

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR	PRIMARY PROCEDURE	19120		\$ 302.26	\$ 307.65	\$ 423.16	not contracted	\$ 417.12	not contracted	\$ 332.49	not contracted	\$ 453.39	not contracted	\$ 604.52	\$ 307.65	\$ 302.26	\$ 307.65
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 87.64	\$ 127.95	\$ 122.70	not contracted	\$ 120.94	not contracted	\$ 96.40	not contracted	\$ 131.46	not contracted	\$ 175.28	\$ 127.95	\$ 87.64	\$ 127.95
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF	PRIMARY PROCEDURE	29826		\$ 605.06	\$ 615.86	\$ 847.08	not contracted	\$ 834.98	not contracted	\$ 665.57	not contracted	\$ 907.59	not contracted	\$ 1,210.12	\$ 615.86	\$ 605.06	\$ 615.86
		ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	29828		\$ 956.44	\$ 973.51	\$ 1,339.02	not contracted	\$ 1,319.89	not contracted	\$ 1,052.08	not contracted	\$ 1,434.66	not contracted	\$ 1,912.88	\$ 973.51	\$ 956.44	\$ 973.51
		ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF	29827		\$ 708.54	\$ 721.18	\$ 991.96	not contracted	\$ 977.79	not contracted	\$ 779.39	not contracted	\$ 1,062.81	not contracted	\$ 1,417.08	\$ 721.18	\$ 708.54	\$ 721.18
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ 4.95	\$ 7.23	\$ 6.93	not contracted	\$ 6.83	not contracted	\$ 5.45	not contracted	\$ 7.43	not contracted	\$ 9.90	\$ 7.23	\$ 4.95	\$ 7.23
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76

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MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	J2765		\$ 5.53	\$ 8.07	\$ 7.74	not contracted	\$ 7.63	not contracted	\$ 6.08	not contracted	\$ 8.30	not contracted	\$ 11.06	\$ 8.07	\$ 5.53	\$ 8.07
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		INSULIN, RAPID ONSET, 5 UNITS	S5550		\$ 8.12	\$ 8.26	\$ 11.37	not contracted	\$ 11.21	not contracted	\$ 8.93	not contracted	\$ 12.18	not contracted	\$ 16.24	\$ 8.26	\$ 8.12	\$ 8.26
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 2.60	\$ 3.80	\$ 3.64	not contracted	\$ 3.59	not contracted	\$ 2.86	not contracted	\$ 3.90	not contracted	\$ 5.20	\$ 3.80	\$ 2.60	\$ 3.80
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 2.46	\$ 3.59	\$ 3.44	not contracted	\$ 3.39	not contracted	\$ 2.71	not contracted	\$ 3.69	not contracted	\$ 4.92	\$ 3.59	\$ 2.46	\$ 3.59
		THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOL	85730		\$ 5.34	\$ 7.80	\$ 7.48	not contracted	\$ 7.37	not contracted	\$ 5.87	not contracted	\$ 8.01	not contracted	\$ 10.68	\$ 7.80	\$ 5.34	\$ 7.80
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 2.38	\$ 3.47	\$ 3.33	not contracted	\$ 3.28	not contracted	\$ 2.62	not contracted	\$ 3.57	not contracted	\$ 4.76	\$ 3.47	\$ 2.38	\$ 3.47
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (ME	PRIMARY PROCEDURE	29881		\$ 790.35	\$ 804.46	\$ 1,106.49	not contracted	\$ 1,090.68	not contracted	\$ 869.39	not contracted	\$ 1,185.53	not contracted	\$ 1,580.70	\$ 804.46	\$ 790.35	\$ 804.46
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCE	01400		\$ 72.55	\$ 73.85	\$ 101.57	not contracted	\$ 100.12	not contracted	\$ 79.81	not contracted	\$ 108.83	not contracted	\$ 145.10	\$ 73.85	\$ 72.55	\$ 73.85
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 8.31	\$ 12.13	\$ 11.63	not contracted	\$ 11.47	not contracted	\$ 9.14	not contracted	\$ 12.47	not contracted	\$ 16.62	\$ 12.13	\$ 8.31	\$ 12.13
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
42820	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE	PRIMARY PROCEDURE	42820		\$ 241.91	\$ 246.23	\$ 338.67	not contracted	\$ 333.84	not contracted	\$ 266.10	not contracted	\$ 362.87	not contracted	\$ 483.82	\$ 246.23	\$ 241.91	\$ 246.23
		ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIO	00170		\$ 90.84	\$ 92.46	\$ 127.18	not contracted	\$ 125.36	not contracted	\$ 99.92	not contracted	\$ 136.26	not contracted	\$ 181.68	\$ 92.46	\$ 90.84	\$ 92.46
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 30.48	\$ 44.50	\$ 42.67	not contracted	\$ 42.06	not contracted	\$ 33.53	not contracted	\$ 45.72	not contracted	\$ 60.96	\$ 44.50	\$ 30.48	\$ 44.50
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER 5	88342		\$ 53.79	\$ 78.53	\$ 75.31	not contracted	\$ 74.23	not contracted	\$ 59.17	not contracted	\$ 80.69	not contracted	\$ 107.58	\$ 78.53	\$ 53.79	\$ 78.53
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, MORPHINE SULFATE, UP TO 10 MG	J2270		\$ 7.80	\$ 11.39	\$ 10.92	not contracted	\$ 10.76	not contracted	\$ 8.58	not contracted	\$ 11.70	not contracted	\$ 15.60	\$ 11.39	\$ 7.80	\$ 11.39
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		\$ 5.46	\$ 7.97	\$ 7.64	not contracted	\$ 7.53	not contracted	\$ 6.01	not contracted	\$ 8.19	not contracted	\$ 10.92	\$ 7.97	\$ 5.46	\$ 7.97
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94

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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML)	J7040		\$ 5.75	\$ 8.40	\$ 8.05	not contracted	\$ 7.94	not contracted	\$ 6.33	not contracted	\$ 8.63	not contracted	\$ 11.50	\$ 8.40	\$ 5.75	\$ 8.40
		ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL	J7613		\$ 0.03	\$ 0.04	\$ 0.04	not contracted	\$ 0.04	not contracted	\$ 0.03	not contracted	\$ 0.05	not contracted	\$ 0.06	\$ 0.04	\$ 0.03	\$ 0.04
		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PR	J7642		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
43235	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; D	PRIMARY PROCEDURE	43235		\$ 321.48	\$ 327.22	\$ 450.07	not contracted	\$ 443.64	not contracted	\$ 353.63	not contracted	\$ 482.22	not contracted	\$ 642.96	\$ 327.22	\$ 321.48	\$ 327.22
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
43239	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; W	PRIMARY PROCEDURE	43239		\$ 335.91	\$ 341.90	\$ 470.27	not contracted	\$ 463.56	not contracted	\$ 369.50	not contracted	\$ 503.87	not contracted	\$ 671.82	\$ 341.90	\$ 335.91	\$ 341.90
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
45378	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLE	PRIMARY PROCEDURE	45378		\$ 423.48	\$ 431.04	\$ 592.87	not contracted	\$ 584.40	not contracted	\$ 465.83	not contracted	\$ 635.22	not contracted	\$ 846.96	\$ 431.04	\$ 423.48	\$ 431.04
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
45380	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULT	PRIMARY PROCEDURE	45380		\$ 473.68	\$ 482.14	\$ 663.15	not contracted	\$ 653.68	not contracted	\$ 521.05	not contracted	\$ 710.52	not contracted	\$ 947.36	\$ 482.14	\$ 473.68	\$ 482.14
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
45385	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), P	PRIMARY PROCEDURE	45385		\$ 574.08	\$ 584.32	\$ 803.71	not contracted	\$ 792.23	not contracted	\$ 631.49	not contracted	\$ 861.12	not contracted	\$ 1,148.16	\$ 584.32	\$ 574.08	\$ 584.32
		COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULT	45380		\$ 473.68	\$ 482.14	\$ 663.15	not contracted	\$ 653.68	not contracted	\$ 521.05	not contracted	\$ 710.52	not contracted	\$ 947.36	\$ 482.14	\$ 473.68	\$ 482.14
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
45391	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND	PRIMARY PROCEDURE	45391		\$ 243.35	\$ 247.69	\$ 340.69	not contracted	\$ 335.82	not contracted	\$ 267.69	not contracted	\$ 365.03	not contracted	\$ 486.70	\$ 247.69	\$ 243.35	\$ 247.69
		ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDU	00811		\$ 80.38	\$ 81.82	\$ 112.53	not contracted	\$ 110.92	not contracted	\$ 88.42	not contracted	\$ 120.57	not contracted	\$ 160.76	\$ 81.82	\$ 80.38	\$ 81.82
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70

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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	PRIMARY PROCEDURE	47562		\$ 668.60	\$ 680.54	\$ 936.04	not contracted	\$ 922.67	not contracted	\$ 735.46	not contracted	\$ 1,002.90	not contracted	\$ 1,337.20	\$ 680.54	\$ 668.60	\$ 680.54
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 30.48	\$ 44.50	\$ 42.67	not contracted	\$ 42.06	not contracted	\$ 33.53	not contracted	\$ 45.72	not contracted	\$ 60.96	\$ 44.50	\$ 30.48	\$ 44.50
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 8.31	\$ 12.13	\$ 11.63	not contracted	\$ 11.47	not contracted	\$ 9.14	not contracted	\$ 12.47	not contracted	\$ 16.62	\$ 12.13	\$ 8.31	\$ 12.13
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 4.72	\$ 6.89	\$ 6.61	not contracted	\$ 6.51	not contracted	\$ 5.19	not contracted	\$ 7.08	not contracted	\$ 9.44	\$ 6.89	\$ 4.72	\$ 6.89
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 2.60	\$ 3.80	\$ 3.64	not contracted	\$ 3.59	not contracted	\$ 2.86	not contracted	\$ 3.90	not contracted	\$ 5.20	\$ 3.80	\$ 2.60	\$ 3.80
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 2.46	\$ 3.59	\$ 3.44	not contracted	\$ 3.39	not contracted	\$ 2.71	not contracted	\$ 3.69	not contracted	\$ 4.92	\$ 3.59	\$ 2.46	\$ 3.59
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 2.38	\$ 3.47	\$ 3.33	not contracted	\$ 3.28	not contracted	\$ 2.62	not contracted	\$ 3.57	not contracted	\$ 4.76	\$ 3.47	\$ 2.38	\$ 3.47
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLD	PRIMARY PROCEDURE	49505		\$ 493.45	\$ 502.25	\$ 690.83	not contracted	\$ 680.96	not contracted	\$ 542.80	not contracted	\$ 740.18	not contracted	\$ 986.90	\$ 502.25	\$ 493.45	\$ 502.25
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 8.31	\$ 12.13	\$ 11.63	not contracted	\$ 11.47	not contracted	\$ 9.14	not contracted	\$ 12.47	not contracted	\$ 16.62	\$ 12.13	\$ 8.31	\$ 12.13
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTI	PRIMARY PROCEDURE	55700		\$ 125.50	\$ 127.74	\$ 175.70	not contracted	\$ 173.19	not contracted	\$ 138.05	not contracted	\$ 188.25	not contracted	\$ 251.00	\$ 127.74	\$ 125.50	\$ 127.74
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	J1580		\$ 7.00	\$ 10.22	\$ 9.80	not contracted	\$ 9.66	not contracted	\$ 7.70	not contracted	\$ 10.50	not contracted	\$ 14.00	\$ 10.22	\$ 7.00	\$ 10.22
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ 4.49	\$ 6.56	\$ 6.29	not contracted	\$ 6.20	not contracted	\$ 4.94	not contracted	\$ 6.74	not contracted	\$ 8.98	\$ 6.56	\$ 4.49	\$ 6.56
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTAN	PRIMARY PROCEDURE	62322		\$ 198.66	\$ 202.21	\$ 278.12	not contracted	\$ 274.15	not contracted	\$ 218.53	not contracted	\$ 297.99	not contracted	\$ 397.32	\$ 202.21	\$ 198.66	\$ 202.21

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTAN	PRIMARY PROCEDURE	62323		\$ 315.61	\$ 321.24	\$ 441.85	not contracted	\$ 435.54	not contracted	\$ 347.17	not contracted	\$ 473.42	not contracted	\$ 631.22	\$ 321.24	\$ 315.61	\$ 321.24
64483	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID;	PRIMARY PROCEDURE	64483		\$ 205.61	\$ 209.28	\$ 287.85	not contracted	\$ 283.74	not contracted	\$ 226.17	not contracted	\$ 308.42	not contracted	\$ 411.22	\$ 209.28	\$ 205.61	\$ 209.28
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACI	PRIMARY PROCEDURE	66821		\$ 267.01	\$ 271.78	\$ 373.81	not contracted	\$ 368.47	not contracted	\$ 293.71	not contracted	\$ 400.52	not contracted	\$ 534.02	\$ 271.78	\$ 267.01	\$ 271.78
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF I	PRIMARY PROCEDURE	66984		\$ 1,441.87	\$ 1,467.61	\$ 2,018.62	not contracted	\$ 1,989.78	not contracted	\$ 1,586.06	not contracted	\$ 2,162.81	not contracted	\$ 2,883.74	\$ 1,467.61	\$ 1,441.87	\$ 1,467.61
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		POSTERIOR CHAMBER INTRAOCULAR LENS	V2632		\$ -	\$ -	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -	\$ -
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRA	PRIMARY PROCEDURE	70450		\$ 145.26	\$ 147.85	\$ 203.36	not contracted	\$ 200.46	not contracted	\$ 159.79	not contracted	\$ 217.89	not contracted	\$ 290.52	\$ 147.85	\$ 145.26	\$ 147.85
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$ 23.52	\$ 23.94	\$ 32.93	not contracted	\$ 32.46	not contracted	\$ 25.87	not contracted	\$ 35.28	not contracted	\$ 47.04	\$ 23.94	\$ 23.52	\$ 23.94
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$ 7.27	\$ 10.61	\$ 10.18	not contracted	\$ 10.03	not contracted	\$ 8.00	not contracted	\$ 10.91	not contracted	\$ 14.54	\$ 10.61	\$ 7.27	\$ 10.61
		TROPONIN, QUANTITATIVE	84484		\$ 8.47	\$ 12.37	\$ 11.86	not contracted	\$ 11.69	not contracted	\$ 9.32	not contracted	\$ 12.71	not contracted	\$ 16.94	\$ 12.37	\$ 8.47	\$ 12.37
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 6.75	\$ 9.86	\$ 9.45	not contracted	\$ 9.32	not contracted	\$ 7.43	not contracted	\$ 10.13	not contracted	\$ 13.50	\$ 9.86	\$ 6.75	\$ 9.86
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		INSULIN, RAPID ONSET, 5 UNITS	55550		\$ 8.12	\$ 8.26	\$ 11.37	not contracted	\$ 11.21	not contracted	\$ 8.93	not contracted	\$ 12.18	not contracted	\$ 16.24	\$ 8.26	\$ 8.12	\$ 8.26
		MAGNESIUM	83735		\$ 5.96	\$ 8.70	\$ 8.34	not contracted	\$ 8.22	not contracted	\$ 6.56	not contracted	\$ 8.94	not contracted	\$ 11.92	\$ 8.70	\$ 5.96	\$ 8.70



