									
		HYDROCHLORIDE,									
		PER 1 MG	J2405		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		NEOSTIGMINE									
		METHYLSULFATE, UP	10710								
	001 0110000011	TO 0.5 MG	J2710		\$	-	not contracted	Ş	-	Ş	-
	·	DDIAAADV									
		PRIMARY	44200		_ ا	1 050 79	not contracted	۲	2 420 40	خ	1 050 70
44388	INCLUDING C	PROCEDURE	44388		\$	1,950.78	not contracted	\$	2,438.48	\$	1,950.78
		COLONOSCOPY,									
		FLEXIBLE; DIAGNOSTIC,									
		INCLUDING COLLE	45378		\$	1,950.78	not contracted	\$	2 420 40	\$	1,950.78
		INJECTION,	43370		۶	1,530.78	not contracted	٧	2,438.48	Ų	1,330.78
		MEPERIDINE									
		HYDROCHLORIDE,									
		PER 100 MG	J2175		\$		not contracted	\$	_	\$	-
		INJECTION,	321/3		<b>—</b>		contracted	<u> </u>		7	
		MIDAZOLAM									
		HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	_	not contracted	\$	-	\$	-
	FISTULIZATION OF	-			T			,		•	
	SCLERA FOR										
	GLAUCOMA;	PRIMARY									
	•	PROCEDURE	66170		\$	5,069.06	not contracted	1 .	6,336.33		5,069.06

	SHC	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm	TH NET	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS			(011111	ierciaij	Negotiated Nate	Negotiated Nate
Code	Service Category	Service Description	Code	Note	1	Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
		INJECTION,							
		MIDAZOLAM							
		HYDROCHLORIDE,							
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		ONDANSETRON							
		HYDROCHLORIDE, PER 1 MG	J2405		\$		not contracted	\$ -	\$ -
		PER 1 IVIG	J2405		Ş	-	not contracted	, -	, -
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -
		INFUSION, NORMAL			<u> </u>			,	,
		SALINE SOLUTION ,							
		1000 CC	J7030		\$	-	not contracted	\$ -	\$ -
	CONIZATION OF								
	CERVIX, WITH OR								
	WITHOUT	PRIMARY							
57520	FULGURATION,	PROCEDURE	57520		\$	6,637.14	not contracted	\$ 8,296.43	\$ 6,637.14
		LEVEL V - SURGICAL							
		PATHOLOGY, GROSS AND MICROSCOPI	88307		\$	760.82	not contracted	\$ 951.03	\$ 760.82
		AND WICKOSCOPI	88307		Ş	700.82	not contracted	\$ 951.03	\$ 700.82
		LEVEL IV - SURGICAL							
		PATHOLOGY, GROSS							
		AND MICROSCOP	88305		\$	117.70	not contracted	\$ 147.13	\$ 117.70
		INJECTION,			Ţ,				
		MIDAZOLAM							
		HYDROCHLORIDE,							
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		ONDANSETRON							
		HYDROCHLORIDE,						_	_
		PER 1 MG	J2405		\$	-	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$		not contracted	\$ -	\$ -
		T NOT OT OL, 10 WIG	32704		7	_	not contracted	7	<u>-</u>
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		\$	_	not contracted	\$ -	\$ -
	SPINAL PUNCTURE,	·						,	
	LUMBAR,	PRIMARY							
62270	DIAGNOSTIC;	PROCEDURE	62270		\$	1,512.52	not contracted	\$ 1,890.65	\$ 1,512.52
		PROTEIN, TOTAL,							
		EXCEPT BY							
		REFRACTOMETRY;							
		SERUM, PL	84155		\$	7.34	not contracted	\$ 9.18	\$ 7.34
		SYPHILIS TEST, NON-							
		TREPONEMAL ANTIBODY;							
		QUANTITATI	86593		\$	8.80	not contracted	\$ 11.00	\$ 8.80
		CELL COUNT,	00373		7	0.00	not contracted	7 11.00	y 0.80
		MISCELLANEOUS							
		BODY FLUIDS (EG,							
		CEREBRO	89050		\$	9.44	not contracted	\$ 11.80	\$ 9.44
		GLUCOSE, BODY							
		FLUID, OTHER THAN							
		BLOOD	82945		\$	7.86	not contracted	\$ 9.83	\$ 7.86
	INTRAORAL-		1						
	PERIAPICAL-EACH	PRIMARY							
D0230	ADDITIONAL FILM	PROCEDURE	D0230		\$	-	not contracted	\$ -	\$ -

	SHO	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm			laximum		Minimum gotiated Rate
Primary			CPT/HCPCS			·	·			1408	
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	F	acility <sup>4,5</sup>		Facility <sup>4</sup>
		INTRAORAL-									
		PERIAPICAL-FIRST									
		FILM	D0220		\$	-	not contracted	\$	-	\$	-
		LIMITED ORAL									
		EVALUATION -			١.			١.		١.	
		PROBLEM FOCUSED	D0140		\$	-	not contracted	\$	-	\$	-
	REPAIR OF ANTERIOR										
	ABDOMINAL	PRIMARY									
49591	HERNIA(S) (IE, EPIGAS	PROCEDURE	49591		\$	8,314.32	not contracted	\$	10,392.90	\$	8,314.32
43331	TILINIA(3) (IL, LI IOA3	INJECTION,	45551		۲	0,314.32	not contracted	۲	10,332.30	7	0,314.32
		CEFAZOLIN SODIUM,									
		500 MG	J0690		\$	_	not contracted	\$	_	\$	_
		INJECTION,			7			т		- 7	
		DEXAMETHASONE									
		SODIUM PHOSPHATE,									
		1 MG	J1100		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		HYDROMORPHONE,									
		UP TO 4 MG	J1170		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		MIDAZOLAM									
		HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		ONDANSETRON									
		HYDROCHLORIDE,						_		_	
		PER 1 MG	J2405		\$	-	not contracted	\$	-	\$	-
		INJECTION,	12704		_			,		,	
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$		\$	-
		INJECTION, FENTANYL									
		CITRATE, 0.1 MG	J3010		\$	_	not contracted	\$	_	\$	_
		CITICATE, 0.1 IVIG	33010		7		not contracted	7		7	
	ALVEOLOPLASTY NOT										
	IN CONJUNCTION	PRIMARY									
	WITH EXTRACTIONS	PROCEDURE	D7321		\$	-	not contracted	\$	-	\$	-
	OFFICE										
	CONSULTATION FOR										
	A NEW OR	PRIMARY									
99241	ESTABLISHED PATIE	PROCEDURE	99241			not available	not contracted		not available		not available
	UNSPECIFIED										
	IMPLANT										
	PROCEDURE, BY	PRIMARY									
D6199	REPORT	PROCEDURE	D6199		\$	-	not contracted	\$	-	\$	-
		LIMITED ORAL									
		EVALUATION -									
		PROBLEM FOCUSED	D0140		\$	-	not contracted	\$	-	\$	-
	DUINOR: ACT										
	RHINOPLASTY,	DDIMARY									
20420	PRIMARY; INCLUDING		20420		_	12 524 24		ے ا	15 667 62	ب	12 524 24
30420	MAJOR SEPTAL REPAI	PROCEDURE	30420		\$	12,534.34	not contracted	Ş	15,667.93	\$	12,534.34
		INJECTION, CEFAZOLIN SODIUM,									
		500 MG	J0690		\$		not contracted	\$		\$	
		INJECTION,	10690		Ç	-	not contracted	۶		Ş	
		DEXAMETHASONE									
		SODIUM PHOSPHATE,									
		1 MG	J1100		\$	_	not contracted	\$	-	\$	-
	I .	=	71100		۲ ۲			Υ		7	

	SHO	PPABLE OUTPATIENT SE	RVICES			HEALTH (Comme		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS			(Comme	erciarj	Negotiateu Kate	Negotiated Kate
Code	Service Category	Service Description	Code	Note	Fa	cility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
		INJECTION,							
		HYDROMORPHONE,							
		UP TO 4 MG	J1170		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		MIDAZOLAM							
		HYDROCHLORIDE, PER 1 MG	J2250		\$		not contracted	\$ -	\$ -
		INJECTION,	32230		7		not contracted	Y	, ,
		ONDANSETRON							
		HYDROCHLORIDE,							
		PER 1 MG	J2405		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		\$	_	not contracted	\$ -	\$ -
		RINGERS LACTATE			<u> </u>			,	,
		INFUSION, UP TO							
		1000 CC	J7120		\$	-	not contracted	\$ -	\$ -
	INJECTION,								
	MIDAZOLAM	DDIMANDV							
	HYDROCHLORIDE, PER 1 MG	PRIMARY PROCEDURE	J2250		\$	_	not contracted	\$ -	\$ -
32230	TENTINO	T NOCED ONE	32230		· ·		not contracted	<b>Y</b>	Ψ
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -
	INFLUENZA VIRUS								
	VACCINE,	20114401							
	QUADRIVALENT (IIV4), SPLI	PRIMARY PROCEDURE	90688		\$		not contracted	\$ -	\$ -
30088	(1174), 3FLI	IMMUNIZATION	90088		7	1	not contracted	, -	, -
		ADMINISTRATION							
		(INCLUDES							
		PERCUTANEOUS	90471		\$	158.38	not contracted	\$ 197.98	\$ 158.38
		OFFICE OR OTHER							
		OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$		not contracted	\$ -	\$ -
	INFECTIOUS AGENT	TOR THE EVALUATION	33213		· ·		not contracted	<b>Y</b>	Y
	DETECTION BY								
	NUCLEIC ACID (DNA	PRIMARY							
87491	OR	PROCEDURE	87491		\$	70.18	not contracted	\$ 87.73	\$ 70.18
		INFECTIOUS AGENT							
		DETECTION BY NUCLEIC ACID (DNA							
		OR	87661		\$	70.18	not contracted	\$ 87.73	\$ 70.18
		PERIODIC	3,001		7	, 0.10		÷ 07.73	7 70.18
		COMPREHENSIVE							
		PREVENTIVE							
		MEDICINE REEVALU	99395		\$	-	not contracted	\$ -	\$ -
		OFFICE OR OTHER							
		OFFICE OR OTHER OUTPATIENT VISIT							
		FOR THE EVALUATIO	99213		\$	_	not contracted	\$ -	\$ -
		INFECTIOUS AGENT			<u> </u>			•	
		DETECTION BY							
		NUCLEIC ACID (DNA							
		OR	87591		\$	70.18	not contracted	\$ 87.73	\$ 70.18

	SHOI	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm			Maximum otiated Rate	Ne	Minimum gotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>		Facility <sup>4,5</sup>		Facility <sup>4</sup>
550.5	DIAGNOSTIC BONE		330.5			,					,
	MARROW;	PRIMARY									
	BIOPSY(IES)	PROCEDURE	38221		\$	3,520.04	not contracted	\$	4,400.05	\$	3,520.04
	, ,								-		
		LEVEL IV - SURGICAL									
		PATHOLOGY, GROSS									
		AND MICROSCOP	88305		\$	117.70	not contracted	\$	147.13	\$	117.70
		IMMUNOHISTOCHEM									
		ISTRY OR									
		IMMUNOCYTOCHEMI									
		STRY, PER S	88342		\$	369.12	not contracted	\$	461.40	\$	369.12
		DECALCIFICATION									
		PROCEDURE (LIST	00244		_ ا			4		,	
		SEPARATELY IN ADDI	88311		\$	-	not contracted	\$	<u> </u>	\$	
		SPECIAL STAIN INCLUDING									
		INTERPRETATION									
		AND REPORT;	88313		\$	79.72	not contracted	\$	99.65	\$	79.72
		AND REPORT,	88313		۲	73.72	not contracted	٧	33.03	7	75.72
		INJECTION, HEPARIN									
		SODIUM, (HEPARIN									
		LOCK FLUSH), P	J1642		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		LIDOCAINE HCL FOR									
		INTRAVENOUS									
		INFUSION,	J2001		\$	-	not contracted	\$	-	\$	-
	ENDOSCOPIC										
	RETROGRADE										
	CHOLANGIOPANCREA										
43264	TOGRAPHY (ER	PROCEDURE	43264		\$	7,654.14	not contracted	\$	9,567.68	\$	7,654.14
		ENDOSCOPIC									
		RETROGRADE									
		CHOLANGIOPANCREA	42275		ے ا	7.654.14	not contracted	۲.	0.567.68	ب	7.654.14
		TOGRAPHY (ER INJECTION,	43275		\$	7,654.14	not contracted	\$	9,567.68	\$	7,654.14
		DEXAMETHASONE									
		SODIUM PHOSPHATE,									
		1 MG	J1100		\$	_	not contracted	\$	_	\$	_
		INJECTION,	31100		7		not contracted	7		7	
		LEVOFLOXACIN, 250									
		MG	J1956		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		ONDANSETRON									
		HYDROCHLORIDE,									
		PER 1 MG	J2405		\$	-	not contracted	\$	-	\$	
		INJECTION,									
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$	-	\$	-
		INJECTION SECTION									
		INJECTION, FENTANYL	12040				not continue at a st	۲		,	
		CITRATE, 0.1 MG RINGERS LACTATE	J3010		\$	-	not contracted	\$	-	\$	-
		INFUSION, UP TO									
		1000 CC	J7120		\$	_	not contracted	\$	_	\$	-
	FINE NEEDLE	-500 00	3, 120		7	}	not contracted	ب		ڔ	
	ASPIRATION BIOPSY,										
	WITHOUT IMAGING	PRIMARY								l	
	WITHOUT IMAGING										

	SHOP	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm			aximum tiated Rate		Minimum
Primary			CPT/HCPCS			(Collilli	lercial)	Nego	tiateu Kate	Nego	Mateu Kate
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Fa	acility <sup>4,5</sup>	l	Facility <sup>4</sup>
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO	99212		\$	-	not contracted	\$	-	\$	-
		CYTOPATHOLOGY,									
		EVALUATION OF FINE	22472			447.70			447.40		447.70
		NEEDLE ASPIRATE;	88173		\$	117.70	not contracted	\$	147.13	\$	117.70
		LEVEL IV - SURGICAL									
		PATHOLOGY, GROSS									
		AND MICROSCOP	88305		\$	117.70	not contracted	\$	147.13	\$	117.70
	INJECTION										
	PROCEDURE FOR	DDIA 4 A DV									
	•	PRIMARY PROCEDURE	27096		\$		not contracted	\$	_	\$	_
	VASECTOMY,	TROCEDORE	27030		7		not contracted	٠,		٠,	
	UNILATERAL OR										
	BILATERAL (SEPARATE	PRIMARY									
55250	PROCE	PROCEDURE	55250		\$	4,354.14	not contracted	\$	5,442.68	\$	4,354.14
		LEVEL II CURCICAL									
		LEVEL II - SURGICAL PATHOLOGY, GROSS									
		AND MICROSCOP	88302		\$	58.60	not contracted	\$	73.25	\$	58.60
		INJECTION,	00002		<b>-</b>	30.00	not contracted	Υ	70.25	Υ	30.00
		LIDOCAINE HCL FOR									
		INTRAVENOUS									
		INFUSION,	J2001		\$	-	not contracted	\$	-	\$	-
65920	GONIOTOMY	PRIMARY PROCEDURE	65820		\$	9,379.22	not contracted	\$	11,724.03	\$	9,379.22
	BIOPSY OF LIVER,	FROCEDORE	03820		۲	3,373.22	not contracted	٦	11,724.03	۲	3,373.22
		PRIMARY									
47000	PERCUTANEOUS	PROCEDURE	47000		\$	3,520.04	not contracted	\$	4,400.05	\$	3,520.04
		COMPUTED									
		TOMOGRAPHY GUIDANCE FOR									
		NEEDLE PLACEMENT	77012		\$	_	not contracted	\$	_	\$	_
					T			т		т	
		LEVEL V - SURGICAL									
		PATHOLOGY, GROSS									
		AND MICROSCOPI	88307		\$	760.82	not contracted	\$	951.03	\$	760.82
		IMMUNOHISTOCHEM ISTRY OR									
		IMMUNOCYTOCHEMI									
		STRY, PER S	88341		\$	-	not contracted	\$	-	\$	-
		IMMUNOHISTOCHEM									
		ISTRY OR									
		IMMUNOCYTOCHEMI	000.45		_	202.15		ć	464.45	¢	202.15
		STRY, PER S INJECTION,	88342		\$	369.12	not contracted	\$	461.40	\$	369.12
		MIDAZOLAM									
		HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	=	not contracted	\$	=	\$	=
		INJECTION, FENTANYL	10045		_						
	LAPAROSCOPY,	CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	-	\$	
		PRIMARY									
	- · ·-,	•									

	SHO	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm	TH NET		laximum		Minimum gotiated Rate
Primary			CPT/HCPCS			(	icreiary	Nege	riated nate	110	Bottatea Hate
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	F	acility <sup>4,5</sup>		Facility <sup>4</sup>
		ANESTHESIA FOR									
		INTRAPERITONEAL									
		PROCEDURES IN									
		LOWER	00840		\$	-	not contracted	\$	-	\$	
		COMPLITED									
		COMPUTED TOMOGRAPHIC									
		ANGIOGRAPHY,									
		ABDOMEN AND PELV	74174		\$	864.86	not contracted	\$	1,081.08	\$	864.86
		7.550	, , , , ,		<u> </u>	0000		7	2,002.00	<u> </u>	00.100
		LEVEL II - SURGICAL									
		PATHOLOGY, GROSS									
		AND MICROSCOP	88302		\$	58.60	not contracted	\$	73.25	\$	58.60
		RADIOLOGIC									
		EXAMINATION,	74045			202.04		_	254.02		202.04
		CHEST; SINGLE VIEW	71045		\$	203.94	not contracted	\$	254.93	\$	203.94
		BASIC METABOLIC PANEL (CALCIUM,									
		TOTAL) THIS PANEL	80048		\$	16.92	not contracted	Ś	21.15	\$	16.92
		BLOOD COUNT;	000.0		Ť	20.32		Υ		7	20.02
		COMPLETE (CBC),									
		AUTOMATED (HGB,									
		нст,	85025		\$	15.54	not contracted	\$	19.43	\$	15.54
		INJECTION,									
		CEFTRIAXONE			_					_	
		SODIUM, PER 250 MG	J0696		\$	-	not contracted	\$	-	\$	-
		INJECTION, DEXAMETHASONE									
		SODIUM PHOSPHATE,									
		1 MG	J1100		\$	_	not contracted	\$	-	\$	-
		INJECTION,								·	
		KETOROLAC									
		TROMETHAMINE, PER									
		15 MG	J1885		\$	-	not contracted	\$	-	\$	_
		INJECTION,									
		MIDAZOLAM									
		HYDROCHLORIDE,	12250		ć		not contracted	\$		خ	
		PER 1 MG	J2250		\$	-	not contracted	Ş		\$	
		INJECTION,									
		MORPHINE SULFATE,									
		UP TO 10 MG	J2270		\$		not contracted	\$		\$	
		INJECTION,									
		ONDANSETRON									
		HYDROCHLORIDE,			_			_		_	
		PER 1 MG	J2405		\$	-	not contracted	\$	-	\$	-
		INJECTION, PROPOFOL, 10 MG	J2704		\$		not contracted	\$		\$	
		I NOI OI OL, 10 IVIG	JZ/U4		۶	_	not contracted	ڔ		۶	
		INJECTION, FENTANYL									
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	-	\$	-
	STRAPPING; UNNA	PRIMARY									
29580	воот	PROCEDURE	29580		\$	342.16	not contracted	\$	427.70	\$	342.16
	CHEMODENERVATIO										
	N OF MUSCLE(S);	PRIMARY	64646		_	620.24		_ ا	707.00	Ļ	620.24
64616	NECK MUSCLE(S), EXC	PKUCEDUKE	64616		\$	638.24	not contracted	<b>\</b>	797.80	\$	638.24

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm			imum Ited Rate		linimum
Primary			CPT/HCPCS			(0111111		HUBURIO		11050	
Code	Service Category	Service Description	Code	Note	F	acility <sup>4</sup>	Professional <sup>3</sup>	Faci	lity <sup>4,5</sup>	F	acility <sup>4</sup>
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$	-	\$	
	INICI LICALZA VADLIC										
	INFLUENZA VIRUS VACCINE, LIVE (LAIV),	PRIMARY									
	PANDEMIC FOR	PROCEDURE	90664		\$	_	not contracted	\$	-	\$	
		IMMUNIZATION			<u> </u>			•			
		ADMINISTRATION BY									
		INTRANASAL OR									
		ORAL	90473		\$	158.38	not contracted	\$	197.98	\$	158.3
		OFFICE OR OTHER									
		OFFICE OR OTHER OUTPATIENT VISIT									
		FOR THE EVALUATIO	99212		\$	_	not contracted	\$	_	\$	
					, , ,			т		7	
	CARDIOVERSION,										
	ELECTIVE, ELECTRICAL	PRIMARY									
92960	CONVERSION OF	PROCEDURE	92960		\$	1,380.60	not contracted	\$	1,725.75	\$	1,380.6
		ELECTROCA DE COST									
		ELECTROCARDIOGRA									
		M, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$	134.92	not contracted	\$	168.65	\$	134.9
		BASIC METABOLIC	33003		7	134.32	not contracted	,	100.03	٧	134.5
		PANEL (CALCIUM,									
		TOTAL) THIS PANEL	80048		\$	16.92	not contracted	\$	21.15	\$	16.92
		INJECTION,									
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$	-	\$	
		BLOOD COUNT;									
		COMPLETE (CBC),									
		AUTOMATED (HGB, HCT,	85027		\$	12.94	not contracted	ć	16.18	\$	12.9
		rici,	83027		٠	12.54	not contracted	Ą	10.16	Ų	12.3
		PROTHROMBIN TIME;	85610		\$	8.58	not contracted	\$	10.73	\$	8.58
		COLLECTION OF									
		VENOUS BLOOD BY									
		VENIPUNCTURE	36415		\$	17.14	not contracted	\$	21.43	\$	17.1
	CLIDCICAL DENACYAL										
	SURGICAL REMOVAL OF RESIDUAL TOOTH	PRIMARY									
D7250	ROOTS (CUTTING	PROCEDURE	D7250		\$	4,043.24	not contracted	\$	5,054.05	\$	4,043.2
255	- (	LOCAL ANESTHESIA	D9215		\$	-	not contracted	\$	-,	\$	.,
		PANORAMIC FILM	D0330		\$	-	not contracted	\$	_	\$	
		LIMITED ORAL									
		EVALUATION -								,	
		PROBLEM FOCUSED	D0140		\$	-	not contracted	\$	-	\$	
	PARACENTESIS OF										
	ANTERIOR CHAMBER	PRIMARY									
	OF EYE (SEPARATE	PROCEDURE	65800		\$	5,069.06	not contracted	\$	6,336.33	\$	5,069.0
	,	PRIMARY			<u> </u>	,		•	,,		
D0460	PULP VITALITY TESTS	PROCEDURE	D0460		\$	4,043.24	not contracted	\$	5,054.05	\$	4,043.2
		LIMITED ORAL									_
		EVALUATION -									
		PROBLEM FOCUSED	D0140		\$	-	not contracted	\$	-	\$	
	ESOPHAGOGASTROD										
	THE MEMORITY OF THE PROPERTY O	I									
	UODENOSCOPY, FLEXIBLE,	PRIMARY				]					

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary	6	Control Broad Albert	CPT/HCPCS	N. I.		acility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
Code	Service Category	Service Description	Code	Note	-	acility	Professional	Facility	racility
		ESOPHAGOGASTROD UODENOSCOPY,							
		FLEXIBLE,							
		TRANSORAL; W	43239		\$	1,937.80	not contracted	\$ 2,422.25	\$ 1,937.80
		ESOPHAGOGASTROD				,			,
		UODENOSCOPY,							
		FLEXIBLE,							
		TRANSORAL; W	43255		\$	4,088.20	not contracted	\$ 5,110.25	\$ 4,088.20
		LEVEL IV. CLIDGICAL							
		LEVEL IV - SURGICAL PATHOLOGY, GROSS							
		AND MICROSCOP	88305		\$	117.70	not contracted	\$ 147.13	\$ 117.70
		INJECTION,	00303		7	117.70	not contracted	ÿ 147.13	Ş 117.70
		MIDAZOLAM							
		HYDROCHLORIDE,							
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INJECTION, FENTANYL						_	
<u> </u>	DIDLITUEDIA	CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -
	DIPHTHERIA, TETANUS TOXOIDS,								
	ACELLULAR	PRIMARY							
	PERTUSSIS V	PROCEDURE	90696		\$	_	not contracted	\$ -	\$ -
		IMMUNIZATION			T			7	7
		ADMINISTRATION							
		THROUGH 18 YEARS							
		OF AG	90460		\$	-	not contracted	\$ -	\$ -
		INFLUENZA VACCINE,							
		INACTIVATED (IIV), SUBUNIT, ADJ	90653		\$		not contracted	\$ -	\$ -
		IMMUNIZATION	90653		Ş	-	not contracted	\$ -	Ş -
		ADMINISTRATION							
		THROUGH 18 YEARS							
		OF AG	90461		\$	-	not contracted	\$ -	\$ -
		MEASLES, MUMPS,							
		RUBELLA, AND							
		VARICELLA VACCINE			١.				
		(MM	90710		\$	375.58	not contracted	\$ 469.48	\$ 375.58
		PERIODIC COMPREHENSIVE							
		PREVENTIVE							
		MEDICINE REEVALU	99392		\$	-	not contracted	\$ -	\$ -
		-			<u> </u>			•	
	MEASLES, MUMPS								
	AND RUBELLA VIRUS	PRIMARY							
90707	VACCINE (MMR), LI	PROCEDURE	90707		\$	-	not contracted	\$ -	\$ -
		IMMUNIZATION							
		ADMINISTRATION (INCLUDES							
		PERCUTANEOUS	90471		\$	158.38	not contracted	\$ 197.98	\$ 158.38
		. INCOTANEOUS	504/1		7	150.50	not contracted	7 137.30	7 130.36
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATIO	99212		\$	-	not contracted	\$ -	\$ -
	ULTRASOUND,					$\Box$			
	PREGNANT UTERUS,	DD18 44 DV							
	REAL TIME WITH	PRIMARY	76017		خ.	250.00	not contract	¢ 242.02	¢ 350.00
/081/	IMAGE	PROCEDURE	76817		\$	250.90	not contracted	\$ 313.63	\$ 250.90

	SHO	PPABLE OUTPATIENT SI	ERVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS			(-	ercialy	Negotiated Nate	Negotiated Nate
Code	Service Category	Service Description	Code	Note	F	acility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
	INJECTION,								
	MEDROXYPROGESTER	PRIMARY							
J1050	ONE ACETATE, 1 MG	PROCEDURE	J1050		\$	-	not contracted	\$ -	\$ -
		THERAPEUTIC,							
		PROPHYLACTIC, OR							
		DIAGNOSTIC							
		INJECTION	96372		\$	158.38	not contracted	\$ 197.98	\$ 158.38
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$ -	\$ -
	VISUAL FIELD							·	
	EXAMINATION,								
	UNILATERAL OR	PRIMARY							
92082	BILATERAL,	PROCEDURE	92082		\$	134.92	not contracted	\$ 168.65	\$ 134.92
D0100	SCREENING OF A	PRIMARY	50100		,			<u> </u>	<u> </u>
D0190	PATIENT TRABECULOPLASTY	PROCEDURE PRIMARY	D0190		\$	-	not contracted	\$ -	\$ -
65855	BY LASER SURGERY	PROCEDURE	65855		\$	1,245.92	not contracted	\$ 1,557.40	\$ 1,245.92
						,		, , , , , , , , ,	, , , , , ,
	SELECTIVE CATHETER								
	PLACEMENT,								
	INTERNAL CAROTID	PRIMARY							
36224	ART	PROCEDURE	36224		\$	12,065.08	not contracted	\$ 15,081.35	\$ 12,065.08
		CELECTIVE CATHETER							
		SELECTIVE CATHETER PLACEMENT,							
		VERTEBRAL ARTERY,							
		UN	36226		\$	12,065.08	not contracted	\$ 15,081.35	\$ 12,065.08
		3D RENDERING WITH							
		INTERPRETATION							
		AND REPORTING OF	76376		\$	-	not contracted	\$ -	\$ -
		SELECTIVE CATHETER							
		PLACEMENT,							
		COMMON CAROTID							
		OR IN	36223		\$	12,065.08	not contracted	\$ 15,081.35	\$ 12,065.08
		INJECTION,				İ			
		MIDAZOLAM							
		HYDROCHLORIDE,	12256		_			<u>,</u>	, .
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -
	SEVERE ACUTE		1						
	RESPIRATORY								
	SYNDROME	PRIMARY							
91310	CORONAVIRUS 2 (S	PROCEDURE	91310		\$	-	not contracted	\$ -	\$ -
		IMMUNIZATION							
		ADMINISTRATION BY							
		INTRAMUSCULAR							
		INJEC	0104A		\$		not contracted	\$ -	\$ -
		PERIODIC				İ			
		COMPREHENSIVE							
		PREVENTIVE							
		MEDICINE REEVALU	99396		\$	-	not contracted	\$ -	\$ -