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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		PHOSPHORUS INORGANIC (PHOSPHATE);	84100		\$ 4.21	\$ 6.15	\$ 5.89	not contracted	\$ 5.81	not contracted	\$ 4.63	not contracted	\$ 6.32	not contracted	\$ 8.42	\$ 6.15	\$ 4.21	\$ 6.15
		PROTHROMBIN TIME;	85610		\$ 3.49	\$ 5.10	\$ 4.89	not contracted	\$ 4.82	not contracted	\$ 3.84	not contracted	\$ 5.24	not contracted	\$ 6.98	\$ 5.10	\$ 3.49	\$ 5.10
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (IN	PRIMARY PROCEDURE	70553		\$ 446.18	\$ 454.15	\$ 624.65	not contracted	\$ 615.73	not contracted	\$ 490.80	not contracted	\$ 669.27	not contracted	\$ 892.36	\$ 454.15	\$ 446.18	\$ 454.15
		INJECTION, GADOTERATE MEGLUMINE, 0.1 ML	A9575		\$ -	\$ -	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -	\$ -
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUME	PRIMARY PROCEDURE	76700		\$ 119.34	\$ 121.47	\$ 167.08	not contracted	\$ 164.69	not contracted	\$ 131.27	not contracted	\$ 179.01	not contracted	\$ 238.68	\$ 121.47	\$ 119.34	\$ 121.47
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	PRIMARY PROCEDURE	76805		\$ 135.29	\$ 137.71	\$ 189.41	not contracted	\$ 186.70	not contracted	\$ 148.82	not contracted	\$ 202.94	not contracted	\$ 270.58	\$ 137.71	\$ 135.29	\$ 137.71
		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	76811		\$ 227.61	\$ 231.67	\$ 318.65	not contracted	\$ 314.10	not contracted	\$ 250.37	not contracted	\$ 341.42	not contracted	\$ 455.22	\$ 231.67	\$ 227.61	\$ 231.67
76830	ULTRASOUND, TRANSVAGINAL	PRIMARY PROCEDURE	76830		\$ 97.04	\$ 98.77	\$ 135.86	not contracted	\$ 133.92	not contracted	\$ 106.74	not contracted	\$ 145.56	not contracted	\$ 194.08	\$ 98.77	\$ 97.04	\$ 98.77
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED D	PRIMARY PROCEDURE	77065		\$ 167.94	\$ 170.94	\$ 235.12	not contracted	\$ 231.76	not contracted	\$ 184.73	not contracted	\$ 251.91	not contracted	\$ 335.88	\$ 170.94	\$ 167.94	\$ 170.94
77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED D	PRIMARY PROCEDURE	77066		\$ 212.33	\$ 216.12	\$ 297.26	not contracted	\$ 293.02	not contracted	\$ 233.56	not contracted	\$ 318.50	not contracted	\$ 424.66	\$ 216.12	\$ 212.33	\$ 216.12
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF	PRIMARY PROCEDURE	77067		\$ 171.34	\$ 174.40	\$ 239.88	not contracted	\$ 236.45	not contracted	\$ 188.47	not contracted	\$ 257.01	not contracted	\$ 342.68	\$ 174.40	\$ 171.34	\$ 174.40
80048	BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	PRIMARY PROCEDURE	80048		\$ 7.27	\$ 10.61	\$ 10.18	not contracted	\$ 10.03	not contracted	\$ 8.00	not contracted	\$ 10.91	not contracted	\$ 14.54	\$ 10.61	\$ 7.27	\$ 10.61

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
80053	COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCL	PRIMARY PROCEDURE	80053		\$ 9.28	\$ 13.55	\$ 12.99	not contracted	\$ 12.81	not contracted	\$ 10.21	not contracted	\$ 13.92	not contracted	\$ 18.56	\$ 13.55	\$ 9.28	\$ 13.55
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 6.75	\$ 9.86	\$ 9.45	not contracted	\$ 9.32	not contracted	\$ 7.43	not contracted	\$ 10.13	not contracted	\$ 13.50	\$ 9.86	\$ 6.75	\$ 9.86
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
80061	LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING:	PRIMARY PROCEDURE	80061		\$ 11.54	\$ 16.85	\$ 16.16	not contracted	\$ 15.93	not contracted	\$ 12.69	not contracted	\$ 17.31	not contracted	\$ 23.08	\$ 16.85	\$ 11.54	\$ 16.85
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
80076	HEPATIC FUNCTION PANEL THIS PANEL MUST INCLUDE THE	PRIMARY PROCEDURE	80076		\$ 6.38	\$ 9.31	\$ 8.93	not contracted	\$ 8.80	not contracted	\$ 7.02	not contracted	\$ 9.57	not contracted	\$ 12.76	\$ 9.31	\$ 6.38	\$ 9.31
		LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING:	80061		\$ 11.54	\$ 16.85	\$ 16.16	not contracted	\$ 15.93	not contracted	\$ 12.69	not contracted	\$ 17.31	not contracted	\$ 23.08	\$ 16.85	\$ 11.54	\$ 16.85
		VITAMIN D, 25 HYDROXY D2 AND D3, BY LC-MS/MS, SERU	0038U		\$ 33.97	\$ 34.57	\$ 47.56	not contracted	\$ 46.88	not contracted	\$ 37.37	not contracted	\$ 50.96	not contracted	\$ 67.94	\$ 34.57	\$ 33.97	\$ 34.57
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99395		\$ 147.60	\$ 150.23	\$ 206.64	not contracted	\$ 203.69	not contracted	\$ 162.36	not contracted	\$ 221.40	not contracted	\$ 295.20	\$ 150.23	\$ 147.60	\$ 150.23
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
		VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PE	82306		\$ 24.79	\$ 36.19	\$ 34.71	not contracted	\$ 34.21	not contracted	\$ 27.27	not contracted	\$ 37.19	not contracted	\$ 49.58	\$ 36.19	\$ 24.79	\$ 36.19
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BIL	PRIMARY PROCEDURE	81000		\$ 2.58	\$ 3.77	\$ 3.61	not contracted	\$ 3.56	not contracted	\$ 2.84	not contracted	\$ 3.87	not contracted	\$ 5.16	\$ 3.77	\$ 2.58	\$ 3.77

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EFFECTIVE JANUARY 1, 2024  
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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99395		\$ 147.60	\$ 150.23	\$ 206.64	not contracted	\$ 203.69	not contracted	\$ 162.36	not contracted	\$ 221.40	not contracted	\$ 295.20	\$ 150.23	\$ 147.60	\$ 150.23
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BIL	PRIMARY PROCEDURE	81001		\$ 2.77	\$ 4.04	\$ 3.88	not contracted	\$ 3.82	not contracted	\$ 3.05	not contracted	\$ 4.16	not contracted	\$ 5.54	\$ 4.04	\$ 2.77	\$ 4.04
81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BIL	PRIMARY PROCEDURE	81002		\$ 2.15	\$ 3.14	\$ 3.01	not contracted	\$ 2.97	not contracted	\$ 2.37	not contracted	\$ 3.23	not contracted	\$ 4.30	\$ 3.14	\$ 2.15	\$ 3.14
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BIL	PRIMARY PROCEDURE	81003		\$ 1.96	\$ 2.86	\$ 2.74	not contracted	\$ 2.70	not contracted	\$ 2.16	not contracted	\$ 2.94	not contracted	\$ 3.92	\$ 2.86	\$ 1.96	\$ 2.86
84153	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	PRIMARY PROCEDURE	84153		\$ 16.35	\$ 23.87	\$ 22.89	not contracted	\$ 22.56	not contracted	\$ 17.99	not contracted	\$ 24.53	not contracted	\$ 32.70	\$ 23.87	\$ 16.35	\$ 23.87
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
84443	THYROID STIMULATING HORMONE (TSH)	PRIMARY PROCEDURE	84443		\$ 14.76	\$ 21.55	\$ 20.66	not contracted	\$ 20.37	not contracted	\$ 16.24	not contracted	\$ 22.14	not contracted	\$ 29.52	\$ 21.55	\$ 14.76	\$ 21.55
		COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCL	80053		\$ 9.28	\$ 13.55	\$ 12.99	not contracted	\$ 12.81	not contracted	\$ 10.21	not contracted	\$ 13.92	not contracted	\$ 18.56	\$ 13.55	\$ 9.28	\$ 13.55
		LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING:	80061		\$ 11.54	\$ 16.85	\$ 16.16	not contracted	\$ 15.93	not contracted	\$ 12.69	not contracted	\$ 17.31	not contracted	\$ 23.08	\$ 16.85	\$ 11.54	\$ 16.85
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 6.75	\$ 9.86	\$ 9.45	not contracted	\$ 9.32	not contracted	\$ 7.43	not contracted	\$ 10.13	not contracted	\$ 13.50	\$ 9.86	\$ 6.75	\$ 9.86
		HEMOGLOBIN; GLYCOSYLATED (A1C)	83036		\$ 8.54	\$ 12.47	\$ 11.96	not contracted	\$ 11.79	not contracted	\$ 9.39	not contracted	\$ 12.81	not contracted	\$ 17.08	\$ 12.47	\$ 8.54	\$ 12.47
		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BIL	81001		\$ 2.77	\$ 4.04	\$ 3.88	not contracted	\$ 3.82	not contracted	\$ 3.05	not contracted	\$ 4.16	not contracted	\$ 5.54	\$ 4.04	\$ 2.77	\$ 4.04
		PROTHROMBIN TIME;	85610		\$ 3.49	\$ 5.10	\$ 4.89	not contracted	\$ 4.82	not contracted	\$ 3.84	not contracted	\$ 5.24	not contracted	\$ 6.98	\$ 5.10	\$ 3.49	\$ 5.10
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	PRIMARY PROCEDURE	85025		\$ 6.75	\$ 9.86	\$ 9.45	not contracted	\$ 9.32	not contracted	\$ 7.43	not contracted	\$ 10.13	not contracted	\$ 13.50	\$ 9.86	\$ 6.75	\$ 9.86
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
85027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	PRIMARY PROCEDURE	85027		\$ 5.71	\$ 8.34	\$ 7.99	not contracted	\$ 7.88	not contracted	\$ 6.28	not contracted	\$ 8.57	not contracted	\$ 11.42	\$ 8.34	\$ 5.71	\$ 8.34
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90832		\$ 75.84	\$ 77.19	\$ 106.18	not contracted	\$ 104.66	not contracted	\$ 83.42	not contracted	\$ 113.76	not contracted	\$ 151.68	\$ 77.19	\$ 75.84	\$ 77.19
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90834		\$ 96.33	\$ 98.05	\$ 134.86	not contracted	\$ 132.94	not contracted	\$ 105.96	not contracted	\$ 144.50	not contracted	\$ 192.66	\$ 98.05	\$ 96.33	\$ 98.05
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90837		\$ 140.60	\$ 143.11	\$ 196.84	not contracted	\$ 194.03	not contracted	\$ 154.66	not contracted	\$ 210.90	not contracted	\$ 281.20	\$ 143.11	\$ 140.60	\$ 143.11
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	PRIMARY PROCEDURE	90846		\$ 124.28	\$ 126.49	\$ 173.99	not contracted	\$ 171.51	not contracted	\$ 136.71	not contracted	\$ 186.42	not contracted	\$ 248.56	\$ 126.49	\$ 124.28	\$ 126.49
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WIT	PRIMARY PROCEDURE	90847		\$ 128.59	\$ 130.89	\$ 180.03	not contracted	\$ 177.45	not contracted	\$ 141.45	not contracted	\$ 192.89	not contracted	\$ 257.18	\$ 130.89	\$ 128.59	\$ 130.89
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMI	PRIMARY PROCEDURE	90853		service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	PRIMARY PROCEDURE	93000		\$ 41.17	\$ 41.90	\$ 57.64	not contracted	\$ 56.81	not contracted	\$ 45.29	not contracted	\$ 61.76	not contracted	\$ 82.34	\$ 41.90	\$ 41.17	\$ 41.90
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99214		\$ 53.79	\$ 54.75	\$ 75.31	not contracted	\$ 74.23	not contracted	\$ 59.17	not contracted	\$ 80.69	not contracted	\$ 107.58	\$ 54.75	\$ 53.79	\$ 54.75
		WEIGHT RECORDED (PAG)	2001F		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$ 23.52	\$ 23.94	\$ 32.93	not contracted	\$ 32.46	not contracted	\$ 25.87	not contracted	\$ 35.28	not contracted	\$ 47.04	\$ 23.94	\$ 23.52	\$ 23.94