	SHOI	PPABLE OUTPATIENT SE	ERVICES				TH NET nercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS			(Collin	icicialy	regonated nate	Negotiatea Nate
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$ -	\$ -
		SARSCOV2 VAC BVL							
		30MCG/0.3ML							
		SEVERE ACUTE							
		RESPIRAT	91312		\$	-	not contracted	\$ -	\$ -
		ADM SARSCV2 BVL							
		30MCG/.3ML B IMMUNIZATION							
		ADMINIST	0124A		\$	97.46	not contracted	\$ 121.83	\$ 97.46
	ABLATION, 1 OR	ADMINIST	01247		7	37.40	not contracted	ý 121.03	y 37.40
	MORE LIVER								
	TUMOR(S),	PRIMARY							
	PERCUTANEOUS,	PROCEDURE	47382		\$	12,235.00	not contracted	\$ 15,293.75	\$ 12,235.00
		MAGNETIC							
		RESONANCE (EG,							
		PROTON) IMAGING,							
		ABDOMEN;	74183		\$	864.86	not contracted	\$ 1,081.08	\$ 864.86
		001404750							
		COMPUTED							
		TOMOGRAPHY							
		GUIDANCE FOR NEEDLE PLACEMENT	77012		\$		not contracted	\$ -	\$ -
		INJECTION,	77012		Ş	-	not contracted	Ş -	\$ -
		MIDAZOLAM							
		HYDROCHLORIDE,							
		PER 1 MG	J2250		\$	_	not contracted	\$ -	\$ -
		INJECTION,							
		ONDANSETRON							
		HYDROCHLORIDE,							
		PER 1 MG	J2405		\$	_	not contracted	\$ -	\$ -
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -
	ECHOCARDIOCRAPHY								
	ECHOCARDIOGRAPHY , TRANSTHORACIC,	PRIMARY							
93307	REAL-TIME WITH IM	PROCEDURE	93307		\$	548.16	not contracted	\$ 685.20	\$ 548.16
55507	IIIVIE VVIIII IIVI	TRANSTHORACIC	55507			540.10	not contracted	7 005.20	y 540.10
		ECHOCARDIOGRAPHY							
		FOR CONGENITAL							
		CARD	93303		\$	1,181.04	not contracted	\$ 1,476.30	\$ 1,181.04
	BIOPSY OF CERVIX,								
	SINGLE OR MULTIPLE,								
57500	OR LOCAL EXC	PROCEDURE	57500		\$	1,651.32	not contracted	\$ 2,064.15	\$ 1,651.32
		055105 00 07:150							
		OFFICE OR OTHER							
		OUTPATIENT VISIT	00204		ć		not contracted	خ	ا
		FOR THE EVALUATIO	99204		\$	-	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL							
		PATHOLOGY, GROSS							
		AND MICROSCOP	88305		\$	117.70	not contracted	\$ 147.13	\$ 117.70
	CYSTOURETHROSCOP				Ť			20	. ==:0
	Y, WITH URETERAL	PRIMARY							
	CATHETERIZATION,	PROCEDURE	52005		\$	4,354.14	not contracted	\$ 5,442.68	\$ 4,354.14

	SHO	PPABLE OUTPATIENT SE	ERVICES		HEALT (Comm		Maximum Negotiated Rate	Ne	Minimum gotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note	Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	140	Facility <sup>4</sup>
		UROGRAPHY,			,				
		RETROGRADE, WITH							
		OR WITHOUT KUB	74420		\$ 864.86	not contracted	\$ 1,081.0	8 \$	864.86
		INJECTION,							
		LIDOCAINE HCL FOR INTRAVENOUS							
		INFUSION,	J2001		\$ -	not contracted	\$	- \$	-
	UNLISTED	,						<b>'</b>	
	DIAGNOSTIC								
	GASTROENTEROLOGY								
91299	PROCEDURE	PROCEDURE	91299		\$ 341.38	not contracted	\$ 426.7	3 \$	341.38
		COLONOSCOPY, FLEXIBLE; WITH							
		BIOPSY, SINGLE OR							
		MULT	45380		\$ 2,542.02	not contracted	\$ 3,177.5	3 \$	2,542.02
					-				·
		LEVEL IV - SURGICAL							
		PATHOLOGY, GROSS							= -
		AND MICROSCOP	88305		\$ 117.70	not contracted	\$ 147.1	3 \$	117.70
		INJECTION, MIDAZOLAM							
		HYDROCHLORIDE,							
		PER 1 MG	J2250		\$ -	not contracted	\$	- \$	-
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		\$ -	not contracted	\$	- \$	-
	DILATION AND CURETTAGE,								
	DIAGNOSTIC AND/OR	PRIMARY							
	THERAPEU	PROCEDURE	58120		\$ 6,637.14	not contracted	\$ 8,296.4	3 \$	6,637.14
		ANESTHESIA FOR			,		,		
		VAGINAL							
		PROCEDURES							
		(INCLUDING BIOPS	00940		\$ -	not contracted	\$	- \$	-
		LEVEL III - SURGICAL							
		PATHOLOGY, GROSS							
		AND MICROSCO	88304		\$ 117.70	not contracted	\$ 147.1	3 \$	117.70
		BLOOD COUNT;					,		
		COMPLETE (CBC),							
		AUTOMATED (HGB,							
		HCT,	85025		\$ 15.54	not contracted	\$ 19.4	3 \$	15.54
		INJECTION, HYDROMORPHONE,							
		UP TO 4 MG	J1170		\$ _	not contracted	\$	- \$	_
		INJECTION,	322.0				T	1	
		MIDAZOLAM							
		HYDROCHLORIDE,							
		PER 1 MG	J2250		\$ -	not contracted	\$	- \$	-
		INJECTION,							
		ONDANSETRON HYDROCHLORIDE,							
		PER 1 MG	J2405		\$ _	not contracted	\$	- \$	-
		. = =	32.33				T	1	
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		\$ -	not contracted	\$	- \$	-
		RINGERS LACTATE							
		INFUSION, UP TO	17430			not contined at	خ	- \$	
		1000 CC	J7120		\$ -	not contracted	\$	-  >	-

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm		No	Maximum gotiated Rate	Ne	Minimum
Primary			CPT/HCPCS			(Collin	ierciarj	INC	gotiateu nate	IVC	gotiateu nate
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>		Facility <sup>4,5</sup>		Facility <sup>4</sup>
		ANTIBODY SCREEN,									
		RBC, EACH SERUM									
		TECHNIQUE	86850		\$	117.70	not contracted	\$	147.13	\$	117.70
		BLOOD TYPING,						١.		١.	
		SEROLOGIC; RH (D)	86901		\$	79.72	not contracted	\$	99.65	\$	79.72
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$	272.56	not contracted	\$	340.70	\$	272.56
		COLLECTION OF	80900		۶	272.36	not contracted	Ş	340.70	Ş	272.30
		VENOUS BLOOD BY									
		VENIPUNCTURE	36415		\$	17.14	not contracted	\$	21.43	\$	17.14
	REMOVAL OF										
	FOREIGN BODY,										
	EXTERNAL EYE;	PRIMARY									
65222	CORNEAL, WI	PROCEDURE	65222		\$	272.56	not contracted	\$	340.70	\$	272.56
		OFFICE OR OTHER									
		OUTPATIENT VISIT FOR THE EVALUATIO	99203		\$		not contracted	\$		\$	
	REMOVAL OF	FOR THE EVALUATIO	99203		٦	-	not contracted	Ş		Ç	-
	IMPACTED TOOTH-	PRIMARY									
D7230	PARTIALLY BONY	PROCEDURE	D7230		\$	4,043.24	not contracted	\$	5,054.05	\$	4,043.24
	-	LOCAL ANESTHESIA	D9215		\$	-	not contracted	\$	-	\$	,
		PANORAMIC FILM	D0330		\$	-	not contracted	\$	-	\$	
		LIMITED ORAL									
		EVALUATION -									
		PROBLEM FOCUSED	D0140		\$	-	not contracted	\$	-	\$	-
	CHEMOTHERAPY										
	ADMINISTRATION, SUBCUTANEOUS OR	PRIMARY									
96402	INTRA	PROCEDURE	96402		\$	158.38	not contracted	\$	197.98	\$	158.38
30402	INTIVA	TROCEDORE	30402		7	138.38	not contracted	7	157.56	7	150.50
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$	-	\$	-
		LEUPROLIDE ACETATE									
		(FOR DEPOT	10217		,	442.00	not contracted	ے ا	FF2 60	ے ا	442.00
	MOHS	SUSPENSION), 7.5 MG	J9217		\$	442.08	not contracted	\$	552.60	\$	442.08
	MICROGRAPHIC										
	TECHNIQUE,										
	INCLUDING REMOVAL	PRIMARY									
17311	OF	PROCEDURE	17311		\$	1,363.72	not contracted	\$	1,704.65	\$	1,363.72
	INSERTION OR										
	REPLACEMENT OF										
	PERMANENT	PRIMARY			١.			١.		١.	
33270	SUBCUTANEOUS	PROCEDURE	33270		\$	75,295.98	not contracted	\$	94,119.98	\$	75,295.98
		FLUOROSCOPIC									
		GUIDANCE FOR CENTRAL VENOUS									
		ACCESS DE	77001		\$	_	not contracted	\$	_	\$	_
			,,,,,,		7					,	
		ELECTROCARDIOGRA									
		M, ROUTINE ECG									
		WITH AT LEAST 12 LE	93005		\$	134.92	not contracted	\$	168.65	\$	134.92
		RADIOLOGIC									
		EXAMINATION,									
		CHEST; 2 VIEWS	71046		\$	203.94	not contracted	\$	254.93	\$	203.94

	SHOI	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS			·	icicialy		
Code	Service Category	Service Description	Code	Note	1	Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
		INJECTION,							
		CEFAZOLIN SODIUM,							
		500 MG	J0690		\$	-	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR							
		INTRAVENOUS							
		INFUSION,	J2001		\$	_	not contracted	\$ -	\$ -
		INJECTION,	32001		7		not contracted	7	Y
		PROPOFOL, 10 MG	J2704		\$	_	not contracted	\$ -	\$ -
		, , ,			<u> </u>			,	,
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -
	ENDOSCOPIC								
	RETROGRADE								
	CHOLANGIOPANCREA								
43260	TOGRAPHY (ER	PROCEDURE	43260		\$	7,654.14	not contracted	\$ 9,567.68	\$ 7,654.14
		ENDOSCOPIC							
		CATHETERIZATION OF							
		THE BILIARY DUCTAL	7.000						
		S	74328		\$	-	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE							
		SODIUM PHOSPHATE,							
		1 MG	J1100		\$	_	not contracted	\$ -	\$ -
		INJECTION,	31100				not contracted	7	Ÿ
		MIDAZOLAM							
		HYDROCHLORIDE,							
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INJECTION,						,	,
		ONDANSETRON							
		HYDROCHLORIDE,							
		PER 1 MG	J2405		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -
		INJECTION, FENTANYL	12240						
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO							
		1000 CC	J7120		\$		not contracted	\$ -	\$ -
	LAPAROSCOPY,	1000 CC	J/12U		۶	-	not contracted	- -	- -
	SURGICAL; WITH								
	FULGURATION OR	PRIMARY							
	EXCISIO	PROCEDURE	58662		\$	12,235.00	not contracted	\$ 15,293.75	\$ 12,235.00
		ANESTHESIA FOR						,	,
		INTRAPERITONEAL							
		PROCEDURES IN							
		LOWER	00840		\$	-	not contracted	\$ -	\$ -
		INFECTIOUS AGENT							
		DETECTION BY							
		NUCLEIC ACID (DNA							<b>.</b>
		OR	87522		\$	85.68	not contracted	\$ 107.10	\$ 85.68
		LEVEL III. CURCICA:							
		LEVEL III - SURGICAL							
		PATHOLOGY, GROSS AND MICROSCO	88304		\$	117.70	not contracted	\$ 147.13	\$ 117.70
		RADIOLOGIC	08304		7	11/./0	not contracted	147.13 ډ	11/./0
		EXAMINATION,							
		ABDOMEN; 1 VIEW	74018		\$	203.94	not contracted	\$ 254.93	\$ 203.94
	<u> </u>		, 4010		7	200.54	contracted	1 7 257.55	7 205.54

	SHOI	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm			Maximum otiated Rate		Minimum gotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>		Facility <sup>4,5</sup>		Facility <sup>4</sup>
	3 7	ANTIBODY; HIV-1				,			,		,
		AND HIV-2, SINGLE									
		RESULT	86703		\$	27.42	not contracted	\$	34.28	\$	27.42
		BLOOD COUNT;									
		COMPLETE (CBC),									
		AUTOMATED (HGB,	05025		_	15.54		۲.	10.42	,	45.54
		НСТ,	85025		\$	15.54	not contracted	\$	19.43	\$	15.54
		INFECTIOUS AGENT									
		ANTIGEN DETECTION									
		BY IMMUNOASSAY	87340		\$	20.66	not contracted	\$	25.83	\$	20.66
		INJECTION,									
		CEFAZOLIN SODIUM,									
		500 MG	J0690		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		DEXAMETHASONE									
		SODIUM PHOSPHATE, 1 MG	J1100		\$		not contracted	\$		\$	
		INJECTION,	31100		Ş	-	not contracted	Ş	-	Ş	-
		HYDROMORPHONE,									
		UP TO 4 MG	J1170		\$	_	not contracted	\$	-	\$	-
		INJECTION,			,			,		<u> </u>	
		KETOROLAC									
		TROMETHAMINE, PER									
		15 MG	J1885		\$	-	not contracted	\$	-	\$	_
		INJECTION,									
		MIDAZOLAM									
		HYDROCHLORIDE,	12250		_			۸ ا		ب ا	
		PER 1 MG INJECTION,	J2250		\$	-	not contracted	\$		\$	
		ONDANSETRON									
		HYDROCHLORIDE,									
		PER 1 MG	J2405		\$	_	not contracted	\$	-	\$	-
		INJECTION,						·			
		NEOSTIGMINE									
		METHYLSULFATE, UP									
		TO 0.5 MG	J2710		\$	-	not contracted	\$	-	\$	-
	INTERROGATION										
	DEVICE	DDIMARDY									
	EVALUATION(S) (REMOTE), UP TO	PRIMARY PROCEDURE	93296		\$	82.16	not contracted	\$	102.70	ć	82.16
33230	OCCLUSAL GUARD -	I NOCLDONE	33230		Ş	02.10	not contracted	ڔ	102.70	ڔ	02.10
	HARD APPLIANCE,	PRIMARY									
D9944	FULL ARCH. REMOV	PROCEDURE	D9944		\$	4,043.24	not contracted	\$	5,054.05	\$	4,043.24
	-	LIMITED ORAL			<u> </u>	,			,	Ė	,
		EVALUATION -									
		PROBLEM FOCUSED	D0140		\$	-	not contracted	\$	-	\$	-
	ECHOCARDIOGRAPHY										
	, FETAL,										
7000	CARDIOVASCULAR	PRIMARY	7000		_	F 40 4 5		_	cc= c=	,	F *0
76826	SYSTEM, RE	PROCEDURE	76826		\$	548.16	not contracted	\$	685.20	\$	548.16
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO	99215		\$	-	not contracted	\$	-	\$	-
	APPLICATION OF				7			7		T	
	SHORT LEG SPLINT	PRIMARY									
29515	(CALF TO FOOT)	PROCEDURE	29515		\$	342.16	not contracted	\$	427.70	\$	342.16

	SHOI	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm	TH NET	Maximum Negotiated Rate	Minimum Negotiated Rate	
Primary			CPT/HCPCS			·				
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>	
		OFFICE OR OTHER								
		OUTPATIENT VISIT								
		FOR THE EVALUATIO	99203		\$	-	not contracted	\$ -	\$ -	
	HEMODIALYSIS									
	PROCEDURE WITH	DDIMARY								
90935	SINGLE EVALUATION BY A	PRIMARY PROCEDURE	90935		\$	1,480.08	not contracted	\$ 1,850.10	\$ 1,480.08	
30333	5171	BASIC METABOLIC	30333		<u> </u>	1,100.00	not contracted	7 1,030.10	7 1,100.00	
		PANEL (CALCIUM,								
		TOTAL) THIS PANEL	80048		\$	16.92	not contracted	\$ 21.15	\$ 16.92	
		COLLECTION OF								
		VENOUS BLOOD BY VENIPUNCTURE	36415		\$	17.14	not contracted	\$ 21.43	\$ 17.14	
	REMOVAL OF SKIN	VENIPONCIONE	30413		7	17.14	not contracted	\$ 21.43	\$ 17.14	
	TAGS, MULTIPLE									
	FIBROCUTANEOUS	PRIMARY								
11200	TAGS	PROCEDURE	11200		\$	423.90	not contracted	\$ 529.88	\$ 423.90	
		055105 00 051150								
		OFFICE OR OTHER OUTPATIENT VISIT								
		FOR THE EVALUATIO	99212		\$	-	not contracted	\$ -	\$ -	
					T			7	7	
	ARTHROCENTESIS,									
	ASPIRATION AND/OR									
20611	INJECTION, MAJOR	PROCEDURE	20611		\$	638.24	not contracted	\$ 797.80	\$ 638.24	
	DENTAL PROPHYLAXIS AND									
	TOPICAL FLUORIDE	PRIMARY								
D1208	TREATMENT	PROCEDURE	D1208		\$	-	not contracted	\$ -	\$ -	
		ORAL HYGIENE								
		INSTRUCTION	D1330		\$	-	not contracted	\$ -	\$ -	
		LIMITED ORAL EVALUATION -								
		PROBLEM FOCUSED	D0140		\$	-	not contracted	\$ -	\$ -	
								·		
	COLORECTAL CANCER									
	SCREENING;									
G0121	COLONOSCOPY ON	PRIMARY PROCEDURE	G0121		\$	1,950.78	not contracted	\$ 2,438.48	\$ 1,950.78	
G0121	INDIVI	INJECTION,	G0121		۶	1,950.78	not contracted	\$ 2,438.48	\$ 1,950.78	
		MIDAZOLAM								
		HYDROCHLORIDE,								
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -	
		INTECTION CENTANY								
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	_	not contracted	\$ -	\$ -	
	HYSTEROSCOPY,	, 5.2	33010		<b>—</b>			7	<del>-</del>	
	SURGICAL; WITH									
	REMOVAL OF	PRIMARY								
58561	LEIOMYOMAT	PROCEDURE	58561		\$	10,880.46	not contracted	\$ 13,600.58	\$ 10,880.46	
		ANESTHESIA FOR VAGINAL								
		PROCEDURES								
		(INCLUDING BIOPS	00952		\$	-	not contracted	\$ -	\$ -	
		LEVEL III - SURGICAL								
		PATHOLOGY, GROSS AND MICROSCO	88304		٠	117.70	not contracted	\$ 147.13	\$ 117.70	
		MIND INIICUOSCO	88304		\$	117.70	not contracted	\$ 147.13	11/./0	

	SHOP	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS			·	·		
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
		INJECTION,							
		DEXAMETHASONE SODIUM PHOSPHATE,							
		1 MG	J1100		\$	_	not contracted	\$ -	\$ -
		INJECTION,	31100		7	_	not contracted	٠,	<u>-</u>
		HYDROMORPHONE,							
		UP TO 4 MG	J1170		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		MIDAZOLAM							
		HYDROCHLORIDE,							
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		ONDANSETRON							
		HYDROCHLORIDE,							
		PER 1 MG	J2405		\$	-	not contracted	\$ -	\$ -
		INJECTION,	1070		_			ć	<u></u>
<b> </b>		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -
		INDECTION FENTANS							
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$		not contracted	\$ -	\$ -
<del>                                     </del>		RINGERS LACTATE	12010		Ş	-	not contracted	<del>-</del> -	Ş -
		INFUSION, UP TO							
		1000 CC	J7120		\$	_	not contracted	\$ -	\$ -
		ANTIBODY SCREEN,	37120		7			¥	Y
		RBC, EACH SERUM							
		TECHNIQUE	86850		\$	117.70	not contracted	\$ 147.13	\$ 117.70
		BLOOD TYPING,						·	·
		SEROLOGIC; RH (D)	86901		\$	79.72	not contracted	\$ 99.65	\$ 79.72
		BLOOD TYPING,							
		SEROLOGIC; ABO	86900		\$	272.56	not contracted	\$ 340.70	\$ 272.56
		COLLECTION OF							
		VENOUS BLOOD BY							
<del>                                     </del>	DOVOLOTUED 4 DV 45	VENIPUNCTURE	36415		\$	17.14	not contracted	\$ 21.43	\$ 17.14
	PSYCHOTHERAPY, 45 MINUTES WITH								
	PATIENT WHEN	PRIMARY				service not	service not	service not	service not
	PERFOR	PROCEDURE	90836			provided	provided	provided	provided
	CHEMODENERVATIO	TROCEDORE	30030		+	provided	provided	provided	provided
	N OF MUSCLE(S);								
	MUSCLE(S)	PRIMARY							
	INNERVATE	PROCEDURE	64615		\$	638.24	not contracted	\$ 797.80	\$ 638.24
		INJECTION,							
		ONABOTULINUMTOXI							
		NA, 1 UNIT	J0585		\$	14.84	not contracted	\$ 18.55	\$ 14.84
	CURRENT TOBACCO								
	SMOKER (CAD, CAP,	PRIMARY							
1034F (	COPD, PV) (DM)	PROCEDURE	1034F		\$	-	not contracted	\$ -	\$ -
		OFFICE OR OTHER							
		OFFICE OR OTHER							
		OUTPATIENT VISIT	00212		خ ا		not contracted	ė	خ
<del>                                     </del>	OPEN TREATMENT OF	FOR THE EVALUATIO	99213		\$	-	not contracted	\$ -	\$ -
	CLAVICULAR								
	FRACTURE, INCLUDES	PRIMARY							
23515	•	PROCEDURE	23515		\$	15,527.18	not contracted	\$ 19,408.98	\$ 15,527.18
		FLUOROSCOPY			+ -	-,,			. ==,==:120
		(SEPARATE							
		PROCEDURE), UP TO							
		1 HOUR PHY	76000		\$	548.16	not contracted	\$ 685.20	\$ 548.16

	SHC	PPABLE OUTPATIENT SE	RVICES			HEALTH (Comme		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS			(-	erciary	Negotiateu Kate	Negotiated Nate
Code	Service Category	Service Description	Code	Note	Fa	acility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
		DADIOLOGIC							
		RADIOLOGIC EXAMINATION;							
		CLAVICLE, COMPLETE	73000		\$	203.94	not contracted	\$ 254.93	\$ 203.94
		BLOOD COUNT;	73000		7	203.31	not contracted	251.55	φ 200.51
		COMPLETE (CBC),							
		AUTOMATED (HGB,							
		нст,	85025		\$	15.54	not contracted	\$ 19.43	\$ 15.54
		ANCHOR/SCREW FOR							
		OPPOSING BONE-TO-	C1712		\$		not contracted	\$ -	\$ -
		BONE OR SOFT TIS INJECTION,	C1713		Ş	-	not contracted	Ş -	Ş -
		CEFAZOLIN SODIUM,							
		500 MG	J0690		\$	_	not contracted	\$ -	\$ -
		INJECTION,			·			,	,
		HYDROMORPHONE,							
		UP TO 4 MG	J1170		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		KETOROLAC							
		TROMETHAMINE, PER	14005						
-		15 MG	J1885		\$	-	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON							
		HYDROCHLORIDE,							
		PER 1 MG	J2405		\$	_	not contracted	\$ -	\$ -
		INJECTION,			7			7	7
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		NEOSTIGMINE							
		METHYLSULFATE, UP						_	_
		TO 0.5 MG	J2710		\$	-	not contracted	\$ -	\$ -
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		\$	_	not contracted	\$ -	\$ -
		RINGERS LACTATE	33010		Ť			Ψ	· ·
		INFUSION, UP TO							
		1000 CC	J7120		\$	-	not contracted	\$ -	\$ -
		GLYCOPYRROLATE,		·					
		INHALATION							
		SOLUTION,	,		_				
		COMPOUNDED PR	J7642		\$	-	not contracted	\$ -	\$ -
		ANTIBODY SCREEN, RBC, EACH SERUM							
		TECHNIQUE	86850		\$	117.70	not contracted	\$ 147.13	\$ 117.70
	UNLISTED	LEGITALQUE	55550		<b>—</b>	117.70	not contracted	7 147.13	7 117.70
	MOLECULAR								
	PATHOLOGY	PRIMARY							
81479	PROCEDURE	PROCEDURE	81479		\$	-	not contracted	\$ -	\$ -
		COLLECTION OF							
		VENOUS BLOOD BY						l .	
	DEDDIDE: ::- (	VENIPUNCTURE	36415		\$	17.14	not contracted	\$ 21.43	\$ 17.14
	DEBRIDEMENT (EG,								
	HIGH PRESSURE WATERJET	PRIMARY							
	WITH/WITHO	PROCEDURE	97597		\$	423.90	not contracted	\$ 529.88	\$ 423.90
37337	, ********************************		3,33,		7	123.30	not contracted	7 323.80	7 425.50
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$ -	\$ -

	SHO	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm	TH NET	Maximum Negotiated Rate			Minimum gotiated Rate
Primary			CPT/HCPCS			((())	ierciaij	Negot	liateu Nate	IVE	sociated Nate
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Fa	cility <sup>4,5</sup>		Facility <sup>4</sup>
	MEDGE EVOISION OF										
	WEDGE EXCISION OF SKIN OF NAIL FOLD	PRIMARY									
11765	(EG, FOR INGRO	PROCEDURE	11765		\$	875.74	not contracted	\$	1,094.68	\$	875.74
11700	(20) 1011 110110	. NO CES ONE	11700		7	0.0		Υ	2,0000	Ψ	0,5,,
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO	99212		\$	-	not contracted	\$	-	\$	-
	ODENI TREATMAENT OF										
	OPEN TREATMENT OF										
	MEDIAL MALLEOLUS FRACTURE, INCLU	PRIMARY PROCEDURE	27766		\$	15,527.18	not contracted	\$	19,408.98	\$	15,527.18
27700	TRACTORE, INCLO	FROCEDORE	27700		٠	13,327.18	not contracted	ڔ	19,400.96	٧	13,327.18
		ANCHOR/SCREW FOR									
		OPPOSING BONE-TO-									
		BONE OR SOFT TIS	C1713		\$	-	not contracted	\$	-	\$	-
		FLUOROSCOPY									
		(SEPARATE									
		PROCEDURE), UP TO									
		1 HOUR PHY	76000		\$	548.16	not contracted	\$	685.20	\$	548.16
		RADIOLOGIC									
		EXAMINATION,									
		ANKLE; COMPLETE, MINIMUM O	73610		\$	203.94	not contracted	\$	254.93	\$	203.94
		INJECTION,	73010		٦	203.94	not contracted	۲	234.33	ڔ	203.34
		DEXAMETHASONE									
		SODIUM PHOSPHATE,									
		1 MG	J1100		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		HYDROMORPHONE,									
		UP TO 4 MG	J1170		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		MIDAZOLAM									
		HYDROCHLORIDE, PER 1 MG	J2250		\$		not contracted	\$		\$	
		INJECTION,	J225U		Ş	_	not contracted	Ş	-	Ş	-
		ONDANSETRON									
		HYDROCHLORIDE,									
		PER 1 MG	J2405		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		ROPIVACAINE									
		HYDROCHLORIDE, 1	12705		<u>,</u>		not contract	ć		۲.	
	VITRECTOMY,	MG	J2795		\$	-	not contracted	\$	-	\$	-
	MECHANICAL, PARS										
	PLANA APPROACH;	PRIMARY									
67042		PROCEDURE	67042		\$	9,379.22	not contracted	\$	11,724.03	\$	9,379.22
		INJECTION OF									
		VITREOUS									
		SUBSTITUTE, PARS									
		PLANA OR LI	67025		\$	5,069.06	not contracted	\$	6,336.33	\$	5,069.06
		INJECTION,									
		MIDAZOLAM									
		HYDROCHLORIDE, PER 1 MG	J2250		\$		not contracted	\$		\$	
		I LN I IVIU	J225U		Ş		not contracted	Ş	-	Ş	-