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDUR	PRIMARY PROCEDURE	93452		\$ 1,094.25	\$ 1,113.78	\$ 1,531.95	not contracted	\$ 1,510.07	not contracted	\$ 1,203.68	not contracted	\$ 1,641.38	not contracted	\$ 2,188.50	\$ 1,113.78	\$ 1,094.25	\$ 1,113.78
95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGI	PRIMARY PROCEDURE	95810		\$ 499.27	\$ 508.18	\$ 698.98	not contracted	\$ 688.99	not contracted	\$ 549.20	not contracted	\$ 748.91	not contracted	\$ 998.54	\$ 508.18	\$ 499.27	\$ 508.18
97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MI	PRIMARY PROCEDURE	97110		\$ 15.72	\$ 16.00	\$ 22.01	not contracted	\$ 21.69	not contracted	\$ 17.29	not contracted	\$ 23.58	not contracted	\$ 31.44	\$ 16.00	\$ 15.72	\$ 16.00
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99203		\$ 82.05	\$ 83.51	\$ 114.87	not contracted	\$ 113.23	not contracted	\$ 90.26	not contracted	\$ 123.08	not contracted	\$ 164.10	\$ 83.51	\$ 82.05	\$ 83.51
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99204		\$ 98.83	\$ 100.59	\$ 138.36	not contracted	\$ 136.39	not contracted	\$ 108.71	not contracted	\$ 148.25	not contracted	\$ 197.66	\$ 100.59	\$ 98.83	\$ 100.59
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99205		\$ 118.62	\$ 120.74	\$ 166.07	not contracted	\$ 163.70	not contracted	\$ 130.48	not contracted	\$ 177.93	not contracted	\$ 237.24	\$ 120.74	\$ 118.62	\$ 120.74
99243	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW	PRIMARY PROCEDURE	99243		\$ 85.35	\$ 86.87	\$ 119.49	not contracted	\$ 117.78	not contracted	\$ 93.89	not contracted	\$ 128.03	not contracted	\$ 170.70	\$ 86.87	\$ 85.35	\$ 86.87
99244	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW	PRIMARY PROCEDURE	99244		\$ 116.76	\$ 118.84	\$ 163.46	not contracted	\$ 161.13	not contracted	\$ 128.44	not contracted	\$ 175.14	not contracted	\$ 233.52	\$ 118.84	\$ 116.76	\$ 118.84
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATI	PRIMARY PROCEDURE	99385		\$ 163.67	\$ 166.59	\$ 229.14	not contracted	\$ 225.86	not contracted	\$ 180.04	not contracted	\$ 245.51	not contracted	\$ 327.34	\$ 166.59	\$ 163.67	\$ 166.59
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATI	PRIMARY PROCEDURE	99386		\$ 189.63	\$ 193.01	\$ 265.48	not contracted	\$ 261.69	not contracted	\$ 208.59	not contracted	\$ 284.45	not contracted	\$ 379.26	\$ 193.01	\$ 189.63	\$ 193.01
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A P	PRIMARY PROCEDURE	99442		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
G0463	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AN	PRIMARY PROCEDURE	G0463		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A P	PRIMARY PROCEDURE	99441		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99214		\$ 53.79	\$ 54.75	\$ 75.31	not contracted	\$ 74.23	not contracted	\$ 59.17	not contracted	\$ 80.69	not contracted	\$ 107.58	\$ 54.75	\$ 53.79	\$ 54.75
99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A P	PRIMARY PROCEDURE	99443		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND	PRIMARY PROCEDURE	92012		\$ 53.29	\$ 54.24	\$ 74.61	not contracted	\$ 73.54	not contracted	\$ 58.62	not contracted	\$ 79.94	not contracted	\$ 106.58	\$ 54.24	\$ 53.29	\$ 54.24
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99211		\$ 17.21	\$ 17.52	\$ 24.09	not contracted	\$ 23.75	not contracted	\$ 18.93	not contracted	\$ 25.82	not contracted	\$ 34.42	\$ 17.52	\$ 17.21	\$ 17.52
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99202		\$ 49.20	\$ 50.08	\$ 68.88	not contracted	\$ 67.90	not contracted	\$ 54.12	not contracted	\$ 73.80	not contracted	\$ 98.40	\$ 50.08	\$ 49.20	\$ 50.08
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99215		\$ 82.05	\$ 83.51	\$ 114.87	not contracted	\$ 113.23	not contracted	\$ 90.26	not contracted	\$ 123.08	not contracted	\$ 164.10	\$ 83.51	\$ 82.05	\$ 83.51
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	PRIMARY PROCEDURE	D0140		\$ 35.00	included in M-Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	PRIMARY PROCEDURE	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
99392	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	PRIMARY PROCEDURE	99392		\$ 53.63	\$ 54.59	\$ 75.08	not contracted	\$ 74.01	not contracted	\$ 58.99	not contracted	\$ 80.45	not contracted	\$ 107.26	\$ 54.59	\$ 53.63	\$ 54.59
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	PRIMARY PROCEDURE	99391		\$ 49.76	\$ 50.65	\$ 69.66	not contracted	\$ 68.67	not contracted	\$ 54.74	not contracted	\$ 74.64	not contracted	\$ 99.52	\$ 50.65	\$ 49.76	\$ 50.65
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (S	PRIMARY PROCEDURE	67028		\$ 522.28	\$ 531.60	\$ 731.19	not contracted	\$ 720.75	not contracted	\$ 574.51	not contracted	\$ 783.42	not contracted	\$ 1,044.56	\$ 531.60	\$ 522.28	\$ 531.60
99024	POSTOPERATIVE FOLLOW-UP VISIT, NORMALLY INCLUDED I	PRIMARY PROCEDURE	99024		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND	PRIMARY PROCEDURE	92014		\$ 55.12	\$ 56.11	\$ 77.17	not contracted	\$ 76.07	not contracted	\$ 60.63	not contracted	\$ 82.68	not contracted	\$ 110.24	\$ 56.11	\$ 55.12	\$ 56.11
		INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (S	67028		\$ 522.28	\$ 531.60	\$ 731.19	not contracted	\$ 720.75	not contracted	\$ 574.51	not contracted	\$ 783.42	not contracted	\$ 1,044.56	\$ 531.60	\$ 522.28	\$ 531.60
99393	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	PRIMARY PROCEDURE	99393		\$ 62.90	\$ 64.02	\$ 88.06	not contracted	\$ 86.80	not contracted	\$ 69.19	not contracted	\$ 94.35	not contracted	\$ 125.80	\$ 64.02	\$ 62.90	\$ 64.02
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATI	PRIMARY PROCEDURE	D7140		\$ 41.00	included in M- Cal OP dental rate	\$ 57.40	not contracted	\$ 56.58	not contracted	\$ 45.10	not contracted	\$ 61.50	not contracted	\$ 82.00	n/a	\$ 41.00	n/a
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M- Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
		PANORAMIC FILM	D0330		\$ 25.00	included in M- Cal OP dental rate	\$ 35.00	not contracted	\$ 34.50	not contracted	\$ 27.50	not contracted	\$ 37.50	not contracted	\$ 50.00	n/a	\$ 25.00	n/a
		LOCAL ANESTHESIA	D9215		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
98966	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVID	PRIMARY PROCEDURE	98966		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC)	PRIMARY PROCEDURE	49083		\$ 128.88	\$ 131.18	\$ 180.43	not contracted	\$ 177.85	not contracted	\$ 141.77	not contracted	\$ 193.32	not contracted	\$ 257.76	\$ 131.18	\$ 128.88	\$ 131.18
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
99394	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	PRIMARY PROCEDURE	99394		\$ 78.65	\$ 80.05	\$ 110.11	not contracted	\$ 108.54	not contracted	\$ 86.52	not contracted	\$ 117.98	not contracted	\$ 157.30	\$ 80.05	\$ 78.65	\$ 80.05
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATI	PRIMARY PROCEDURE	99381		\$ 65.02	\$ 66.18	\$ 91.03	not contracted	\$ 89.73	not contracted	\$ 71.52	not contracted	\$ 97.53	not contracted	\$ 130.04	\$ 66.18	\$ 65.02	\$ 66.18
90653	INFLUENZA VACCINE, INACTIVATED (IIV), SUBUNIT, ADJ	PRIMARY PROCEDURE	90653		\$ 91.79	\$ 93.43	\$ 128.51	not contracted	\$ 126.67	not contracted	\$ 100.97	not contracted	\$ 137.69	not contracted	\$ 183.58	\$ 93.43	\$ 91.79	\$ 93.43
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
98967	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVID	PRIMARY PROCEDURE	98967		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION	PRIMARY PROCEDURE	96413		\$ 41.01	\$ 41.74	\$ 57.41	not contracted	\$ 56.59	not contracted	\$ 45.11	not contracted	\$ 61.52	not contracted	\$ 82.02	\$ 41.74	\$ 41.01	\$ 41.74
		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION	96415		\$ 30.83	\$ 31.38	\$ 43.16	not contracted	\$ 42.55	not contracted	\$ 33.91	not contracted	\$ 46.25	not contracted	\$ 61.66	\$ 31.38	\$ 30.83	\$ 31.38
		DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA AP	Q0163		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, INFliximab-DYYB, BIOSIMILAR, (INFLECTRA	Q5103		\$ 35.93	\$ 36.57	\$ 50.30	not contracted	\$ 49.58	not contracted	\$ 39.52	not contracted	\$ 53.90	not contracted	\$ 71.86	\$ 36.57	\$ 35.93	\$ 36.57



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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		\$ 5.11	\$ 7.46	\$ 7.15	not contracted	\$ 7.05	not contracted	\$ 5.62	not contracted	\$ 7.67	not contracted	\$ 10.22	\$ 7.46	\$ 5.11	\$ 7.46
98968	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVID	PRIMARY PROCEDURE	98968		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION	PRIMARY PROCEDURE	96372		\$ 26.90	\$ 27.38	\$ 37.66	not contracted	\$ 37.12	not contracted	\$ 29.59	not contracted	\$ 40.35	not contracted	\$ 53.80	\$ 27.38	\$ 26.90	\$ 27.38
		INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	J1050		\$ 5.03	\$ 7.34	\$ 7.04	not contracted	\$ 6.94	not contracted	\$ 5.53	not contracted	\$ 7.55	not contracted	\$ 10.06	\$ 7.34	\$ 5.03	\$ 7.34
92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGIN	PRIMARY PROCEDURE	92134		\$ 46.26	\$ 47.09	\$ 64.76	not contracted	\$ 63.84	not contracted	\$ 50.89	not contracted	\$ 69.39	not contracted	\$ 92.52	\$ 47.09	\$ 46.26	\$ 47.09
90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUBU	PRIMARY PROCEDURE	90750		\$ 269.48	\$ 274.29	\$ 377.27	not contracted	\$ 371.88	not contracted	\$ 296.43	not contracted	\$ 404.22	not contracted	\$ 538.96	\$ 274.29	\$ 269.48	\$ 274.29
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	52000		\$ 124.43	\$ 126.66	\$ 174.20	not contracted	\$ 171.71	not contracted	\$ 136.87	not contracted	\$ 186.65	not contracted	\$ 248.86	\$ 126.66	\$ 124.43	\$ 126.66
67228	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY	PRIMARY PROCEDURE	67228		\$ 430.42	\$ 438.10	\$ 602.59	not contracted	\$ 593.98	not contracted	\$ 473.46	not contracted	\$ 645.63	not contracted	\$ 860.84	\$ 438.10	\$ 430.42	\$ 438.10
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	PRIMARY PROCEDURE	D0120		\$ 15.00	included in M-Cal OP dental rate	\$ 21.00	not contracted	\$ 20.70	not contracted	\$ 16.50	not contracted	\$ 22.50	not contracted	\$ 30.00	n/a	\$ 15.00	n/a
91300	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (S	PRIMARY PROCEDURE	91300		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJEC	0004A		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
		SARSCOV2 VAC BVL 30MCG/0.3ML SEVERE ACUTE RESPIRAT	91312		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		ADM SARSCV2 BVL 30MCG/.3ML B IMMUNIZATION ADMINIST	0124A		\$ 57.38	\$ 58.40	\$ 80.33	not contracted	\$ 79.18	not contracted	\$ 63.12	not contracted	\$ 86.07	not contracted	\$ 114.76	\$ 58.40	\$ 57.38	\$ 58.40
95806	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF	PRIMARY PROCEDURE	95806		\$ 118.65	\$ 120.77	\$ 166.11	not contracted	\$ 163.74	not contracted	\$ 130.52	not contracted	\$ 177.98	not contracted	\$ 237.30	\$ 120.77	\$ 118.65	\$ 120.77
		EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT	98960		\$ 38.24	\$ 38.92	\$ 53.54	not contracted	\$ 52.77	not contracted	\$ 42.06	not contracted	\$ 57.36	not contracted	\$ 76.48	\$ 38.92	\$ 38.24	\$ 38.92
99395	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	PRIMARY PROCEDURE	99395		\$ 147.60	\$ 150.23	\$ 206.64	not contracted	\$ 203.69	not contracted	\$ 162.36	not contracted	\$ 221.40	not contracted	\$ 295.20	\$ 150.23	\$ 147.60	\$ 150.23
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATI	PRIMARY PROCEDURE	99383		\$ 78.65	\$ 80.05	\$ 110.11	not contracted	\$ 108.54	not contracted	\$ 86.52	not contracted	\$ 117.98	not contracted	\$ 157.30	\$ 80.05	\$ 78.65	\$ 80.05
D1110	PROPHYLAXIS-ADULT	PRIMARY PROCEDURE	D1110		\$ 40.00	included in M-Cal OP dental rate	\$ 56.00	not contracted	\$ 55.20	not contracted	\$ 44.00	not contracted	\$ 60.00	not contracted	\$ 80.00	n/a	\$ 40.00	n/a
		DENTAL PROPHYLAXIS AND TOPICAL FLUORIDE TREATMENT	D1208		child 0-5: \$18.00 child 6-20: \$8.00 adult: \$6.00	included in M-Cal OP dental rate	child 0-5: \$25.20 child 6-20: \$11.20 adult: \$8.40	not contracted	child 0-5: \$24.84 child 6-20: \$11.04 adult: \$8.28	not contracted	child 0-5: \$19.80 child 6-20: \$8.80 adult: \$6.60	not contracted	child 0-5: \$27.00 child 6-20: \$12.00 adult: \$9.00	not contracted	\$ 36.00	included in M-Cal OP dental rate	\$ 6.00	included in M-Cal OP dental rate
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M-Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
99606	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED	PRIMARY PROCEDURE	99606		\$ 61.68	\$ 62.78	\$ 86.35	not contracted	\$ 85.12	not contracted	\$ 67.85	not contracted	\$ 92.52	not contracted	\$ 123.36	\$ 62.78	\$ 61.68	\$ 62.78
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR	PRIMARY PROCEDURE	96365		\$ 89.79	\$ 91.40	\$ 125.71	not contracted	\$ 123.91	not contracted	\$ 98.77	not contracted	\$ 134.69	not contracted	\$ 179.58	\$ 91.40	\$ 89.79	\$ 91.40
		INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCR	J2916		\$ 6.66	\$ 9.72	\$ 9.32	not contracted	\$ 9.19	not contracted	\$ 7.33	not contracted	\$ 9.99	not contracted	\$ 13.32	\$ 9.72	\$ 6.66	\$ 9.72
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-S	PRIMARY PROCEDURE	97602		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER	PRIMARY PROCEDURE	51702		\$ 142.67	\$ 145.21	\$ 199.74	not contracted	\$ 196.88	not contracted	\$ 156.94	not contracted	\$ 214.01	not contracted	\$ 285.34	\$ 145.21	\$ 142.67	\$ 145.21
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
99396	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	PRIMARY PROCEDURE	99396		\$ 157.64	\$ 160.45	\$ 220.70	not contracted	\$ 217.54	not contracted	\$ 173.40	not contracted	\$ 236.46	not contracted	\$ 315.28	\$ 160.45	\$ 157.64	\$ 160.45
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR	PRIMARY PROCEDURE	20610		\$ 65.68	\$ 66.85	\$ 91.95	not contracted	\$ 90.64	not contracted	\$ 72.25	not contracted	\$ 98.52	not contracted	\$ 131.36	\$ 66.85	\$ 65.68	\$ 66.85
		INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE	J3301		\$ 5.58	\$ 8.15	\$ 7.81	not contracted	\$ 7.70	not contracted	\$ 6.14	not contracted	\$ 8.37	not contracted	\$ 11.16	\$ 8.15	\$ 5.58	\$ 8.15
		INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML	50020		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ 4.49	\$ 6.56	\$ 6.29	not contracted	\$ 6.20	not contracted	\$ 4.94	not contracted	\$ 6.74	not contracted	\$ 8.98	\$ 6.56	\$ 4.49	\$ 6.56
59025	FETAL NON-STRESS TEST	PRIMARY PROCEDURE	59025		\$ 32.70	\$ 33.29	\$ 45.78	not contracted	\$ 45.13	not contracted	\$ 35.97	not contracted	\$ 49.05	not contracted	\$ 65.40	\$ 33.29	\$ 32.70	\$ 33.29
90677	PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20),	PRIMARY PROCEDURE	90677		\$ 420.45	\$ 427.96	\$ 588.63	not contracted	\$ 580.22	not contracted	\$ 462.50	not contracted	\$ 630.68	not contracted	\$ 840.90	\$ 427.96	\$ 420.45	\$ 427.96
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
90715	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS	PRIMARY PROCEDURE	90715		\$ 60.37	\$ 61.45	\$ 84.52	not contracted	\$ 83.31	not contracted	\$ 66.41	not contracted	\$ 90.56	not contracted	\$ 120.74	\$ 61.45	\$ 60.37	\$ 61.45
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATI	PRIMARY PROCEDURE	99382		\$ 67.60	\$ 68.81	\$ 94.64	not contracted	\$ 93.29	not contracted	\$ 74.36	not contracted	\$ 101.40	not contracted	\$ 135.20	\$ 68.81	\$ 67.60	\$ 68.81
		DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTO	96110		\$ 78.75	\$ 80.15	\$ 110.25	not contracted	\$ 108.68	not contracted	\$ 86.63	not contracted	\$ 118.13	not contracted	\$ 157.50	\$ 80.15	\$ 78.75	\$ 80.15
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND	PRIMARY PROCEDURE	92002		\$ 53.29	\$ 54.24	\$ 74.61	not contracted	\$ 73.54	not contracted	\$ 58.62	not contracted	\$ 79.94	not contracted	\$ 106.58	\$ 54.24	\$ 53.29	\$ 54.24
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	PRIMARY PROCEDURE	51705		\$ 84.37	\$ 85.88	\$ 118.12	not contracted	\$ 116.43	not contracted	\$ 92.81	not contracted	\$ 126.56	not contracted	\$ 168.74	\$ 85.88	\$ 84.37	\$ 85.88

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDO	PRIMARY PROCEDURE	58100		\$ 58.87	\$ 59.92	\$ 82.42	not contracted	\$ 81.24	not contracted	\$ 64.76	not contracted	\$ 88.31	not contracted	\$ 117.74	\$ 59.92	\$ 58.87	\$ 59.92
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
93306	ECHOCARDIOGRAPHY , TRANSTHORACIC, REAL-TIME WITH IM	PRIMARY PROCEDURE	93306		\$ 343.91	\$ 350.05	\$ 481.47	not contracted	\$ 474.60	not contracted	\$ 378.30	not contracted	\$ 515.87	not contracted	\$ 687.82	\$ 350.05	\$ 343.91	\$ 350.05
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATI	PRIMARY PROCEDURE	99384		\$ 94.35	\$ 96.04	\$ 132.09	not contracted	\$ 130.20	not contracted	\$ 103.79	not contracted	\$ 141.53	not contracted	\$ 188.70	\$ 96.04	\$ 94.35	\$ 96.04
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLA	PRIMARY PROCEDURE	51700		\$ 112.69	\$ 114.70	\$ 157.77	not contracted	\$ 155.51	not contracted	\$ 123.96	not contracted	\$ 169.04	not contracted	\$ 225.38	\$ 114.70	\$ 112.69	\$ 114.70
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
		BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	J9030		\$ 2.87	\$ 4.19	\$ 4.02	not contracted	\$ 3.96	not contracted	\$ 3.16	not contracted	\$ 4.31	not contracted	\$ 5.74	\$ 4.19	\$ 2.87	\$ 4.19
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	PRIMARY PROCEDURE	76815		\$ 90.30	\$ 91.91	\$ 126.42	not contracted	\$ 124.61	not contracted	\$ 99.33	not contracted	\$ 135.45	not contracted	\$ 180.60	\$ 91.91	\$ 90.30	\$ 91.91
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SER	PRIMARY PROCEDURE	90792		service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99205		\$ 118.62	\$ 120.74	\$ 166.07	not contracted	\$ 163.70	not contracted	\$ 130.48	not contracted	\$ 177.93	not contracted	\$ 237.24	\$ 120.74	\$ 118.62	\$ 120.74
76827	DOPPLER ECHOCARDIOGRAPHY , FETAL, PULSED WAVE AND/O	PRIMARY PROCEDURE	76827		\$ 82.58	\$ 84.05	\$ 115.61	not contracted	\$ 113.96	not contracted	\$ 90.84	not contracted	\$ 123.87	not contracted	\$ 165.16	\$ 84.05	\$ 82.58	\$ 84.05

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$ 17.21	\$ 17.52	\$ 24.09	not contracted	\$ 23.75	not contracted	\$ 18.93	not contracted	\$ 25.82	not contracted	\$ 34.42	\$ 17.52	\$ 17.21	\$ 17.52
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR	PRIMARY PROCEDURE	51798		\$ 84.92	\$ 86.43	\$ 118.89	not contracted	\$ 117.19	not contracted	\$ 93.41	not contracted	\$ 127.38	not contracted	\$ 169.84	\$ 86.43	\$ 84.92	\$ 86.43
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLI	PRIMARY PROCEDURE	90686		\$ 37.27	\$ 37.93	\$ 52.18	not contracted	\$ 51.43	not contracted	\$ 41.00	not contracted	\$ 55.91	not contracted	\$ 74.54	\$ 37.93	\$ 37.27	\$ 37.93
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
92015	DETERMINATION OF REFRACTIVE STATE	PRIMARY PROCEDURE	92015		\$ 11.49	\$ 11.69	\$ 16.09	not contracted	\$ 15.86	not contracted	\$ 12.64	not contracted	\$ 17.24	not contracted	\$ 22.98	\$ 11.69	\$ 11.49	\$ 11.69
D0220	INTRAORAL- PERIAPICAL-FIRST FILM	PRIMARY PROCEDURE	D0220		\$ 10.00	included in M- Cal OP dental rate	\$ 14.00	not contracted	\$ 13.80	not contracted	\$ 11.00	not contracted	\$ 15.00	not contracted	\$ 20.00	n/a	\$ 10.00	n/a
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M- Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL,	PRIMARY PROCEDURE	92083		\$ 43.76	\$ 44.54	\$ 61.26	not contracted	\$ 60.39	not contracted	\$ 48.14	not contracted	\$ 65.64	not contracted	\$ 87.52	\$ 44.54	\$ 43.76	\$ 44.54
90694	INFLUENZA VIRUS VACCINE, QUADRIVALENT (AIV4), INA	PRIMARY PROCEDURE	90694		\$ 109.22	\$ 111.16	\$ 152.91	not contracted	\$ 150.72	not contracted	\$ 120.14	not contracted	\$ 163.83	not contracted	\$ 218.44	\$ 111.16	\$ 109.22	\$ 111.16
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04

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EFFECTIVE JANUARY 1, 2024  
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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
1220F	PATIENT SCREENED FOR DEPRESSION (SUD)	PRIMARY PROCEDURE	1220F		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	PRIMARY PROCEDURE	76811		\$ 227.61	\$ 231.67	\$ 318.65	not contracted	\$ 314.10	not contracted	\$ 250.37	not contracted	\$ 341.42	not contracted	\$ 455.22	\$ 231.67	\$ 227.61	\$ 231.67
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED	PRIMARY PROCEDURE	D0150		\$ 25.00	included in M-Cal OP dental rate	\$ 35.00	not contracted	\$ 34.50	not contracted	\$ 27.50	not contracted	\$ 37.50	not contracted	\$ 50.00	n/a	\$ 25.00	n/a
99242	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW	PRIMARY PROCEDURE	99242		\$ 67.70	\$ 68.91	\$ 94.78	not contracted	\$ 93.43	not contracted	\$ 74.47	not contracted	\$ 101.55	not contracted	\$ 135.40	\$ 68.91	\$ 67.70	\$ 68.91
93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH A	PRIMARY PROCEDURE	93288		\$ 54.54	\$ 55.51	\$ 76.36	not contracted	\$ 75.27	not contracted	\$ 59.99	not contracted	\$ 81.81	not contracted	\$ 109.08	\$ 55.51	\$ 54.54	\$ 55.51
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF	PRIMARY PROCEDURE	58558		\$ 251.48	\$ 255.97	\$ 352.07	not contracted	\$ 347.04	not contracted	\$ 276.63	not contracted	\$ 377.22	not contracted	\$ 502.96	\$ 255.97	\$ 251.48	\$ 255.97
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70

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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 2.60	\$ 3.80	\$ 3.64	not contracted	\$ 3.59	not contracted	\$ 2.86	not contracted	\$ 3.90	not contracted	\$ 5.20	\$ 3.80	\$ 2.60	\$ 3.80
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 2.46	\$ 3.59	\$ 3.44	not contracted	\$ 3.39	not contracted	\$ 2.71	not contracted	\$ 3.69	not contracted	\$ 4.92	\$ 3.59	\$ 2.46	\$ 3.59
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 2.38	\$ 3.47	\$ 3.33	not contracted	\$ 3.28	not contracted	\$ 2.62	not contracted	\$ 3.57	not contracted	\$ 4.76	\$ 3.47	\$ 2.38	\$ 3.47
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
93793	ANTICOAGULANT MANAGEMENT FOR A PATIENT TAKING WARF	PRIMARY PROCEDURE	93793		\$ 15.10	\$ 15.37	\$ 21.14	not contracted	\$ 20.84	not contracted	\$ 16.61	not contracted	\$ 22.65	not contracted	\$ 30.20	\$ 15.37	\$ 15.10	\$ 15.37
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
43244	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; W	PRIMARY PROCEDURE	43244		\$ 308.14	\$ 313.64	\$ 431.40	not contracted	\$ 425.23	not contracted	\$ 338.95	not contracted	\$ 462.21	not contracted	\$ 616.28	\$ 313.64	\$ 308.14	\$ 313.64
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND	PRIMARY PROCEDURE	92557		\$ 58.61	\$ 59.66	\$ 82.05	not contracted	\$ 80.88	not contracted	\$ 64.47	not contracted	\$ 87.92	not contracted	\$ 117.22	\$ 59.66	\$ 58.61	\$ 59.66
		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550		\$ 25.35	\$ 25.80	\$ 35.49	not contracted	\$ 34.98	not contracted	\$ 27.89	not contracted	\$ 38.03	not contracted	\$ 50.70	\$ 25.80	\$ 25.35	\$ 25.80
90460	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	PRIMARY PROCEDURE	90460		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available