	SHO	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm	TH NET	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
	,	INJECTION,	300.0						,
		ONDANSETRON							
		HYDROCHLORIDE,	10.405						
		PER 1 MG	J2405		\$	-	not contracted	\$ -	\$ -
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -
		INFUSION, NORMAL							
		SALINE SOLUTION ,	17020		_				<u>,</u>
		1000 CC	J7030		\$	-	not contracted	\$ -	\$ -
	BRONCHOSCOPY,								
	RIGID OR FLEXIBLE,	PRIMARY							
31629	INCLUDING FLUOROS	PROCEDURE	31629		\$	7,825.42	not contracted	\$ 9,781.78	\$ 7,825.42
		BBONCHOSCORY							
		BRONCHOSCOPY, RIGID OR FLEXIBLE,							
		INCLUDING FLUOROS	31624		\$	3,752.46	not contracted	\$ 4,690.58	\$ 3,752.46
						· · · · · · · · · · · · · · · · · · ·			,
		BRONCHOSCOPY,							
		RIGID OR FLEXIBLE,	24.65.4		_				<u>,</u>
		INCLUDING FLUOROS	31654		\$	-	not contracted	\$ -	\$ -
		CYTOPATHOLOGY,							
		EVALUATION OF FINE							
		NEEDLE ASPIRATE;	88173		\$	117.70	not contracted	\$ 147.13	\$ 117.70
		LEVEL IV. CLIBCICAL							
		PATHOLOGY, GROSS							
		AND MICROSCOP	88305		\$	117.70	not contracted	\$ 147.13	\$ 117.70
		CYTOPATHOLOGY,						·	·
		CONCENTRATION							
		TECHNIQUE, SMEARS	22422			<b>70 70</b>		4 00.55	<b>4</b>
		AND INFECTIOUS AGENT	88108		\$	79.72	not contracted	\$ 99.65	\$ 79.72
		DETECTION BY							
		NUCLEIC ACID (DNA							
		OR	87801		\$	140.40	not contracted	\$ 175.50	\$ 140.40
		INITIONIC ACENT							
		INFECTIOUS AGENT ANTIGEN DETECTION							
		BY IMMUNOASSAY	87305		\$	23.96	not contracted	\$ 29.95	\$ 23.96
		RADIOLOGIC							
		EXAMINATION,	74045			202.04	not contined	6 354.03	ć 303.04
		CHEST; SINGLE VIEW CULTURE, TUBERCLE	71045		\$	203.94	not contracted	\$ 254.93	\$ 203.94
		OR OTHER ACID-FAST							
		BACILLI (EG,	87116		\$	21.60	not contracted	\$ 27.00	\$ 21.60
		SPECIAL STAIN							
		INCLUDING							
		INTERPRETATION AND REPORT;	88312		\$	117.70	not contracted	\$ 147.13	\$ 117.70
		, and their only	00312			117.70	not contracted	7 147.13	Ţ 117.70
		CULTURE, FUNGI							
		(MOLD OR YEAST)						_	
		ISOLATION, WITH PRE	87102		\$	16.82	not contracted	\$ 21.03	\$ 16.82

	SHOP	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		acility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
code	Service Category	INJECTION,	code	More		acility	Fioressional	racility	racility
		DEXAMETHASONE							
		SODIUM PHOSPHATE,							
		1 MG	J1100		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		ONDANSETRON							
		HYDROCHLORIDE,							
		PER 1 MG	J2405		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -
	CARDIOVASCULAR								
	STRESS TEST USING MAXIMAL OR	PRIMARY							
93015	SUBMAX	PROCEDURE	93015		\$	_	not contracted	\$ -	\$ .
33013	JODIVIAA	CARDIOVASCULAR	33013		7		not contracted	7	7
		STRESS TEST USING							
		MAXIMAL OR							
		SUBMAX	93017		\$	657.42	not contracted	\$ 821.78	\$ 657.42
	SURGICAL REMOVAL								
	OF ERUPTED TOOTH	PRIMARY							
D7210	REQUIRING ELEVAT	PROCEDURE	D7210		\$	4,043.24	not contracted	\$ 5,054.05	\$ 4,043.24
	INJECTION,								
10506	ABOBOTULINUMTOXI		10506			22.52		4 25.50	4 20.50
J0586	NA, 5 UNITS	PROCEDURE	J0586		\$	20.50	not contracted	\$ 25.63	\$ 20.50
		CHEMODENERVATIO N OF ONE							
		EXTREMITY; 5 OR							
		MORE MUSCL	64644		\$	1,512.52	not contracted	\$ 1,890.65	\$ 1,512.52
		mone mode	0.0		Ť	1,012.02		ψ 1,050.05	Ψ 1,012.01
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$ -	\$ -
	DEVELOPMENTAL								
	SCREENING (EG,								
	DEVELOPMENTAL	PRIMARY							_
96110		PROCEDURE	96110		\$	-	not contracted	\$ -	\$ -
	UNSPECIFIED ORAL								
	SURGERY PROCEDURE, BY	PRIMARY							
D7999	REPORT	PROCEDURE	D7999		\$	_	not contracted	\$ -	\$ -
2,333	NET ON	TROCEDONE	57333		7		not contracted	Ψ	<b>Y</b>
		LEVEL IV - SURGICAL							
		PATHOLOGY, GROSS							
		AND MICROSCOP	88305		\$	117.70	not contracted	\$ 147.13	\$ 117.70
	OPEN TREATMENT OF								
	METACARPAL								
	FRACTURE, SINGLE,	PRIMARY							l .
26615	INC	PROCEDURE	26615		\$	6,987.42	not contracted	\$ 8,734.28	\$ 6,987.42
		ANESTHESIA FOR							
		OPEN OR SURGICAL							
		ARTHROSCOPIC/END OS	01830		,		not contracts	ė	خ
		FLUOROSCOPY	01830		\$	-	not contracted	\$ -	\$ -
		(SEPARATE							
		`							
		PROCEDURE), UP TO	1						

	SHOI	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm	H NET	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS			((	ier ciarj	Wegotiated Nate	Negotiated Nate
Code	Service Category	Service Description	Code	Note	F	acility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
		ANCHOR/SCREW FOR							
		OPPOSING BONE-TO-							
		BONE OR SOFT TIS	C1713		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		CEFAZOLIN SODIUM,							
		500 MG	J0690		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		MIDAZOLAM HYDROCHLORIDE,							
		PER 1 MG	J2250		\$	_	not contracted	\$ -	\$ -
		INJECTION,	0		-			7	т
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		ROPIVACAINE							
		HYDROCHLORIDE, 1	12705		غ ا		not contracted	ć	<u>,</u>
$\longrightarrow$		MG	J2795		\$	-	not contracted	\$ -	\$ -
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -
		RINGERS LACTATE							
		INFUSION, UP TO							
		1000 CC	J7120		\$	-	not contracted	\$ -	\$ -
F	ROTAVIRUS VACCINE,								
	PENTAVALENT (RV5),	PRIMARY							
90680	3 DOSE SCHED	PROCEDURE	90680		\$	-	not contracted	\$ -	\$ -
		IMMUNIZATION							
		ADMINISTRATION							
		(INCLUDES PERCUTANEOUS	90471		\$	158.38	not contracted	\$ 197.98	\$ 158.38
		TERCOTANEOUS	30471		7	130.30	not contracted	Ţ 157.50	7 130.50
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATIO	99212		\$	-	not contracted	\$ -	\$ -
	ESOPHAGOGASTROD UODENOSCOPY,								
	FLEXIBLE,	PRIMARY							
	TRANSORAL; W	PROCEDURE	43255		\$	4,088.20	not contracted	\$ 5,110.25	\$ 4,088.20
	•	INJECTION,				·			,
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -
		INJECTION SENTANCE							
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$		not contracted	\$ -	\$ -
+		RINGERS LACTATE	13010		۲		not contracted	_ <del>-</del>	
		INFUSION, UP TO							
		1000 CC	J7120		\$	-	not contracted	\$ -	\$ -
	DDONGLIGGGG								
	BRONCHOSCOPY,	DDIMADY							
	RIGID OR FLEXIBLE, INCLUDING FLUOROS	PRIMARY PROCEDURE	31653		\$	7,825.42	not contracted	\$ 9,781.78	\$ 7,825.42
310001		ANESTHESIA FOR	31033		7	. ,023.42	contracted	7 3,701.70	7 7,023.42
		CLOSED CHEST							
		PROCEDURES;							
		(INCLUDING	00520		\$	-	not contracted	\$ -	\$ -
		ANESTHESIA FOR							
		ANESTHESIA FOR PATIENT OF EXTREME							
									1

	SHO	PPABLE OUTPATIENT SE	ERVICES				'H NET	Maximum Negotiated Rate		Minimum Negotiated Rate	
Primary			CPT/HCPCS			(Comm	ierciai)	Negotiated Ka	ite	iveg	otiated Kate
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>			Facility <sup>4</sup>
		CYTOPATHOLOGY,									
		EVALUATION OF FINE									
		NEEDLE ASPIRATE;	88173		\$	117.70	not contracted	\$ 14	7.13	\$	117.70
		LEVEL IV - SURGICAL									
		PATHOLOGY, GROSS	00005			447.70			- 40		447.70
		AND MICROSCOP CYTOPATHOLOGY,	88305		\$	117.70	not contracted	\$ 14	7.13	\$	117.70
		CONCENTRATION									
		TECHNIQUE, SMEARS									
		AND	88108		\$	79.72	not contracted	\$ 9	9.65	\$	79.72
		RADIOLOGIC									
		EXAMINATION,									
		CHEST; SINGLE VIEW	71045		\$	203.94	not contracted	\$ 25	4.93	\$	203.94
		SPECIAL STAIN									
		INCLUDING INTERPRETATION									
		AND REPORT;	88312		\$	117.70	not contracted	\$ 14	7.13	\$	117.70
		INJECTION,	00011			11/1/0		Ţ	, , , ,	Υ	227770
		MIDAZOLAM									
		HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		ONDANSETRON									
		HYDROCHLORIDE, PER 1 MG	J2405		\$		not contracted	\$		\$	
		INJECTION,	J2405		۶	-	not contracted	,		Ą	
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$	-	\$	-
		INJECTION, FENTANYL									
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	-	\$	-
		RINGERS LACTATE									
		INFUSION, UP TO 1000 CC	J7120		\$		not contracted	\$		\$	
		BLOOD COUNT;	J/120		۲		not contracted	7		ڔ	
		COMPLETE (CBC),									
		AUTOMATED (HGB,									
		нст,	85027		\$	12.94	not contracted	\$ 1	6.18	\$	12.94
									T		
		CULTURE, BACTERIAL;									
		ANY OTHER SOURCE EXCEPT URINE,	87070		ć	17.24	not contracted	, n	1.55	¢	17 74
		LACEFI UNINE,	8/0/0		\$	17.24	not contracted	2 د ا	1.33	Ą	17.24
	INDUCED ABORTION,										
	BY DILATION AND	PRIMARY				service not	service not	service	not		service not
59840	CURETTAGE	PROCEDURE	59840			provided	provided		ded		provided
									Ī		
		ANESTHESIA FOR									
		INDUCED ABORTION	01000		_					,	
		PROCEDURES	01966		\$	-	not contracted	\$	-	\$	-
		LEVEL III - SURGICAL									
		PATHOLOGY, GROSS									
		AND MICROSCO	88304		\$	117.70	not contracted	\$ 14	7.13	\$	117.70
		BLOOD COUNT;									
		COMPLETE (CBC),									
		AUTOMATED (HGB,									
		нст,	85025		\$	15.54	not contracted	\$ 1	9.43	\$	15.54