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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90461		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC)	PRIMARY PROCEDURE	49082		\$ 84.01	\$ 85.51	\$ 117.61	not contracted	\$ 115.93	not contracted	\$ 92.41	not contracted	\$ 126.02	not contracted	\$ 168.02	\$ 85.51	\$ 84.01	\$ 85.51
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH	PRIMARY PROCEDURE	67040		\$ 1,318.51	\$ 1,342.05	\$ 1,845.91	not contracted	\$ 1,819.54	not contracted	\$ 1,450.36	not contracted	\$ 1,977.77	not contracted	\$ 2,637.02	\$ 1,342.05	\$ 1,318.51	\$ 1,342.05
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION	PRIMARY PROCEDURE	D1206		child 0-5: \$18.00 child 6-20: \$8.00 adult 21 & over: \$6.00	included in M-Cal OP dental rate	child 0-5: \$25.20 child 6-20: \$11.20 adult 21 & over: \$8.40	not contracted	child 0-5: \$24.84 child 6-20: \$11.04 adult 21 & over: \$8.28	not contracted	child 0-5: \$19.80 child 6-20: \$8.80 adult 21 & over: \$6.60	not contracted	child 0-5: \$27.00 child 6-20: \$12.00 adult 21 & over: \$9.00	not contracted	\$ 36.00	included in M-Cal OP dental rate	\$ 6.00	included in M-Cal OP dental rate
		PROPHYLAXIS-CHILD	D1120		\$ 30.00	included in M-Cal OP dental rate	\$ 42.00	not contracted	\$ 41.40	not contracted	\$ 33.00	not contracted	\$ 45.00	not contracted	\$ 60.00	n/a	\$ 30.00	n/a
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
		ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF	D0145		\$ 20.00	included in M-Cal OP dental rate	\$ 28.00	not contracted	\$ 27.60	not contracted	\$ 22.00	not contracted	\$ 30.00	not contracted	\$ 40.00	n/a	\$ 20.00	n/a
50435	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLU	PRIMARY PROCEDURE	50435		\$ 623.06	\$ 634.18	\$ 872.28	not contracted	\$ 859.82	not contracted	\$ 685.37	not contracted	\$ 934.59	not contracted	\$ 1,246.12	\$ 634.18	\$ 623.06	\$ 634.18
		CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER W	75984		\$ 97.15	\$ 98.89	\$ 136.01	not contracted	\$ 134.07	not contracted	\$ 106.87	not contracted	\$ 145.73	not contracted	\$ 194.30	\$ 98.89	\$ 97.15	\$ 98.89
		INJECTION, LEVOFLOXACIN, 250 MG	J1956		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML)	J7040		\$ 5.75	\$ 8.40	\$ 8.05	not contracted	\$ 7.94	not contracted	\$ 6.33	not contracted	\$ 8.63	not contracted	\$ 11.50	\$ 8.40	\$ 5.75	\$ 8.40
92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BIL	PRIMARY PROCEDURE	92025		\$ 38.47	\$ 39.16	\$ 53.86	not contracted	\$ 53.09	not contracted	\$ 42.32	not contracted	\$ 57.71	not contracted	\$ 76.94	\$ 39.16	\$ 38.47	\$ 39.16
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NE	PRIMARY PROCEDURE	64566		\$ 168.76	\$ 171.77	\$ 236.26	not contracted	\$ 232.89	not contracted	\$ 185.64	not contracted	\$ 253.14	not contracted	\$ 337.52	\$ 171.77	\$ 168.76	\$ 171.77
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING	PRIMARY PROCEDURE	88175		\$ 23.50	\$ 34.31	\$ 32.90	not contracted	\$ 32.43	not contracted	\$ 25.85	not contracted	\$ 35.25	not contracted	\$ 47.00	\$ 34.31	\$ 23.50	\$ 34.31
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87624		\$ 31.19	\$ 45.54	\$ 43.67	not contracted	\$ 43.04	not contracted	\$ 34.31	not contracted	\$ 46.79	not contracted	\$ 62.38	\$ 45.54	\$ 31.19	\$ 45.54
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING	88142		\$ 18.00	\$ 26.28	\$ 25.20	not contracted	\$ 24.84	not contracted	\$ 19.80	not contracted	\$ 27.00	not contracted	\$ 36.00	\$ 26.28	\$ 18.00	\$ 26.28
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND	PRIMARY PROCEDURE	97802		\$ 43.53	\$ 44.31	\$ 60.94	not contracted	\$ 60.07	not contracted	\$ 47.88	not contracted	\$ 65.30	not contracted	\$ 87.06	\$ 44.31	\$ 43.53	\$ 44.31
93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORON	PRIMARY PROCEDURE	93454		\$ 1,129.81	\$ 1,149.97	\$ 1,581.73	not contracted	\$ 1,559.14	not contracted	\$ 1,242.79	not contracted	\$ 1,694.72	not contracted	\$ 2,259.62	\$ 1,149.97	\$ 1,129.81	\$ 1,149.97
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 4.72	\$ 6.89	\$ 6.61	not contracted	\$ 6.51	not contracted	\$ 5.19	not contracted	\$ 7.08	not contracted	\$ 9.44	\$ 6.89	\$ 4.72	\$ 6.89

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MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ 4.49	\$ 6.56	\$ 6.29	not contracted	\$ 6.20	not contracted	\$ 4.94	not contracted	\$ 6.74	not contracted	\$ 8.98	\$ 6.56	\$ 4.49	\$ 6.56
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
4450F	SELF-CARE EDUCATION PROVIDED TO PATIENT (HF)	PRIMARY PROCEDURE	4450F		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
88152	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH M	PRIMARY PROCEDURE	88152		\$ 11.50	\$ 16.79	\$ 16.10	not contracted	\$ 15.87	not contracted	\$ 12.65	not contracted	\$ 17.25	not contracted	\$ 23.00	\$ 16.79	\$ 11.50	\$ 16.79
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING	88175		\$ 23.50	\$ 34.31	\$ 32.90	not contracted	\$ 32.43	not contracted	\$ 25.85	not contracted	\$ 35.25	not contracted	\$ 47.00	\$ 34.31	\$ 23.50	\$ 34.31
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87624		\$ 31.19	\$ 45.54	\$ 43.67	not contracted	\$ 43.04	not contracted	\$ 34.31	not contracted	\$ 46.79	not contracted	\$ 62.38	\$ 45.54	\$ 31.19	\$ 45.54
90736	ZOSTER (SHINGLES) VACCINE (HZV), LIVE, FOR SUBCUTA	PRIMARY PROCEDURE	90736		\$ 311.45	\$ 317.01	\$ 436.03	not contracted	\$ 429.80	not contracted	\$ 342.60	not contracted	\$ 467.18	not contracted	\$ 622.90	\$ 317.01	\$ 311.45	\$ 317.01
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, C	PRIMARY PROCEDURE	52310		\$ 422.95	\$ 430.50	\$ 592.13	not contracted	\$ 583.67	not contracted	\$ 465.25	not contracted	\$ 634.43	not contracted	\$ 845.90	\$ 430.50	\$ 422.95	\$ 430.50

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
U0003	SARS-COV-2 COVID-19 AMP PRB HIGH THROUGHPUT TECH I	PRIMARY PROCEDURE	U0003		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		COV-19 AMP PRB HIGH THRUPT WITHIN 2 DAYS COLLECT	U0005		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
88142	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING)	PRIMARY PROCEDURE	88142		\$ 18.00	\$ 26.28	\$ 25.20	not contracted	\$ 24.84	not contracted	\$ 19.80	not contracted	\$ 27.00	not contracted	\$ 36.00	\$ 26.28	\$ 18.00	\$ 26.28
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87624		\$ 31.19	\$ 45.54	\$ 43.67	not contracted	\$ 43.04	not contracted	\$ 34.31	not contracted	\$ 46.79	not contracted	\$ 62.38	\$ 45.54	\$ 31.19	\$ 45.54
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	PRIMARY PROCEDURE	J0585		\$ 10.78	\$ 15.74	\$ 15.09	not contracted	\$ 14.88	not contracted	\$ 11.86	not contracted	\$ 16.17	not contracted	\$ 21.56	\$ 15.74	\$ 10.78	\$ 15.74
52356	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOS	PRIMARY PROCEDURE	52356		\$ 507.86	\$ 516.93	\$ 711.00	not contracted	\$ 700.85	not contracted	\$ 558.65	not contracted	\$ 761.79	not contracted	\$ 1,015.72	\$ 516.93	\$ 507.86	\$ 516.93
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 40.11	\$ 40.82	\$ 56.15	not contracted	\$ 55.35	not contracted	\$ 44.12	not contracted	\$ 60.17	not contracted	\$ 80.22	\$ 40.82	\$ 40.11	\$ 40.82
		CALCULUS; INFRARED SPECTROSCOPY	82365		\$ 11.46	\$ 16.73	\$ 16.04	not contracted	\$ 15.81	not contracted	\$ 12.61	not contracted	\$ 17.19	not contracted	\$ 22.92	\$ 16.73	\$ 11.46	\$ 16.73
		LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ON	88300		\$ 8.37	\$ 12.22	\$ 11.72	not contracted	\$ 11.55	not contracted	\$ 9.21	not contracted	\$ 12.56	not contracted	\$ 16.74	\$ 12.22	\$ 8.37	\$ 12.22
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
92235	FLUORESCIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGI	PRIMARY PROCEDURE	92235		\$ 117.23	\$ 119.33	\$ 164.12	not contracted	\$ 161.78	not contracted	\$ 128.95	not contracted	\$ 175.85	not contracted	\$ 234.46	\$ 119.33	\$ 117.23	\$ 119.33
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	PRIMARY PROCEDURE	92550		\$ 25.35	\$ 25.80	\$ 35.49	not contracted	\$ 34.98	not contracted	\$ 27.89	not contracted	\$ 38.03	not contracted	\$ 50.70	\$ 25.80	\$ 25.35	\$ 25.80
		COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND	92557		\$ 58.61	\$ 59.66	\$ 82.05	not contracted	\$ 80.88	not contracted	\$ 64.47	not contracted	\$ 87.92	not contracted	\$ 117.22	\$ 59.66	\$ 58.61	\$ 59.66
99423	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE,	PRIMARY PROCEDURE	99423		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A F	PRIMARY PROCEDURE	D0603		\$ 15.00	included in M-Cal OP dental rate	\$ 21.00	not contracted	\$ 20.70	not contracted	\$ 16.50	not contracted	\$ 22.50	not contracted	\$ 30.00	n/a	\$ 15.00	n/a
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION	D1206		child 0-5: \$18.00 child 6-20: \$8.00 adult 21 & over: \$6.00	included in M-Cal OP dental rate	child 0-5: \$25.20 child 6-20: \$11.20 adult 21 & over: \$8.40	not contracted	child 0-5: \$24.84 child 6-20: \$11.04 adult 21 & over: \$8.28	not contracted	child 0-5: \$19.80 child 6-20: \$8.80 adult 21 & over: \$6.60	not contracted	child 0-5: \$27.00 child 6-20: \$12.00 adult 21 & over: \$9.00	not contracted	\$ 36.00	included in M-Cal OP dental rate	\$ 6.00	included in M-Cal OP dental rate
		PROPHYLAXIS-CHILD	D1120		\$ 30.00	included in M-Cal OP dental rate	\$ 42.00	not contracted	\$ 41.40	not contracted	\$ 33.00	not contracted	\$ 45.00	not contracted	\$ 60.00	n/a	\$ 30.00	n/a
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		\$ 15.00	included in M-Cal OP dental rate	\$ 21.00	not contracted	\$ 20.70	not contracted	\$ 16.50	not contracted	\$ 22.50	not contracted	\$ 30.00	n/a	\$ 15.00	n/a
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	PRIMARY PROCEDURE	90791		service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
93247	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE T	PRIMARY PROCEDURE	93247		\$ -	\$ -	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -	\$ -
99245	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW	PRIMARY PROCEDURE	99245		\$ 146.60	\$ 149.21	\$ 205.24	not contracted	\$ 202.31	not contracted	\$ 161.26	not contracted	\$ 219.90	not contracted	\$ 293.20	\$ 149.21	\$ 146.60	\$ 149.21
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND	PRIMARY PROCEDURE	92004		\$ 71.40	\$ 72.68	\$ 99.96	not contracted	\$ 98.53	not contracted	\$ 78.54	not contracted	\$ 107.10	not contracted	\$ 142.80	\$ 72.68	\$ 71.40	\$ 72.68
99605	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED	PRIMARY PROCEDURE	99605		\$ 61.68	\$ 62.78	\$ 86.35	not contracted	\$ 85.12	not contracted	\$ 67.85	not contracted	\$ 92.52	not contracted	\$ 123.36	\$ 62.78	\$ 61.68	\$ 62.78
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MOR	PRIMARY PROCEDURE	D4341		beneficiaries in a SNF or ICF: \$70.00 other: \$50.00	included in M-Cal OP dental rate	beneficiaries in a SNF or ICF: \$98.00 other: \$70.00	not contracted	beneficiaries in a SNF or ICF: \$96.60 other: \$69.00	not contracted	beneficiaries in a SNF or ICF: \$77.00 other: \$55.00	not contracted	beneficiaries in a SNF or ICF: \$105.00 other: \$75.00	not contracted	\$ 140.00	included in M-Cal OP dental rate	\$ 50.00	included in M-Cal OP dental rate
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
D0274	BITEWINGS-FOUR FILMS	PRIMARY PROCEDURE	D0274		\$ 18.00	included in M-Cal OP dental rate	\$ 25.20	not contracted	\$ 24.84	not contracted	\$ 19.80	not contracted	\$ 27.00	not contracted	\$ 36.00	n/a	\$ 18.00	n/a
		PROPHYLAXIS-ADULT	D1110		\$ 40.00	included in M-Cal OP dental rate	\$ 56.00	not contracted	\$ 55.20	not contracted	\$ 44.00	not contracted	\$ 60.00	not contracted	\$ 80.00	n/a	\$ 40.00	n/a
		DENTAL PROPHYLAXIS AND TOPICAL FLUORIDE TREATMENT	D1208		child 0-5: \$18.00 child 6-20: \$8.00 adult: \$6.00	included in M-Cal OP dental rate	child 0-5: \$25.20 child 6-20: \$11.20 adult: \$8.40	not contracted	child 0-5: \$24.84 child 6-20: \$11.04 adult: \$8.28	not contracted	child 0-5: \$19.80 child 6-20: \$8.80 adult: \$6.60	not contracted	child 0-5: \$27.00 child 6-20: \$12.00 adult: \$9.00	not contracted	\$ 36.00	included in M-Cal OP dental rate	\$ 6.00	included in M-Cal OP dental rate
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		\$ 15.00	included in M-Cal OP dental rate	\$ 21.00	not contracted	\$ 20.70	not contracted	\$ 16.50	not contracted	\$ 22.50	not contracted	\$ 30.00	n/a	\$ 15.00	n/a
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING UR	PRIMARY PROCEDURE	52332		\$ 789.82	\$ 803.92	\$ 1,105.75	not contracted	\$ 1,089.95	not contracted	\$ 868.80	not contracted	\$ 1,184.73	not contracted	\$ 1,579.64	\$ 803.92	\$ 789.82	\$ 803.92
		UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	74420		\$ 80.93	\$ 82.37	\$ 113.30	not contracted	\$ 111.68	not contracted	\$ 89.02	not contracted	\$ 121.40	not contracted	\$ 161.86	\$ 82.37	\$ 80.93	\$ 82.37