	SHO	PPABLE OUTPATIENT SI	ERVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate	
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>	
55.05	comme caregory	INJECTION, HEPARIN	5545			,		,	· · · · · · · · · · · · · · · · · · ·	
		SODIUM, PER 1000								
		UNITS	J1644		\$	-	not contracted	\$ -	\$ -	
		INJECTION,								
		MIDAZOLAM								
		HYDROCHLORIDE,								
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -	
		INJECTION,								
		ONDANSETRON								
		HYDROCHLORIDE,	12405		\$		not contracted	\$ -	\$ -	
		PER 1 MG INJECTION,	J2405		Ş	-	not contracted	\$ -	\$ -	
		PROPOFOL, 10 MG	J2704		\$	_	not contracted	\$ -	\$ -	
		T NOT OT OL, 10 WIG	32704		7		not contracted	<del>-</del>	<u> </u>	
		INJECTION, FENTANYL								
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -	
		RINGERS LACTATE								
		INFUSION, UP TO								
		1000 CC	J7120		\$	-	not contracted	\$ -	\$ -	
		ANTIBODY SCREEN,								
		RBC, EACH SERUM								
		TECHNIQUE	86850		\$	117.70	not contracted	\$ 147.13	\$ 117.70	
		BLOOD TYPING,	00004		_	70.72		, oo c	<b>A</b> 70.72	
		SEROLOGIC; RH (D) BLOOD TYPING,	86901		\$	79.72	not contracted	\$ 99.65	\$ 79.72	
		SEROLOGIC; ABO	86900		\$	272.56	not contracted	\$ 340.70	\$ 272.56	
		COLLECTION OF	80300		7	272.30	not contracted	ÿ 340.70	\$ 272.50	
		VENOUS BLOOD BY								
		VENIPUNCTURE	36415		\$	17.14	not contracted	\$ 21.43	\$ 17.14	
	PRINCIPAL CARE									
	MANAGEMENT									
	SERVICES, FOR A	PRIMARY								
99426	SINGLE H	PROCEDURE	99426		\$	178.06	not contracted	\$ 222.58	\$ 178.06	
	00000000000									
	OPHTHALMIC									
	BIOMETRY BY PARTIAL COHERENCE	PRIMARY								
92136	INTERFERO	PROCEDURE	92136		\$	272.56	not contracted	\$ 340.70	\$ 272.56	
32130	III ENO	COMPUTERIZED	32130		7	272.30	not contracted	ý 310.70	ŷ 272.30	
		CORNEAL								
		TOPOGRAPHY,								
		UNILATERAL OR BIL	92025		\$	134.92	not contracted	\$ 168.65	\$ 134.92	
		OFFICE OR OTHER								
		OUTPATIENT VISIT								
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$ -	\$ -	
	LEVEL IV SUBCICAL									
	LEVEL IV - SURGICAL PATHOLOGY, GROSS	PRIMARY								
	AND MICROSCOP	PROCEDURE	88305		\$	117.70	not contracted	\$ 147.13	\$ 117.70	
55505			55555			117.70	contracted	7 177.13	7 117.70	
	INJECTION(S); SINGLE									
	TENDON SHEATH, OR	PRIMARY								
20550	LIGAMENT, A	PROCEDURE	20550		\$	638.24	not contracted	\$ 797.80	\$ 638.24	
		OFFICE OR OTHER								
		OUTPATIENT VISIT			_					
		FOR THE EVALUATIO	99212		\$	-	not contracted	\$ -	\$ -	

	SHO	PPABLE OUTPATIENT SE	RVICES				TH NET	Maximum	Minimum
Primary			CPT/HCPCS			(Comm	ierciai)	Negotiated Rate	Negotiated Rate
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
	COMPREHENSIVE								
	PERIODONTAL								
	EVALUATION - NEW	PRIMARY							
D0180	OR ESTA	PROCEDURE	D0180		\$	-	not contracted	\$ -	\$ -
	REMOVAL OF								
	TUNNELED CENTRAL	DDIA 4 A DV							
26500	VENOUS ACCESS DEVICE,	PRIMARY PROCEDURE	36590		خ	3,492.58	not contracted	\$ 4,365.73	\$ 3,492.58
30390	DEVICE,	REMOVAL OF	30390		\$	3,492.36	not contracted	\$ 4,365.73	\$ 3,492.58
		TUNNELED							
		INTRAPERITONEAL							
		CATHETER	49422		\$	6,992.84	not contracted	\$ 8,741.05	\$ 6,992.84
						,			
	INFLUENZA VIRUS								
	VACCINE, TRIVALENT	PRIMARY							
90656	(IIV3), SPLIT V	PROCEDURE	90656		\$	-	not contracted	\$ -	\$ -
		IMMUNIZATION							
		ADMINISTRATION							
		(INCLUDES							
		PERCUTANEOUS	90471		\$	158.38	not contracted	\$ 197.98	\$ 158.38
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATIO	99213		\$	_	not contracted	\$ -	\$ -
	EXCISION, BENIGN	TOR THE EVALUATIO	33213		7		not contracted	7	7
	LESION INCLUDING	PRIMARY							
11406	MARGINS, EXCEPT	PROCEDURE	11406		\$	3,520.04	not contracted	\$ 4,400.05	\$ 3,520.04
		ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYS	00400		\$	-	not contracted	\$ -	\$ -
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$	117.70	not contracted	\$ 147.13	\$ 117.70
		INJECTION,							
		CEFAZOLIN SODIUM,							
		500 MG	J0690		\$	-	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE							
		SODIUM PHOSPHATE,							
		1 MG	J1100		\$	_	not contracted	\$ -	\$ -
		INJECTION,						т	- T
		MIDAZOLAM							
		HYDROCHLORIDE,							
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		ONDANSETRON							
		HYDROCHLORIDE,						_	
		PER 1 MG	J2405		\$	-	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$		not contracted	ė	\$ -
		FRUPUFUL, 10 MG	JZ/U4		, <b>&gt;</b>	-	not contracted	\$ -	ş -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -
		RINGERS LACTATE			T .				•
		INFUSION, UP TO							
	ĺ	1000 CC	J7120		\$	_	not contracted	\$ -	\$ -

	SHOI	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
Couc	TRANSTHORACIC	Service Description	code	14012		lacinty	Troressionar	racincy	rucinty
	ECHOCARDIOGRAPHY								
	FOR CONGENITAL	PRIMARY							
93303	CARD	PROCEDURE	93303		\$	1,181.04	not contracted	\$ 1,476.30	\$ 1,181.04
	DIGITAL ANALYSIS OF								
	ELECTROENCEPHALO	PRIMARY							
	GRAM (EEG) (EG	PROCEDURE	95957		\$	-	not contracted	\$ -	\$ -
	COLPOSCOPY OF THE	DDIMARDY							
57/156	CERVIX INCLUDING UPPER/ADJACENT	PRIMARY PROCEDURE	57456		\$	685.34	not contracted	\$ 856.68	\$ 685.34
37430	OTT ENJADJACENT	TROCEDORE	37430		7	003.34	not contracted	γ 630.08	ý 005.54
		OFFICE OR OTHER							
		OUTPATIENT VISIT							
		FOR THE EVALUATIO	99212		\$	-	not contracted	\$ -	\$ -
		LEVEL IV - SURGICAL							
		PATHOLOGY, GROSS							
		AND MICROSCOP	88305		\$	117.70	not contracted	\$ 147.13	\$ 117.70
	REMOVAL OF								
	IMPLANTABLE	20114401							
	DEFIBRILLATOR PULSE GENERAT	PRIMARY PROCEDURE	33262		\$	53,563.72	not contracted	\$ 66,954.65	\$ 53,563.72
33202	TOLSE GENERAL	INJECTION,	33202		٧	33,303.72	not contracted	\$ 00,554.05	ÿ 33,303.72
		CEFAZOLIN SODIUM,							
		500 MG	J0690		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		LIDOCAINE HCL FOR INTRAVENOUS							
		INFUSION,	J2001		\$	-	not contracted	\$ -	\$ -
		INJECTION,			*			- T	*
		MIDAZOLAM							
		HYDROCHLORIDE,	10050		_				
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INJECTION, FENTANYL							
		CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -
	STRABISMUS SURGERY, RECESSION								
	OR RESECTION	PRIMARY							
67312	PROCEDU	PROCEDURE	67312		\$	8,205.34	not contracted	\$ 10,256.68	\$ 8,205.34
		STRABISMUS							
		SURGERY, ANY							
		PROCEDURE, SUPERIOR OBLIQU	67318		\$	4,962.92	not contracted	\$ 6,203.65	\$ 4,962.92
		PLACEMENT OF	0/316		Ş	4,902.92	not contracted	\$ 6,205.05	\$ 4,962.92
		ADJUSTABLE							
		SUTURE(S) DURING							
		STRABISMU	67335		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		DEXAMETHASONE SODIUM PHOSPHATE,							
		1 MG	J1100		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		MIDAZOLAM							
		HYDROCHLORIDE, PER 1 MG	12250		۲.		not contract	ė	ی
		L L L I I I I I I	J2250		\$		not contracted	\$ -	\$ -

	SHO	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated R	
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>	
		INJECTION,								
		ONDANSETRON								
		HYDROCHLORIDE,								
		PER 1 MG	J2405		\$	-	not contracted	\$	- \$	-
		INJECTION,								
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$	- \$	-
		INJECTION, FENTANYL	12010		<u>_</u>			_		
		CITRATE, 0.1 MG RINGERS LACTATE	J3010		\$	-	not contracted	\$	- \$	
		INFUSION, UP TO								
		1000 CC	J7120		\$		not contracted	\$	- \$	_
		1000 CC	3/120		7		not contracted	7	- , ,	
	AMPUTATION, FOOT;	PRIMARY								
	TRANSMETATARSAL	PROCEDURE	28805		\$	6,987.42	not contracted	\$ 8,734.2	\$ 6,98	87.42
20005		ANESTHESIA FOR	20000		Ť	0,507112		φ 5,752	σ, φ σ,σ,	071.2
		OPEN PROCEDURES								
		ON BONES OF LOWER								
		L	01480		\$	-	not contracted	\$	- \$	-
									·	
		LEVEL III - SURGICAL								
		PATHOLOGY, GROSS								
		AND MICROSCO	88304		\$	117.70	not contracted	\$ 147.1	3 \$ 1:	17.70
		RADIOLOGIC								
		EXAMINATION, FOOT;								
		COMPLETE,								
		MINIMUM OF	73630		\$	203.94	not contracted	\$ 254.9	3 \$ 20	03.94
		DECALCIFICATION								
		PROCEDURE (LIST								
		SEPARATELY IN ADDI	88311		\$	-	not contracted	\$	- \$	-
		CULTURE, FUNGI								
		(MOLD OR YEAST)	27422		_	45.00				
		ISOLATION, WITH PRE	87102		\$	16.82	not contracted	\$ 21.0	3 \$	16.82
		INJECTION,								
		CEFAZOLIN SODIUM,	10000		\$			<u> </u>	- \$	
		500 MG	J0690		Ş	-	not contracted	\$	- 3	
		INJECTION, MIDAZOLAM								
		HYDROCHLORIDE,								
		PER 1 MG	J2250		\$	_	not contracted	\$	- \$	_
		INJECTION,	12230		7		not contracted	· ·	7	
		PROPOFOL, 10 MG	J2704		\$	_	not contracted	\$	- \$	-
		INJECTION,	32,31					T	Ť	
		ROPIVACAINE								
		HYDROCHLORIDE, 1								
		MG	J2795		\$	-	not contracted	\$	- \$	-
		INJECTION, FENTANYL								
		CITRATE, 0.1 MG	J3010		\$		not contracted	\$	- \$	
		RINGERS LACTATE								
		INFUSION, UP TO								
<u> </u>		1000 CC	J7120		\$	-	not contracted	\$	- \$	
		CULTURE, BACTERIAL;								
		ANY SOURCE, EXCEPT								
		BLOOD, ANAE	87075		\$	18.94	not contracted	\$ 23.6	3 \$	18.94

	SHC	OPPABLE OUTPATIENT SE	ERVICES			HEALT (Comm	TH NET	Maximum Negotiated Rate		Minimum egotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>		Facility <sup>4</sup>
	carried amagery	, and a second part of	333.5			,		,		,
		CULTURE, BACTERIAL;								
		ANY OTHER SOURCE	07070		<u>,</u>	17.24		ć 24.5	_ ا	17.24
		EXCEPT URINE, SMEAR, PRIMARY	87070		\$	17.24	not contracted	\$ 21.5	5 \$	17.24
		SOURCE WITH								
		INTERPRETATION;								
		GRAM OR	87205		\$	8.54	not contracted	\$ 10.6	\$	8.54
	REMOVAL OF									
	IMPLANTABLE DEFIBRILLATOR	PRIMARY								
33263	PULSE GENERAT	PROCEDURE	33263		\$	53,563.72	not contracted	\$ 66,954.6	\$	53,563.72
		REPAIR OF SINGLE			·	•			Ť	•
		TRANSVENOUS								
		ELECTRODE,								
		PERMANENT	33218		\$	7,865.98	not contracted	\$ 9,832.4	3 \$	7,865.98
		ELECTROCARDIOGRA								
		M, ROUTINE ECG								
		WITH AT LEAST 12 LE	93005		\$	134.92	not contracted	\$ 168.6	\$	134.92
		LEVEL I - SURGICAL								
		PATHOLOGY, GROSS EXAMINATION ON	88300		\$	58.60	not contracted	\$ 73.2	5 \$	58.60
		BASIC METABOLIC	00300		7	36.66	not contracted	7 73.2	, ,	30.00
		PANEL (CALCIUM,								
		TOTAL) THIS PANEL	80048		\$	16.92	not contracted	\$ 21.1	\$	16.92
		BLOOD COUNT;								
		COMPLETE (CBC), AUTOMATED (HGB,								
		HCT,	85025		\$	15.54	not contracted	\$ 19.4	3 \$	15.54
		INJECTION,			<u>'</u>			,	<u> </u>	
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$	-	-
		INJECTION,								
		BUPIVICAINE								
		HYDROCHLORIDE, 30 ML	S0020			not available	not contracted	not availabl	2	not available
		IVIL	30020			not available	not contracted	not available	-	not available
		THROMBOPLASTIN								
		TIME, PARTIAL (PTT);							١.	
		PLASMA OR WHOL	85730		\$	12.02	not contracted	\$ 15.0	3 \$	12.02
		PROTHROMBIN TIME;	85610		\$	8.58	not contracted	\$ 10.7	3 \$	8.58
		COLLECTION OF	03010			0.50	not contracted	Ţ 10.7.	, ,	0.30
		VENOUS BLOOD BY								
		VENIPUNCTURE	36415		\$	17.14	not contracted	\$ 21.4	\$	17.14
	MEASLES, MUMPS,									
	RUBELLA, AND VARICELLA VACCINE	PRIMARY								
90710		PROCEDURE	90710		\$	375.58	not contracted	\$ 469.4	3 \$	375.58
		IMMUNIZATION							Ť	
		ADMINISTRATION								
		THROUGH 18 YEARS	00460					<u>,</u>		
		OF AG	90460		\$	-	not contracted	\$	- \$	-
		HAEMOPHILUS								
		INFLUENZAE TYPE B								
		VACCINE (HIB), PRP-O	90647		\$	-	not contracted	\$	-	-