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, MORPHINE SULFATE, UP TO 10 MG	J2270		\$ 7.80	\$ 11.39	\$ 10.92	not contracted	\$ 10.76	not contracted	\$ 8.58	not contracted	\$ 11.70	not contracted	\$ 15.60	\$ 11.39	\$ 7.80	\$ 11.39
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, RE	PRIMARY PROCEDURE	76825		\$ 116.87	\$ 118.96	\$ 163.62	not contracted	\$ 161.28	not contracted	\$ 128.56	not contracted	\$ 175.31	not contracted	\$ 233.74	\$ 118.96	\$ 116.87	\$ 118.96
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99205		\$ 118.62	\$ 120.74	\$ 166.07	not contracted	\$ 163.70	not contracted	\$ 130.48	not contracted	\$ 177.93	not contracted	\$ 237.24	\$ 120.74	\$ 118.62	\$ 120.74
91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPH	PRIMARY PROCEDURE	91010		\$ 99.13	\$ 100.90	\$ 138.78	not contracted	\$ 136.80	not contracted	\$ 109.04	not contracted	\$ 148.70	not contracted	\$ 198.26	\$ 100.90	\$ 99.13	\$ 100.90
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S),	PRIMARY PROCEDURE	20552		\$ 75.29	\$ 76.64	\$ 105.41	not contracted	\$ 103.90	not contracted	\$ 82.82	not contracted	\$ 112.94	not contracted	\$ 150.58	\$ 76.64	\$ 75.29	\$ 76.64
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOP	76942		\$ 72.61	\$ 73.91	\$ 101.65	not contracted	\$ 100.20	not contracted	\$ 79.87	not contracted	\$ 108.92	not contracted	\$ 145.22	\$ 73.91	\$ 72.61	\$ 73.91
93294	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO	PRIMARY PROCEDURE	93294		\$ 44.95	\$ 45.76	\$ 62.93	not contracted	\$ 62.03	not contracted	\$ 49.45	not contracted	\$ 67.43	not contracted	\$ 89.90	\$ 45.76	\$ 44.95	\$ 45.76
		INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO	93295		\$ 81.42	\$ 82.87	\$ 113.99	not contracted	\$ 112.36	not contracted	\$ 89.56	not contracted	\$ 122.13	not contracted	\$ 162.84	\$ 82.87	\$ 81.42	\$ 82.87
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION	PRIMARY PROCEDURE	11055		\$ 24.03	\$ 24.46	\$ 33.64	not contracted	\$ 33.16	not contracted	\$ 26.43	not contracted	\$ 36.05	not contracted	\$ 48.06	\$ 24.46	\$ 24.03	\$ 24.46
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
0124A	ADM SARSCV2 BVL 30MCG/.3ML B IMMUNIZATION ADMINIST	PRIMARY PROCEDURE	0124A		\$ 57.38	\$ 58.40	\$ 80.33	not contracted	\$ 79.18	not contracted	\$ 63.12	not contracted	\$ 86.07	not contracted	\$ 114.76	\$ 58.40	\$ 57.38	\$ 58.40

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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
		SARSCOV2 VAC BVL 30MCG/0.3ML SEVERE ACUTE RESPIRAT	91312		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
90651	HUMAN PAPILOMAVIRUS VACCINE TYPES 6, 11, 16, 18,	PRIMARY PROCEDURE	90651		\$ 390.85	\$ 397.82	\$ 547.19	not contracted	\$ 539.37	not contracted	\$ 429.94	not contracted	\$ 586.28	not contracted	\$ 781.70	\$ 397.82	\$ 390.85	\$ 397.82
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORON	PRIMARY PROCEDURE	93460		\$ 1,606.94	\$ 1,635.62	\$ 2,249.72	not contracted	\$ 2,217.58	not contracted	\$ 1,767.63	not contracted	\$ 2,410.41	not contracted	\$ 3,213.88	\$ 1,635.62	\$ 1,606.94	\$ 1,635.62
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 4.72	\$ 6.89	\$ 6.61	not contracted	\$ 6.51	not contracted	\$ 5.19	not contracted	\$ 7.08	not contracted	\$ 9.44	\$ 6.89	\$ 4.72	\$ 6.89
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ 4.49	\$ 6.56	\$ 6.29	not contracted	\$ 6.20	not contracted	\$ 4.94	not contracted	\$ 6.74	not contracted	\$ 8.98	\$ 6.56	\$ 4.49	\$ 6.56
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TI	PRIMARY PROCEDURE	94010		\$ 35.29	\$ 35.92	\$ 49.41	not contracted	\$ 48.70	not contracted	\$ 38.82	not contracted	\$ 52.94	not contracted	\$ 70.58	\$ 35.92	\$ 35.29	\$ 35.92



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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES	94726		\$ 68.98	\$ 70.21	\$ 96.57	not contracted	\$ 95.19	not contracted	\$ 75.88	not contracted	\$ 103.47	not contracted	\$ 137.96	\$ 70.21	\$ 68.98	\$ 70.21
		DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE)	94729		\$ 69.14	\$ 70.37	\$ 96.80	not contracted	\$ 95.41	not contracted	\$ 76.05	not contracted	\$ 103.71	not contracted	\$ 138.28	\$ 70.37	\$ 69.14	\$ 70.37
		MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENT	94200		\$ 23.52	\$ 23.94	\$ 32.93	not contracted	\$ 32.46	not contracted	\$ 25.87	not contracted	\$ 35.28	not contracted	\$ 47.04	\$ 23.94	\$ 23.52	\$ 23.94
92133	SCANNING COMPUTERIZED OPTHALMIC DIAGNOSTIC IMAGIN	PRIMARY PROCEDURE	92133		\$ 46.26	\$ 47.09	\$ 64.76	not contracted	\$ 63.84	not contracted	\$ 50.89	not contracted	\$ 69.39	not contracted	\$ 92.52	\$ 47.09	\$ 46.26	\$ 47.09
D0210	INTRAORAL-COMplete SERIES (INCLUDING BITEWINGS)	PRIMARY PROCEDURE	D0210		\$ 40.00	included in M-Cal OP dental rate	\$ 56.00	not contracted	\$ 55.20	not contracted	\$ 44.00	not contracted	\$ 60.00	not contracted	\$ 80.00	n/a	\$ 40.00	n/a
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		\$ 15.00	included in M-Cal OP dental rate	\$ 21.00	not contracted	\$ 20.70	not contracted	\$ 16.50	not contracted	\$ 22.50	not contracted	\$ 30.00	n/a	\$ 15.00	n/a
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COL	PRIMARY PROCEDURE	45330		\$ 78.50	\$ 79.91	\$ 109.90	not contracted	\$ 108.33	not contracted	\$ 86.35	not contracted	\$ 117.75	not contracted	\$ 157.00	\$ 79.91	\$ 78.50	\$ 79.91
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORON	PRIMARY PROCEDURE	93456		\$ 1,412.90	\$ 1,438.11	\$ 1,978.06	not contracted	\$ 1,949.80	not contracted	\$ 1,554.19	not contracted	\$ 2,119.35	not contracted	\$ 2,825.80	\$ 1,438.11	\$ 1,412.90	\$ 1,438.11
		GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO	82803		\$ 11.85	\$ 17.30	\$ 16.59	not contracted	\$ 16.35	not contracted	\$ 13.04	not contracted	\$ 17.78	not contracted	\$ 23.70	\$ 17.30	\$ 11.85	\$ 17.30

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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ 4.49	\$ 6.56	\$ 6.29	not contracted	\$ 6.20	not contracted	\$ 4.94	not contracted	\$ 6.74	not contracted	\$ 8.98	\$ 6.56	\$ 4.49	\$ 6.56
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S),	PRIMARY PROCEDURE	20553		\$ 80.64	\$ 82.08	\$ 112.90	not contracted	\$ 111.28	not contracted	\$ 88.70	not contracted	\$ 120.96	not contracted	\$ 161.28	\$ 82.08	\$ 80.64	\$ 82.08
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOP	76942		\$ 72.61	\$ 73.91	\$ 101.65	not contracted	\$ 100.20	not contracted	\$ 79.87	not contracted	\$ 108.92	not contracted	\$ 145.22	\$ 73.91	\$ 72.61	\$ 73.91
64644	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCL	PRIMARY PROCEDURE	64644		\$ 87.04	\$ 88.59	\$ 121.86	not contracted	\$ 120.12	not contracted	\$ 95.74	not contracted	\$ 130.56	not contracted	\$ 174.08	\$ 88.59	\$ 87.04	\$ 88.59
		INJECTION, ONABOTULINUMTOXINA, 1 UNIT	J0585		\$ 10.78	\$ 15.74	\$ 15.09	not contracted	\$ 14.88	not contracted	\$ 11.86	not contracted	\$ 16.17	not contracted	\$ 21.56	\$ 15.74	\$ 10.78	\$ 15.74
90723	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS V	PRIMARY PROCEDURE	90723		\$ 133.89	\$ 136.28	\$ 187.45	not contracted	\$ 184.77	not contracted	\$ 147.28	not contracted	\$ 200.84	not contracted	\$ 267.78	\$ 136.28	\$ 133.89	\$ 136.28
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90460		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T	90648		\$ 29.84	\$ 30.37	\$ 41.78	not contracted	\$ 41.18	not contracted	\$ 32.82	not contracted	\$ 44.76	not contracted	\$ 59.68	\$ 30.37	\$ 29.84	\$ 30.37
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90461		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13),	90670		\$ 376.46	\$ 383.18	\$ 527.04	not contracted	\$ 519.51	not contracted	\$ 414.11	not contracted	\$ 564.69	not contracted	\$ 752.92	\$ 383.18	\$ 376.46	\$ 383.18
		ROTAVIRUS VACCINE, PENTAVALENT (RV5), 3 DOSE SCHED	90680		\$ 138.99	\$ 141.47	\$ 194.59	not contracted	\$ 191.81	not contracted	\$ 152.89	not contracted	\$ 208.49	not contracted	\$ 277.98	\$ 141.47	\$ 138.99	\$ 141.47
		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL	90473		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99391		\$ 49.76	\$ 50.65	\$ 69.66	not contracted	\$ 68.67	not contracted	\$ 54.74	not contracted	\$ 74.64	not contracted	\$ 99.52	\$ 50.65	\$ 49.76	\$ 50.65
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	PRIMARY PROCEDURE	D2391		\$ 39.00	included in M-Cal OP dental rate	\$ 54.60	not contracted	\$ 53.82	not contracted	\$ 42.90	not contracted	\$ 58.50	not contracted	\$ 78.00	n/a	\$ 39.00	n/a
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M-Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORON	PRIMARY PROCEDURE	93458		\$ 1,362.69	\$ 1,387.01	\$ 1,907.77	not contracted	\$ 1,880.51	not contracted	\$ 1,498.96	not contracted	\$ 2,044.04	not contracted	\$ 2,725.38	\$ 1,387.01	\$ 1,362.69	\$ 1,387.01
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 4.72	\$ 6.89	\$ 6.61	not contracted	\$ 6.51	not contracted	\$ 5.19	not contracted	\$ 7.08	not contracted	\$ 9.44	\$ 6.89	\$ 4.72	\$ 6.89
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ 4.49	\$ 6.56	\$ 6.29	not contracted	\$ 6.20	not contracted	\$ 4.94	not contracted	\$ 6.74	not contracted	\$ 8.98	\$ 6.56	\$ 4.49	\$ 6.56
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
D1330	ORAL HYGIENE INSTRUCTION	PRIMARY PROCEDURE	D1330		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M-Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT)	PRIMARY PROCEDURE	78452		\$ 499.34	\$ 508.26	\$ 699.08	not contracted	\$ 689.09	not contracted	\$ 549.27	not contracted	\$ 749.01	not contracted	\$ 998.68	\$ 508.26	\$ 499.34	\$ 508.26
		INJECTION, REGADENOSON, 0.1 MG	J2785		\$ 65.61	\$ 95.79	\$ 91.85	not contracted	\$ 90.54	not contracted	\$ 72.17	not contracted	\$ 98.42	not contracted	\$ 131.22	\$ 95.79	\$ 65.61	\$ 95.79
32555	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF T	PRIMARY PROCEDURE	32555		\$ 132.44	\$ 134.80	\$ 185.42	not contracted	\$ 182.77	not contracted	\$ 145.68	not contracted	\$ 198.66	not contracted	\$ 264.88	\$ 134.80	\$ 132.44	\$ 134.80

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STR	PRIMARY PROCEDURE	58661		\$ 701.38	\$ 713.90	\$ 981.93	not contracted	\$ 967.90	not contracted	\$ 771.52	not contracted	\$ 1,052.07	not contracted	\$ 1,402.76	\$ 713.90	\$ 701.38	\$ 713.90
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88302		\$ 20.94	\$ 30.57	\$ 29.32	not contracted	\$ 28.90	not contracted	\$ 23.03	not contracted	\$ 31.41	not contracted	\$ 41.88	\$ 30.57	\$ 20.94	\$ 30.57
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 8.31	\$ 12.13	\$ 11.63	not contracted	\$ 11.47	not contracted	\$ 9.14	not contracted	\$ 12.47	not contracted	\$ 16.62	\$ 12.13	\$ 8.31	\$ 12.13
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ 4.95	\$ 7.23	\$ 6.93	not contracted	\$ 6.83	not contracted	\$ 5.45	not contracted	\$ 7.43	not contracted	\$ 9.90	\$ 7.23	\$ 4.95	\$ 7.23
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		\$ 5.46	\$ 7.97	\$ 7.64	not contracted	\$ 7.53	not contracted	\$ 6.01	not contracted	\$ 8.19	not contracted	\$ 10.92	\$ 7.97	\$ 5.46	\$ 7.97
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PR	J7642		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	PRIMARY PROCEDURE	D2392		\$ 48.00	included in M- Cal OP dental rate	\$ 67.20	not contracted	\$ 66.24	not contracted	\$ 52.80	not contracted	\$ 72.00	not contracted	\$ 96.00	n/a	\$ 48.00	n/a
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M-Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	PRIMARY PROCEDURE	41899		\$ -	\$ -	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -	\$ -
67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFER	PRIMARY PROCEDURE	67113		\$ 1,684.86	\$ 1,714.93	\$ 2,358.80	not contracted	\$ 2,325.11	not contracted	\$ 1,853.35	not contracted	\$ 2,527.29	not contracted	\$ 3,369.72	\$ 1,714.93	\$ 1,684.86	\$ 1,714.93
		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SU	00145		\$ 108.91	\$ 110.86	\$ 152.47	not contracted	\$ 150.30	not contracted	\$ 119.80	not contracted	\$ 163.37	not contracted	\$ 217.82	\$ 110.86	\$ 108.91	\$ 110.86
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
95125	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY I	PRIMARY PROCEDURE	95125		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, OMALIZUMAB, 5 MG	J2357		\$ 42.38	\$ 61.87	\$ 59.33	not contracted	\$ 58.48	not contracted	\$ 46.62	not contracted	\$ 63.57	not contracted	\$ 84.76	\$ 61.87	\$ 42.38	\$ 61.87
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SC	PRIMARY PROCEDURE	76519		\$ 78.63	\$ 80.04	\$ 110.08	not contracted	\$ 108.51	not contracted	\$ 86.49	not contracted	\$ 117.95	not contracted	\$ 157.26	\$ 80.04	\$ 78.63	\$ 80.04
		COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BIL	92025		\$ 38.47	\$ 39.16	\$ 53.86	not contracted	\$ 53.09	not contracted	\$ 42.32	not contracted	\$ 57.71	not contracted	\$ 76.94	\$ 39.16	\$ 38.47	\$ 39.16
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(	PRIMARY PROCEDURE	93451		\$ 1,002.11	\$ 1,020.00	\$ 1,402.95	not contracted	\$ 1,382.91	not contracted	\$ 1,102.32	not contracted	\$ 1,503.17	not contracted	\$ 2,004.22	\$ 1,020.00	\$ 1,002.11	\$ 1,020.00

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$ 7.27	\$ 10.61	\$ 10.18	not contracted	\$ 10.03	not contracted	\$ 8.00	not contracted	\$ 10.91	not contracted	\$ 14.54	\$ 10.61	\$ 7.27	\$ 10.61
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85027		\$ 5.71	\$ 8.34	\$ 7.99	not contracted	\$ 7.88	not contracted	\$ 6.28	not contracted	\$ 8.57	not contracted	\$ 11.42	\$ 8.34	\$ 5.71	\$ 8.34
		PROTHROMBIN TIME;	85610		\$ 3.49	\$ 5.10	\$ 4.89	not contracted	\$ 4.82	not contracted	\$ 3.84	not contracted	\$ 5.24	not contracted	\$ 6.98	\$ 5.10	\$ 3.49	\$ 5.10
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
95800	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; H	PRIMARY PROCEDURE	95800		\$ 197.60	\$ 201.13	\$ 276.64	not contracted	\$ 272.69	not contracted	\$ 217.36	not contracted	\$ 296.40	not contracted	\$ 395.20	\$ 201.13	\$ 197.60	\$ 201.13
		EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT	98960		\$ 38.24	\$ 38.92	\$ 53.54	not contracted	\$ 52.77	not contracted	\$ 42.06	not contracted	\$ 57.36	not contracted	\$ 76.48	\$ 38.92	\$ 38.24	\$ 38.92
		SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF	95806		\$ 118.65	\$ 120.77	\$ 166.11	not contracted	\$ 163.74	not contracted	\$ 130.52	not contracted	\$ 177.98	not contracted	\$ 237.30	\$ 120.77	\$ 118.65	\$ 120.77
D0330	PANORAMIC FILM	PRIMARY PROCEDURE	D0330		\$ 25.00	included in M-Cal OP dental rate	\$ 35.00	not contracted	\$ 34.50	not contracted	\$ 27.50	not contracted	\$ 37.50	not contracted	\$ 50.00	n/a	\$ 25.00	n/a
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M-Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCE	PRIMARY PROCEDURE	11102		\$ 128.16	\$ 130.45	\$ 179.42	not contracted	\$ 176.86	not contracted	\$ 140.98	not contracted	\$ 192.24	not contracted	\$ 256.32	\$ 130.45	\$ 128.16	\$ 130.45
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99202		\$ 49.20	\$ 50.08	\$ 68.88	not contracted	\$ 67.90	not contracted	\$ 54.12	not contracted	\$ 73.80	not contracted	\$ 98.40	\$ 50.08	\$ 49.20	\$ 50.08
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
90739	HEPATITIS B VACCINE (HEPB), CPG-ADJUVANTED, ADULT	PRIMARY PROCEDURE	90739		\$ 224.54	\$ 228.55	\$ 314.36	not contracted	\$ 309.87	not contracted	\$ 246.99	not contracted	\$ 336.81	not contracted	\$ 449.08	\$ 228.55	\$ 224.54	\$ 228.55
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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EFFECTIVE JANUARY 1, 2024  
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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
88150	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL	PRIMARY PROCEDURE	88150		\$ 11.50	\$ 16.79	\$ 16.10	not contracted	\$ 15.87	not contracted	\$ 12.65	not contracted	\$ 17.25	not contracted	\$ 23.00	\$ 16.79	\$ 11.50	\$ 16.79
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87624		\$ 31.19	\$ 45.54	\$ 43.67	not contracted	\$ 43.04	not contracted	\$ 34.31	not contracted	\$ 46.79	not contracted	\$ 62.38	\$ 45.54	\$ 31.19	\$ 45.54
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING	88142		\$ 18.00	\$ 26.28	\$ 25.20	not contracted	\$ 24.84	not contracted	\$ 19.80	not contracted	\$ 27.00	not contracted	\$ 36.00	\$ 26.28	\$ 18.00	\$ 26.28
94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 9	PRIMARY PROCEDURE	94060		\$ 64.59	\$ 65.74	\$ 90.43	not contracted	\$ 89.13	not contracted	\$ 71.05	not contracted	\$ 96.89	not contracted	\$ 129.18	\$ 65.74	\$ 64.59	\$ 65.74
		PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES	94726		\$ 68.98	\$ 70.21	\$ 96.57	not contracted	\$ 95.19	not contracted	\$ 75.88	not contracted	\$ 103.47	not contracted	\$ 137.96	\$ 70.21	\$ 68.98	\$ 70.21
		DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE)	94729		\$ 69.14	\$ 70.37	\$ 96.80	not contracted	\$ 95.41	not contracted	\$ 76.05	not contracted	\$ 103.71	not contracted	\$ 138.28	\$ 70.37	\$ 69.14	\$ 70.37
		SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TI	94010		\$ 35.29	\$ 35.92	\$ 49.41	not contracted	\$ 48.70	not contracted	\$ 38.82	not contracted	\$ 52.94	not contracted	\$ 70.58	\$ 35.92	\$ 35.29	\$ 35.92
		MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENT	94200		\$ 23.52	\$ 23.94	\$ 32.93	not contracted	\$ 32.46	not contracted	\$ 25.87	not contracted	\$ 35.28	not contracted	\$ 47.04	\$ 23.94	\$ 23.52	\$ 23.94
		PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT	94640		\$ 16.78	\$ 17.08	\$ 23.49	not contracted	\$ 23.16	not contracted	\$ 18.46	not contracted	\$ 25.17	not contracted	\$ 33.56	\$ 17.08	\$ 16.78	\$ 17.08
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	PRIMARY PROCEDURE	58300		\$ 241.29	\$ 245.60	\$ 337.81	not contracted	\$ 332.98	not contracted	\$ 265.42	not contracted	\$ 361.94	not contracted	\$ 482.58	\$ 245.60	\$ 241.29	\$ 245.60

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EFFECTIVE JANUARY 1, 2024  
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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
		LEVONORGESTREL- RELEASING INTRAUTERINE CONTRACEPTIV	J7297		\$ 845.10	\$ 1,233.85	\$ 1,183.14	not contracted	\$ 1,166.24	not contracted	\$ 929.61	not contracted	\$ 1,267.65	not contracted	\$ 1,690.20	\$ 1,233.85	\$ 845.10	\$ 1,233.85
D9211	REGIONAL BLOCK ANESTHESIA	PRIMARY PROCEDURE	D9211		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
		RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	D2392		\$ 48.00	included in M- Cal OP dental rate	\$ 67.20	not contracted	\$ 66.24	not contracted	\$ 52.80	not contracted	\$ 72.00	not contracted	\$ 96.00	n/a	\$ 48.00	n/a
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M- Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SC	PRIMARY PROCEDURE	20680		\$ 217.89	\$ 221.77	\$ 305.05	not contracted	\$ 300.69	not contracted	\$ 239.68	not contracted	\$ 326.84	not contracted	\$ 435.78	\$ 221.77	\$ 217.89	\$ 221.77
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT	PRIMARY PROCEDURE	57454		\$ 123.56	\$ 125.76	\$ 172.98	not contracted	\$ 170.51	not contracted	\$ 135.92	not contracted	\$ 185.34	not contracted	\$ 247.12	\$ 125.76	\$ 123.56	\$ 125.76
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85