	SHOP	PPABLE OUTPATIENT SI	ERVICES			HEALT (Comm		Maximum Negotiated Rate			inimum iated Rate
Primary			CPT/HCPCS			(Collillo	ierciaij	Negot	iateu Kate	Nego	iateu nate
Code	Service Category	Service Description	Code	Note	F	acility <sup>4</sup>	Professional <sup>3</sup>	Fa	cility <sup>4,5</sup>	Fa	acility <sup>4</sup>
		IMMUNIZATION									
		ADMINISTRATION									
		THROUGH 18 YEARS									
		OF AG	90461		\$	-	not contracted	\$	-	\$	-
		PNEUMOCOCCAL CONJUGATE									
		VACCINE, 13 VALENT									
		(PCV13),	90670		\$	_	not contracted	\$	_	\$	_
		PERIODIC	30070		7		not contracted	<u> </u>		<u> </u>	
		COMPREHENSIVE									
		PREVENTIVE									
		MEDICINE REEVALU	99392		\$	-	not contracted	\$	-	\$	-
	ELECTROENCEPHALO										
	GRAM (EEG);										
	INCLUDING	PRIMARY									
95819	RECORDING AW	PROCEDURE	95819		\$	657.42	not contracted	\$	821.78	\$	657.42
		055105 00 051150									
		OFFICE OR OTHER									
		OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$		not contracted	\$		\$	
		ELECTROENCEPHALO	99213		۶	-	not contracted	Ą	-	Ş	
		GRAM (EEG);									
		INCLUDING									
		RECORDING AW	95816		\$	657.42	not contracted	\$	821.78	\$	657.42
	UNLISTED										
	OTORHINOLARYNGOL										
	OGICAL SERVICE OR	PRIMARY									
92700	PROCEDU	PROCEDURE	92700		\$	58.60	not contracted	\$	73.25	\$	58.60
		TYMPANOMETRY									
		AND REFLEX									
		THRESHOLD	02550		_	244.20		<u> </u>	426 72		244.20
		MEASUREMENTS COMPREHENSIVE	92550		\$	341.38	not contracted	\$	426.73	\$	341.38
		AUDIOMETRY									
		THRESHOLD									
		EVALUATION AND	92557		\$	341.38	not contracted	\$	426.73	\$	341.38
	ARTHROCENTESIS,										
	ASPIRATION AND/OR	PRIMARY									
20600	INJECTION, SMALL	PROCEDURE	20600		\$	638.24	not contracted	\$	797.80	\$	638.24
		055105 00 07::53									
		OFFICE OR OTHER									
		OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$		not contracted	\$		\$	
	IMAGE-GUIDED FLUID	I ON THE EVALUATIO	33212		Ş	-	not contracted	Ş	-	Ş	-
	COLLECTION										
	DRAINAGE BY	PRIMARY									
	CATHETER	PROCEDURE	49406		\$	3,520.04	not contracted	\$	4,400.05	\$	3,520.04
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO	99212		\$	-	not contracted	\$	-	\$	-
	INJECTION(S), OF										
	DIAGNOSTIC OR	DDIMARY									
	THERAPEUTIC SUBSTAN	PRIMARY	62321		خ	1 512 52	not contracted	ć	1 000 65	ė	1 512 52
	INCISION AND	PROCEDURE	02321		\$	1,512.52	not contracted	\$	1,890.65	\$	1,512.52
	DRAINAGE OF										
		PRIMARY									
	AD3CE33-IIVI NAUNAI										

	SHOPPABLE OUTPATIENT SERVICES					HEALT (Comm			Maximum otiated Rate		Minimum otiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>		acility <sup>4,5</sup>		Facility <sup>4</sup>
Code	Service Category	EXTRACTION,	Code	Note		acility	riolessional	•	acinty		acility
		ERUPTED TOOTH OR									
		EXPOSED ROOT									
		(ELEVATI	D7140		\$	4,043.24	not contracted	\$	5,054.05	\$	4,043.24
		LOCAL ANESTHESIA	D9215		\$	-	not contracted	\$	-	\$	-
		PANORAMIC FILM	D0330		\$	-	not contracted	\$	-	\$	-
		LIMITED ORAL									
		EVALUATION - PROBLEM FOCUSED	D0140		\$		not contracted	\$		\$	
	PERCUTANEOUS	FROBELINI FOCOSED	D0140		7	<u>_</u>	not contracted	٧		٦	
	SKELETAL FIXATION										
	OF UNSTABLE	PRIMARY									
26727	PHALANG	PROCEDURE	26727		\$	6,987.42	not contracted	\$	8,734.28	\$	6,987.42
		ANESTHESIA FOR ALL									
		CLOSED PROCEDURES									
		ON RADIUS, UL	01820		\$	-	not contracted	\$	-	\$	-
		INJECTION, CEFAZOLIN SODIUM,									
		500 MG	J0690		\$	_	not contracted	\$	_	\$	_
		INJECTION,	30030				not contracted	٦		٧	
		MIDAZOLAM									
		HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$	-	\$	-
	ONLINE DIGITAL										
	EVALUATION AND	DDIA 4 A DV									
00422	MANAGEMENT	PRIMARY PROCEDURE	99422		ė		not contracted	\$		ė	
99422	SERVICE, BIOPSY OF ORAL	PRIMARY	99422		\$	-	not contracted	Ş	-	\$	-
D7286	TISSUE - SOFT	PROCEDURE	D7286		\$	_	not contracted	\$	-	\$	_
								T		т.	
		LEVEL IV - SURGICAL									
		PATHOLOGY, GROSS									
		AND MICROSCOP	88305		\$	117.70	not contracted	\$	147.13	\$	117.70
	THORACENTESIS,										
	NEEDLE OR	22114421									
	CATHETER,	PRIMARY	22554		,	1 257 00	not contracted	ب ا	1 607 40	ے	1 257 00
32554	ASPIRATION OF T REMOVAL OR	PROCEDURE	32554		\$	1,357.98	not contracted	\$	1,697.48	\$	1,357.98
	BIVALVING; FULL										
	ARM OR FULL LEG	PRIMARY									
29705	CAST	PROCEDURE	29705		\$	563.16	not contracted	\$	703.95	\$	563.16
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
	CODE NEEDLE 2122	FOR THE EVALUATIO	99213		\$	-	not contracted	\$	-	\$	-
	CORE NEEDLE BIOPSY,	1									
	LUNG OR MEDIASTINUM,	PRIMARY									
	PERCUTANE	PROCEDURE	32408		\$	3,520.04	not contracted	Ś	4,400.05	\$	3,520.04
32400		GCEDOME	32400		7	3,320.04	not contracted	7	1,700.03	7	3,320.04
		COMPUTED									
		TOMOGRAPHY									
		GUIDANCE FOR									
		NEEDLE PLACEMENT	77012		\$	-	not contracted	\$	-	\$	-

Primary Code		SHOPPABLE OUTPATIENT SERVICES			HEALTH NET (Commercial)				Maximum Negotiated Rate		Minimum Negotiated Rate	
Code			CPT/HCPCS									
	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Fa	acility <sup>4,5</sup>		Facility <sup>4</sup>	
		IMMUNOHISTOCHEM										
		ISTRY OR										
		IMMUNOCYTOCHEMI	00244		_							
<b> </b>		STRY, PER S	88341		\$	-	not contracted	\$	-	\$	-	
		LEVEL IV - SURGICAL										
		PATHOLOGY, GROSS										
		AND MICROSCOP	88305		\$	117.70	not contracted	\$	147.13	\$	117.70	
		IMMUNOHISTOCHEM										
		ISTRY OR										
		IMMUNOCYTOCHEMI										
		STRY, PER S	88342		\$	369.12	not contracted	\$	461.40	\$	369.12	
		RADIOLOGIC										
		EXAMINATION,										
		CHEST; SINGLE VIEW	71045		\$	203.94	not contracted	\$	254.93	\$	203.94	
		INJECTION,	, 10.5		Ť	200.01		т	1555	т		
		MIDAZOLAM										
		HYDROCHLORIDE,										
		PER 1 MG	J2250		\$	-	not contracted	\$	-	\$	-	
		INJECTION, FENTANYL	12010		_							
1117	LTRASOUND,	CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$	-	\$	-	
	RANSRECTAL;											
	ROSTATE VOLUME	PRIMARY										
76873 STU		PROCEDURE	76873		\$	250.90	not contracted	\$	313.63	\$	250.90	
		OFFICE OR OTHER										
		OUTPATIENT VISIT										
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$	-	\$	-	
		LEVEL IV. CLIBOLOM										
		LEVEL IV - SURGICAL										
		PATHOLOGY, GROSS AND MICROSCOP	88305		\$	117.70	not contracted	\$	147.13	\$	117.70	
		INJECTION,	00303		7	117.70	not contracted	7	147.13	Y	117.70	
		GARAMYCIN,										
		GENTAMICIN, UP TO										
		80 MG	J1580		\$	-	not contracted	\$	-	\$	-	
		INJECTION,	$\exists$									
		LIDOCAINE HCL FOR										
		INTRAVENOUS	1000		_		المالة المستدانية	_		_		
		INFUSION, BIOPSY, PROSTATE;	J2001		\$	-	not contracted	\$	-	\$	-	
		NEEDLE OR PUNCH,										
		SINGLE OR MULTI	55700		\$	4,354.14	not contracted	\$	5,442.68	\$	4,354.14	
RE	MOVAL, UNDER		33730		Ť	.,5521		т	-,	т	.,0011	
	NESTHESIA, OF											
EX	TERNAL FIXATION	PRIMARY										
20694 SY	,	PROCEDURE	20694		\$	3,367.40	not contracted	\$	4,209.25	\$	3,367.40	
		INJECTION,										
		CEFAZOLIN SODIUM,			_					_		
		500 MG	J0690		\$	-	not contracted	\$	-	\$	-	
		INJECTION, MIDAZOLAM										
		HYDROCHLORIDE,										
		PER 1 MG	J2250		\$	_	not contracted	\$	-	\$	-	

	SHO	PPABLE OUTPATIENT SE	RVICES			HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS			·	·		
Code	Service Category	Service Description	Code	Note	I	Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
		INJECTION,							
		ONDANSETRON HYDROCHLORIDE,							
		PER 1 MG	J2405		\$	-	not contracted	\$ -	\$ -
		INJECTION,						'	,
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -
		INTECTION FENTANIA							
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -
		·						•	·
	EXCISION, TUMOR,								
24024	SOFT TISSUE OF BACK		24.024			2 520 04		4 400 05	¢ 2.520.04
21931	OR FLANK, SUB	PROCEDURE	21931		\$	3,520.04	not contracted	\$ 4,400.05	\$ 3,520.04
l		LEVEL IV - SURGICAL							
		PATHOLOGY, GROSS							
		AND MICROSCOP	88305		\$	117.70	not contracted	\$ 147.13	\$ 117.70
		INJECTION,							
		CEFAZOLIN SODIUM,	J0690		\$		not contracts -	\$ -	\$ -
		500 MG INJECTION,	10690		Ş	-	not contracted	\$ -	\$ -
		MIDAZOLAM							
		HYDROCHLORIDE,							
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INJECTION,							
		ONDANSETRON							
		HYDROCHLORIDE,	12.405		۲		not contracted	\$ -	<u> </u>
		PER 1 MG INJECTION,	J2405		\$	-	not contracted	, -	\$ -
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$ -	\$ -
		INJECTION, FENTANYL	12010		_			<u> </u>	<u></u>
	PLACEMENT OF	CITRATE, 0.1 MG	J3010		\$	-	not contracted	\$ -	\$ -
	NEPHROSTOMY								
	CATHETER,	PRIMARY							
50432	PERCUTANEOUS, I	PROCEDURE	50432		\$	4,354.14	not contracted	\$ 5,442.68	\$ 4,354.14
		UROGRAPHY,							
		ANTEGRADE,							
		RADIOLOGICAL SUPERVISION AND	74425		\$	864.86	not contracted	\$ 1,081.08	\$ 864.86
		INJECTION,	, 4423		7	554.55	not contracted	7 1,001.00	y 504.80
		MIDAZOLAM							
		HYDROCHLORIDE,							
		PER 1 MG	J2250		\$	-	not contracted	\$ -	\$ -
		INTECTION FENTANS							
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	_	not contracted	\$ -	\$ -
		22, 0.2 1710	33010		7			· ·	<del>-</del>
	COLPOSCOPY OF THE								
	CERVIX INCLUDING	PRIMARY							
57460	UPPER/ADJACENT	PROCEDURE	57460		\$	6,637.14	not contracted	\$ 8,296.43	\$ 6,637.14
		OFFICE OD OTHER							
		OFFICE OR OTHER OUTPATIENT VISIT							
		FOR THE EVALUATIO	99204		\$	-	not contracted	\$ -	\$ -
					T				· ·
		LEVEL V - SURGICAL							
		PATHOLOGY, GROSS	_						
		AND MICROSCOPI	88307		\$	760.82	not contracted	\$ 951.03	\$ 760.82

	SHOI	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm			laximum stiated Rate	Ne	Minimum gotiated Rate
Primary			CPT/HCPCS								
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	F	acility <sup>4,5</sup>		Facility <sup>4</sup>
		LEVEL IV. CLIBOICAL									
		LEVEL IV - SURGICAL PATHOLOGY, GROSS									
		AND MICROSCOP	88305		\$	117.70	not contracted	\$	147.13	\$	117.70
		INJECTION,	00303			117.70	not contracted	7	147.13	7	117.70
		LIDOCAINE HCL FOR									
		INTRAVENOUS									
		INFUSION,	J2001		\$	-	not contracted	\$	-	\$	-
	EXCISION OF										
	HYDROCELE;	PRIMARY									
55040	UNILATERAL	PROCEDURE	55040		\$	8,314.32	not contracted	\$	10,392.90	\$	8,314.32
		ANESTHESIA FOR									
		PROCEDURES ON									
		MALE GENITALIA (INCLU	00920		\$		not contracted	\$		\$	
		(INCLO	00920		٦	_	not contracted	٦		ڔ	<u>-</u>
		INFECTIOUS DISEASE									
		(VIRAL RESPIRATORY									
		TRACT INFECT	0241U		\$	285.26	not contracted	\$	356.58	\$	285.26
		INJECTION,									
		CEFAZOLIN SODIUM,									
		500 MG	J0690		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		DIPHENHYDRAMINE	14200		_					,	
		HCL, UP TO 50 MG	J1200		\$	-	not contracted	\$	-	\$	-
		INJECTION, MIDAZOLAM									
		HYDROCHLORIDE,									
		PER 1 MG	J2250		\$	_	not contracted	\$	-	\$	_
		INJECTION,			T			т.		-	
		ONDANSETRON									
		HYDROCHLORIDE,									
		PER 1 MG	J2405		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$	-	\$	-
		INTECTION FENITANIVI									
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$		not contracted	\$		Ś	
		RINGERS LACTATE	12010		۶	-	not contracted	Ş	-	Ş	-
		INFUSION, UP TO									
		1000 CC	J7120		\$	-	not contracted	\$	-	\$	-
		COV-19 AMP PRB									
		HGH THRUPUT									
		WITHIN 2 DAYS									
		COLLECT	U0005		\$	-	not contracted	\$	-	\$	-
	NERVE CONDUCTION	DRIMARY									
	STUDIES; 5-6 STUDIES		95909		\$	657.42	not contracted	\$	821.78	\$	657.42
33303	PSYCHOTHERAPY, 30	OCEDONE	33303		٠,	037.42	not contracted	7	021.70	7	037.42
	MINUTES WITH										
	PATIENT WHEN	PRIMARY									
	PERFOR	PROCEDURE	90833		\$	-	not contracted	\$	-	\$	-
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO	99213		\$	-	not contracted	\$	_	\$	-

	SHOI	PPABLE OUTPATIENT SE	ERVICES		HEALT (Comm		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary			CPT/HCPCS		(Collilli	lerciai)	Negotiateu Kate	Negotiateu Kate
Code	Service Category	Service Description	Code	Note	Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENT	PRIMARY PROCEDURE	D9310		\$ -	not contracted	\$	- \$ -
19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION	PRIMARY PROCEDURE	19357		\$ 39,163.48	not contracted	\$ 48,954.3	5 \$ 39,163.48
13337	RECONSTRUCTION	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	not contracted	\$ 40,554.5	- \$ -
99411	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR	PRIMARY PROCEDURE	99411		\$ -	not contracted	\$	- \$ -
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES)	PRIMARY PROCEDURE	29405		\$ 563.16	not contracted	\$ 703.9	5 \$ 563.16
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	not contracted	\$	- \$ -
	DIADDED.	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, 2 VIEWS	73590		\$ 203.94	not contracted	\$ 254.9	3 \$ 203.94
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (IN	PRIMARY PROCEDURE	51720		\$ 1,467.92	not contracted	\$ 1,834.9	0 \$ 1,467.92
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO BCG LIVE	99211		\$ -	not contracted	\$	- \$ -
		INTRAVESICAL INSTILLATION, 1 MG BLADDER	19030		\$ -	not contracted	\$	- \$ -
		IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLA	51700		\$ 504.38	not contracted	\$ 630.4	8 \$ 504.38
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT	PRIMARY PROCEDURE	11402		\$ 1,523.40	not contracted	\$ 1,904.2	5 \$ 1,523.40
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 117.70	not contracted	\$ 147.1	3 \$ 117.70
	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	PRIMARY PROCEDURE	D9230		\$ -	not contracted	\$	- \$ -
		RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	D2392		\$ -	not contracted	\$	- \$ -

	SHO	PPABLE OUTPATIENT SE	ERVICES			HEALT (Comm	TH NET		Maximum gotiated Rate		Minimum gotiated Rate
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>		Facility <sup>4,5</sup>		Facility <sup>4</sup>
		ORAL HYGIENE									
		INSTRUCTION	D1330		\$	-	not contracted	\$	-	\$	-
		LIMITED ORAL									
		EVALUATION -	D0140		ے ا		not contracted	ے ا		\$	
	MENINGOCOCCAL	PROBLEM FOCUSED	D0140		\$	-	not contracted	\$	-	Þ	-
	CONJUGATE										
	VACCINE,	PRIMARY									
	SEROGROUPS A, C,	PROCEDURE	90619		\$	-	not contracted	\$	-	\$	-
		IMMUNIZATION									
		ADMINISTRATION									
		(INCLUDES						١.			
		PERCUTANEOUS	90471		\$	158.38	not contracted	\$	197.98	\$	158.38
		OFFICE OR OTHER									
		OUTPATIENT VISIT									
		FOR THE EVALUATIO	99213		\$	_	not contracted	\$	_	\$	_
	AMPUTATION, TOE;							<u> </u>			
	METATARSOPHALAN	PRIMARY									
28820	GEAL JOINT	PROCEDURE	28820		\$	6,987.42	not contracted	\$	8,734.28	\$	6,987.42
		ANESTHESIA FOR									
		OPEN PROCEDURES									
		ON BONES OF LOWER	24.400					_			
		L	01480		\$	-	not contracted	\$	-	\$	-
		LEVEL IV - SURGICAL									
		PATHOLOGY, GROSS									
		AND MICROSCOP	88305		\$	117.70	not contracted	\$	147.13	\$	117.70
		RADIOLOGIC				_		<u> </u>			
		EXAMINATION, FOOT;									
		COMPLETE,									
		MINIMUM OF	73630		\$	203.94	not contracted	\$	254.93	\$	203.94
		CULTURE, TYPING;									
		IMMUNOLOGIC									
		METHOD, OTHER THAN IM	87147		\$	10.36	not contracted	خ	12.95	\$	10.36
		I HAIN IIVI	0/14/		Ş	10.56	not contracted	Ş	12.95	Ş	10.56
		DECALCIFICATION									
		PROCEDURE (LIST									
		SEPARATELY IN ADDI	88311		\$	-	not contracted	\$	-	\$	-
		INJECTION,									
		PROPOFOL, 10 MG	J2704		\$	-	not contracted	\$	-	\$	-
		INSULIN, MOST RAPID									
		ONSET (LISPRO OR ASPART); 5 UN	S5551			not available	not contracted		not available		not available
		SUSCEPTIBILITY	33331			not available	not contracted		not available		not available
		STUDIES,									
		ANTIMICROBIAL									
		AGENT; MICRO	87186		\$	17.30	not contracted	\$	21.63	\$	17.30
		SMEAR, PRIMARY									
		SOURCE WITH									
		INTERPRETATION;						١.			
	CVCTOLISETUS	GRAM OR	87205		\$	8.54	not contracted	\$	10.68	\$	8.54
	CYSTOURETHROSCOP										
	Y, WITH FULGURATION	PRIMARY									
52225	(INCLUDING CRY	PROCEDURE	52235		\$	7,523.70	not contracted	\$	9,404.63	\$	7,523.70
52235	ארוואררסטוואם רעז	I VOCEDOVE	32233		Ş	7,525.70	not contracted	Ş	3,404.03	Ą	7,523.70

	SHOI	PPABLE OUTPATIENT SE	RVICES		HEALTH NET (Commercial)			Maximum Negotiated Rate		Minimum
Primary			CPT/HCPCS			(50	,			-Bounded Hate
Code	Service Category	Service Description	Code	Note		Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>		Facility <sup>4</sup>
		ANESTHESIA FOR								
		TRANSURETHRAL								
		PROCEDURES								
		(INCLUDING	00912		\$	-	not contracted	\$	- \$	-
		LEVEL IV - SURGICAL								
		PATHOLOGY, GROSS AND MICROSCOP	88305		۲.	117 70	not contracted	\$ 147.13	ے ا	117.70
		AND MICROSCOP	88305		\$	117.70	not contracted	\$ 147.13	\$	117.70
		ELECTROCARDIOGRA								
		M, ROUTINE ECG								
		WITH AT LEAST 12 LE	93005		\$	134.92	not contracted	\$ 168.65	\$	134.92
		INJECTION,						•		
		CEFAZOLIN SODIUM,								
		500 MG	J0690		\$	-	not contracted	\$	- \$	-
		INJECTION,								
		DEXAMETHASONE								
		SODIUM PHOSPHATE,						_	1.	
		1 MG	J1100		\$	-	not contracted	\$	- \$	<del>-</del>
		INJECTION,								
		MEPERIDINE HYDROCHLORIDE,								
		PER 100 MG	J2175		\$	_	not contracted	\$	- \$	_
		INJECTION,	32270		7			¥	7	
		MIDAZOLAM								
		HYDROCHLORIDE,								
		PER 1 MG	J2250		\$	-	not contracted	\$	- \$	-
		INJECTION,								
		ONDANSETRON								
		HYDROCHLORIDE,						_	_	
		PER 1 MG	J2405		\$		not contracted	\$	- \$	-
		INJECTION, FENTANYL								
		CITRATE, 0.1 MG	J3010		\$	_	not contracted	\$	- \$	_
		RINGERS LACTATE	33010		7		not contracted	Ψ	7	
		INFUSION, UP TO								
		1000 CC	J7120		\$	-	not contracted	\$	- \$	-
		ANTIBODY SCREEN,								
		RBC, EACH SERUM								
		TECHNIQUE	86850		\$	117.70	not contracted	\$ 147.13	\$	117.70
		BLOOD TYPING,	05004		_	70.72		, oo c		70.72
		SEROLOGIC; RH (D) BLOOD TYPING,	86901		\$	79.72	not contracted	\$ 99.65	\$	79.72
		SEROLOGIC; ABO	86900		\$	272.56	not contracted	\$ 340.70	) \$	272.56
		COLLECTION OF	00300		7	272.50	not contracted	ý 540.7C	, ,	272.30
		VENOUS BLOOD BY								
		VENIPUNCTURE	36415		\$	17.14	not contracted	\$ 21.43	\$	17.14
				this procedure was						
	KIDNEY FUNCTION			provided in inpatient						
	PANEL TEST			setting		n/a	n/a	n/a	1	n/a
	X-RAY, LOWER BACK,			this procedure was						
	MINIMUM FOUR			provided in inpatient		m /-	/	/-		/-
/2110	VIEWS			setting this procedure was		n/a	n/a	n/a	1	n/a
	MRI SCAN OF LOWER			provided in inpatient						
72148	SPINAL CANAL			setting		n/a	n/a	n/a		n/a
				this procedure was		, u	, a	,		.,, =
	CT SCAN, PELVIS,			provided in inpatient						
72193	WITH CONTRAST			setting		n/a	n/a	n/a	ı	n/a

#### COMMERCIAL PAYOR CONTRACT - COMPREHENSIVE SERVICES BY SERVICE AREA<sup>1</sup> EFFECTIVE JANUARY 1, 2024

EFFECTIVE	JANU	AKY I,	2024
UPDATED	AS OF	12/15/	2023

	SHOP	PPABLE OUTPATIENT SI	ERVICES	HEALTH NET (Commercial)		Maximum Negotiated Rate	Minimum Negotiated Rate	
Primary Code	Service Category	Service Description	CPT/HCPCS Code	Note	Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
	MADI SCANLOF LEC			this procedure was				
73721	MRI SCAN OF LEG JOINT			provided in inpatient setting	n/a	n/a	n/a	n/a
73721	CT SCAN OF			Setting	11/ 0	11/4	11/ 4	11/ 0
	ABDOMEN AND			this procedure was				
	PELVIS WITH			provided in inpatient				
74177	CONTRAST			setting	n/a	n/a	n/a	n/a
	CLIDCICAL DEMOVAL							
	SURGICAL REMOVAL OF PROSTATE AND							
	SURROUNDING			this procedure was				
	LYMPH NODES USING			provided in inpatient				
55866	AN ENDOSCOPE			setting	n/a	n/a	n/a	n/a
					.,,	.,, -	.,, =	.,, 2
	ROUTINE OBSTETRIC							
	CARE FOR VAGINAL							
	DELIVERY, INCLUDING			this procedure was				
	PRE-AND POST-			provided in inpatient				
59400	DELIVERY CARE			setting	n/a	n/a	n/a	n/a
	ROUTINE OBSTETRIC							
	CARE FOR CESAREAN							
	DELIVERY, INCLUDING			this procedure was				
	PRE-AND POST-			provided in inpatient				
59510	DELIVERY CARE			setting	n/a	n/a	n/a	n/a
	ROUTINE OBSTETRIC							
	CARE FOR VAGINAL							
	DELIVERY AFTER							
	PRIOR CESAREAN							
	DELIVERY INCLUDING			this procedure was				
	PRE-AND POST-			provided in inpatient				
59610	DELIVERY CARE			setting	n/a	n/a	n/a	n/a

### COMMERCIAL PAYOR CONTRACT - COMPREHENSIVE SERVICES BY SERVICE AREA<sup>1</sup> EFFECTIVE JANUARY 1, 2024 UPDATED AS OF 12/15/2023

	SHOP	PPABLE OUTPATIENT SE	ERVICES	HEALTH NET (Commercial)		Maximum Negotiated Rate	Minimum Negotiated Rate	
Primary			CPT/HCPCS					
Code	Service Category	Service Description	Code	Note	Facility <sup>4</sup>	Professional <sup>3</sup>	Facility <sup>4,5</sup>	Facility <sup>4</sup>
	OBSTETRIC BLOOD							
80055	TEST PANEL			not performed	n/a	n/a	n/a	n/a
	PSA (PROSTATE							
84154	SPECIFIC ANTIGEN)			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. Inpatient Facility Rates presented are per diem rates unless stated otherwise.
- 3. Professional services are not contracted.
- 4. Outpatient 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. If the service is performed in an outpatient surgery setting, the facility rate will be 250% of the fee schedule instead of current display rate at 200%.
- 5. Maximum facility rate: the highest rate for the service is performed in an outpatient surgery setting.