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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER S	88342		\$ 53.79	\$ 78.53	\$ 75.31	not contracted	\$ 74.23	not contracted	\$ 59.17	not contracted	\$ 80.69	not contracted	\$ 107.58	\$ 78.53	\$ 53.79	\$ 78.53
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	PRIMARY PROCEDURE	31624		\$ 306.00	\$ 311.46	\$ 428.40	not contracted	\$ 422.28	not contracted	\$ 336.60	not contracted	\$ 459.00	not contracted	\$ 612.00	\$ 311.46	\$ 306.00	\$ 311.46
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND	88108		\$ 28.92	\$ 42.22	\$ 40.49	not contracted	\$ 39.91	not contracted	\$ 31.81	not contracted	\$ 43.38	not contracted	\$ 57.84	\$ 42.22	\$ 28.92	\$ 42.22
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87801		\$ 38.80	\$ 56.65	\$ 54.32	not contracted	\$ 53.54	not contracted	\$ 42.68	not contracted	\$ 58.20	not contracted	\$ 77.60	\$ 56.65	\$ 38.80	\$ 56.65
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLOURE	87281		\$ 10.10	\$ 14.75	\$ 14.14	not contracted	\$ 13.94	not contracted	\$ 11.11	not contracted	\$ 15.15	not contracted	\$ 20.20	\$ 14.75	\$ 10.10	\$ 14.75
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY	87305		\$ 8.66	\$ 12.64	\$ 12.12	not contracted	\$ 11.95	not contracted	\$ 9.53	not contracted	\$ 12.99	not contracted	\$ 17.32	\$ 12.64	\$ 8.66	\$ 12.64
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 25.35	\$ 25.80	\$ 35.49	not contracted	\$ 34.98	not contracted	\$ 27.89	not contracted	\$ 38.03	not contracted	\$ 50.70	\$ 25.80	\$ 25.35	\$ 25.80
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG,	87116		\$ 9.12	\$ 13.32	\$ 12.77	not contracted	\$ 12.59	not contracted	\$ 10.03	not contracted	\$ 13.68	not contracted	\$ 18.24	\$ 13.32	\$ 9.12	\$ 13.32
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT;	88312		\$ 32.83	\$ 47.93	\$ 45.96	not contracted	\$ 45.31	not contracted	\$ 36.11	not contracted	\$ 49.25	not contracted	\$ 65.66	\$ 47.93	\$ 32.83	\$ 47.93
		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRE	87102		\$ 7.44	\$ 10.86	\$ 10.42	not contracted	\$ 10.27	not contracted	\$ 8.18	not contracted	\$ 11.16	not contracted	\$ 14.88	\$ 10.86	\$ 7.44	\$ 10.86
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL	J7613		\$ 0.03	\$ 0.04	\$ 0.04	not contracted	\$ 0.04	not contracted	\$ 0.03	not contracted	\$ 0.05	not contracted	\$ 0.06	\$ 0.04	\$ 0.03	\$ 0.04
		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; FLUORES	87206		\$ 4.79	\$ 6.99	\$ 6.71	not contracted	\$ 6.61	not contracted	\$ 5.27	not contracted	\$ 7.19	not contracted	\$ 9.58	\$ 6.99	\$ 4.79	\$ 6.99
		CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE,	87070		\$ 7.51	\$ 10.96	\$ 10.51	not contracted	\$ 10.36	not contracted	\$ 8.26	not contracted	\$ 11.27	not contracted	\$ 15.02	\$ 10.96	\$ 7.51	\$ 10.96
92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDUR	PRIMARY PROCEDURE	92504		\$ 23.88	\$ 24.31	\$ 33.43	not contracted	\$ 32.95	not contracted	\$ 26.27	not contracted	\$ 35.82	not contracted	\$ 47.76	\$ 24.31	\$ 23.88	\$ 24.31
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	PRIMARY PROCEDURE	93005		\$ 23.52	\$ 23.94	\$ 32.93	not contracted	\$ 32.46	not contracted	\$ 25.87	not contracted	\$ 35.28	not contracted	\$ 47.04	\$ 23.94	\$ 23.52	\$ 23.94
98960	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT	PRIMARY PROCEDURE	98960		\$ 38.24	\$ 38.92	\$ 53.54	not contracted	\$ 52.77	not contracted	\$ 42.06	not contracted	\$ 57.36	not contracted	\$ 76.48	\$ 38.92	\$ 38.24	\$ 38.92
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHO	PRIMARY PROCEDURE	36589		\$ 194.92	\$ 198.40	\$ 272.89	not contracted	\$ 268.99	not contracted	\$ 214.41	not contracted	\$ 292.38	not contracted	\$ 389.84	\$ 198.40	\$ 194.92	\$ 198.40
		REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	49422		\$ 451.25	\$ 459.30	\$ 631.75	not contracted	\$ 622.73	not contracted	\$ 496.38	not contracted	\$ 676.88	not contracted	\$ 902.50	\$ 459.30	\$ 451.25	\$ 459.30
43762	REPLACEMENT OF GASTROSTOMY TUBE, PERCUTANEOUS, INC	PRIMARY PROCEDURE	43762		\$ 294.25	\$ 299.50	\$ 411.95	not contracted	\$ 406.07	not contracted	\$ 323.68	not contracted	\$ 441.38	not contracted	\$ 588.50	\$ 299.50	\$ 294.25	\$ 299.50
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MU	PRIMARY PROCEDURE	45331		\$ 103.61	\$ 105.46	\$ 145.05	not contracted	\$ 142.98	not contracted	\$ 113.97	not contracted	\$ 155.42	not contracted	\$ 207.22	\$ 105.46	\$ 103.61	\$ 105.46
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
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EFFECTIVE JANUARY 1, 2024  
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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
43249	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; W	PRIMARY PROCEDURE	43249		\$ 319.89	\$ 325.59	\$ 447.85	not contracted	\$ 441.45	not contracted	\$ 351.88	not contracted	\$ 479.84	not contracted	\$ 639.78	\$ 325.59	\$ 319.89	\$ 325.59
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
92227	IMAGING OF RETINA FOR DETECTION OR MONITORING OF D	PRIMARY PROCEDURE	92227		\$ 15.38	\$ 15.65	\$ 21.53	not contracted	\$ 21.22	not contracted	\$ 16.92	not contracted	\$ 23.07	not contracted	\$ 30.76	\$ 15.65	\$ 15.38	\$ 15.65
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
90648	HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T	PRIMARY PROCEDURE	90648		\$ 29.84	\$ 30.37	\$ 41.78	not contracted	\$ 41.18	not contracted	\$ 32.82	not contracted	\$ 44.76	not contracted	\$ 59.68	\$ 30.37	\$ 29.84	\$ 30.37
		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13),	90670		\$ 376.46	\$ 383.18	\$ 527.04	not contracted	\$ 519.51	not contracted	\$ 414.11	not contracted	\$ 564.69	not contracted	\$ 752.92	\$ 383.18	\$ 376.46	\$ 383.18
		ROTAVIRUS VACCINE, PENTAVALENT (RV5), 3 DOSE SCHED	90680		\$ 138.99	\$ 141.47	\$ 194.59	not contracted	\$ 191.81	not contracted	\$ 152.89	not contracted	\$ 208.49	not contracted	\$ 277.98	\$ 141.47	\$ 138.99	\$ 141.47
		DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSS	90700		\$ 50.58	\$ 51.48	\$ 70.81	not contracted	\$ 69.80	not contracted	\$ 55.64	not contracted	\$ 75.87	not contracted	\$ 101.16	\$ 51.48	\$ 50.58	\$ 51.48
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90461		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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EFFECTIVE JANUARY 1, 2024  
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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99391		\$ 49.76	\$ 50.65	\$ 69.66	not contracted	\$ 68.67	not contracted	\$ 54.74	not contracted	\$ 74.64	not contracted	\$ 99.52	\$ 50.65	\$ 49.76	\$ 50.65
99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BIL	PRIMARY PROCEDURE	99173		\$ 5.78	\$ 5.88	\$ 8.09	not contracted	\$ 7.98	not contracted	\$ 6.36	not contracted	\$ 8.67	not contracted	\$ 11.56	\$ 5.88	\$ 5.78	\$ 5.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENE	PRIMARY PROCEDURE	52287		\$ 197.06	\$ 200.57	\$ 275.88	not contracted	\$ 271.94	not contracted	\$ 216.77	not contracted	\$ 295.59	not contracted	\$ 394.12	\$ 200.57	\$ 197.06	\$ 200.57
		INJECTION, ONABOTULINUMTOXINA, 1 UNIT	J0585		\$ 10.78	\$ 15.74	\$ 15.09	not contracted	\$ 14.88	not contracted	\$ 11.86	not contracted	\$ 16.17	not contracted	\$ 21.56	\$ 15.74	\$ 10.78	\$ 15.74
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ 4.49	\$ 6.56	\$ 6.29	not contracted	\$ 6.20	not contracted	\$ 4.94	not contracted	\$ 6.74	not contracted	\$ 8.98	\$ 6.56	\$ 4.49	\$ 6.56
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	PRIMARY PROCEDURE	58301		\$ 69.77	\$ 71.01	\$ 97.68	not contracted	\$ 96.28	not contracted	\$ 76.75	not contracted	\$ 104.66	not contracted	\$ 139.54	\$ 71.01	\$ 69.77	\$ 71.01
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
90746	HEPATITIS B VACCINE (HEPB), ADULT DOSAGE, 3 DOSE S	PRIMARY PROCEDURE	90746		\$ 107.35	\$ 109.27	\$ 150.29	not contracted	\$ 148.14	not contracted	\$ 118.09	not contracted	\$ 161.03	not contracted	\$ 214.70	\$ 109.27	\$ 107.35	\$ 109.27
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	PRIMARY PROCEDURE	92250		\$ 60.43	\$ 61.51	\$ 84.60	not contracted	\$ 83.39	not contracted	\$ 66.47	not contracted	\$ 90.65	not contracted	\$ 120.86	\$ 61.51	\$ 60.43	\$ 61.51
45384	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), P	PRIMARY PROCEDURE	45384		\$ 537.77	\$ 547.37	\$ 752.88	not contracted	\$ 742.12	not contracted	\$ 591.55	not contracted	\$ 806.66	not contracted	\$ 1,075.54	\$ 547.37	\$ 537.77	\$ 547.37

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATE	PRIMARY PROCEDURE	64612		\$ 119.63	\$ 121.76	\$ 167.48	not contracted	\$ 165.09	not contracted	\$ 131.59	not contracted	\$ 179.45	not contracted	\$ 239.26	\$ 121.76	\$ 119.63	\$ 121.76
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPH	PRIMARY PROCEDURE	36818		\$ 584.03	\$ 594.45	\$ 817.64	not contracted	\$ 805.96	not contracted	\$ 642.43	not contracted	\$ 876.05	not contracted	\$ 1,168.06	\$ 594.45	\$ 584.03	\$ 594.45
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 4.72	\$ 6.89	\$ 6.61	not contracted	\$ 6.51	not contracted	\$ 5.19	not contracted	\$ 7.08	not contracted	\$ 9.44	\$ 6.89	\$ 4.72	\$ 6.89
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ 7.04	\$ 10.28	\$ 9.86	not contracted	\$ 9.72	not contracted	\$ 7.74	not contracted	\$ 10.56	not contracted	\$ 14.08	\$ 10.28	\$ 7.04	\$ 10.28
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BRE	PRIMARY PROCEDURE	67145		\$ 534.03	\$ 543.56	\$ 747.64	not contracted	\$ 736.96	not contracted	\$ 587.43	not contracted	\$ 801.05	not contracted	\$ 1,068.06	\$ 543.56	\$ 534.03	\$ 543.56

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
90654	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT V	PRIMARY PROCEDURE	90654		\$ 29.20	\$ 29.73	\$ 40.88	not contracted	\$ 40.30	not contracted	\$ 32.12	not contracted	\$ 43.80	not contracted	\$ 58.40	\$ 29.73	\$ 29.20	\$ 29.73
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS)	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF I	PRIMARY PROCEDURE	66982		\$ 1,447.21	\$ 1,473.04	\$ 2,026.09	not contracted	\$ 1,997.15	not contracted	\$ 1,591.93	not contracted	\$ 2,170.82	not contracted	\$ 2,894.42	\$ 1,473.04	\$ 1,447.21	\$ 1,473.04
		POSTERIOR CHAMBER INTRAOCULAR LENS	V2632		\$ -	\$ -	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -	\$ -
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR	PRIMARY PROCEDURE	99401		\$ 18.56	\$ 18.89	\$ 25.98	not contracted	\$ 25.61	not contracted	\$ 20.42	not contracted	\$ 27.84	not contracted	\$ 37.12	\$ 18.89	\$ 18.56	\$ 18.89
		MEDICAL GENETICS AND GENETIC COUNSELING SERVICES,	96040		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF	PRIMARY PROCEDURE	D0145		\$ 20.00	included in M-Cal OP dental rate	\$ 28.00	not contracted	\$ 27.60	not contracted	\$ 22.00	not contracted	\$ 30.00	not contracted	\$ 40.00	n/a	\$ 20.00	n/a
		PROPHYLAXIS-CHILD	D1120		\$ 30.00	included in M-Cal OP dental rate	\$ 42.00	not contracted	\$ 41.40	not contracted	\$ 33.00	not contracted	\$ 45.00	not contracted	\$ 60.00	n/a	\$ 30.00	n/a
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION	D1206		child 0-5: \$18.00 child 6-20: \$8.00 adult 21 & over: \$6.00	included in M-Cal OP dental rate	child 0-5: \$25.20 child 6-20: \$11.20 adult 21 & over: \$8.40	not contracted	child 0-5: \$24.84 child 6-20: \$11.04 adult 21 & over: \$8.28	not contracted	child 0-5: \$19.80 child 6-20: \$8.80 adult 21 & over: \$6.60	not contracted	child 0-5: \$27.00 child 6-20: \$12.00 adult 21 & over: \$9.00	not contracted	\$ 36.00	included in M-Cal OP dental rate	\$ 6.00	included in M-Cal OP dental rate
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
95816	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AW	PRIMARY PROCEDURE	95816		\$ 108.41	\$ 110.35	\$ 151.77	not contracted	\$ 149.61	not contracted	\$ 119.25	not contracted	\$ 162.62	not contracted	\$ 216.82	\$ 110.35	\$ 108.41	\$ 110.35
D9215	LOCAL ANESTHESIA	PRIMARY PROCEDURE	D9215		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATI	D7140		\$ 41.00	included in M-Cal OP dental rate	\$ 57.40	not contracted	\$ 56.58	not contracted	\$ 45.10	not contracted	\$ 61.50	not contracted	\$ 82.00	n/a	\$ 41.00	n/a
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M-Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FO	PRIMARY PROCEDURE	58571		\$ 1,073.50	\$ 1,092.66	\$ 1,502.90	not contracted	\$ 1,481.43	not contracted	\$ 1,180.85	not contracted	\$ 1,610.25	not contracted	\$ 2,147.00	\$ 1,092.66	\$ 1,073.50	\$ 1,092.66
		CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	52000		\$ 124.43	\$ 126.66	\$ 174.20	not contracted	\$ 171.71	not contracted	\$ 136.87	not contracted	\$ 186.65	not contracted	\$ 248.86	\$ 126.66	\$ 124.43	\$ 126.66
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 87.64	\$ 127.95	\$ 122.70	not contracted	\$ 120.94	not contracted	\$ 96.40	not contracted	\$ 131.46	not contracted	\$ 175.28	\$ 127.95	\$ 87.64	\$ 127.95
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 8.31	\$ 12.13	\$ 11.63	not contracted	\$ 11.47	not contracted	\$ 9.14	not contracted	\$ 12.47	not contracted	\$ 16.62	\$ 12.13	\$ 8.31	\$ 12.13
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ 4.95	\$ 7.23	\$ 6.93	not contracted	\$ 6.83	not contracted	\$ 5.45	not contracted	\$ 7.43	not contracted	\$ 9.90	\$ 7.23	\$ 4.95	\$ 7.23
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
45381	COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL IN	PRIMARY PROCEDURE	45381		\$ 592.05	\$ 602.62	\$ 828.87	not contracted	\$ 817.03	not contracted	\$ 651.26	not contracted	\$ 888.08	not contracted	\$ 1,184.10	\$ 602.62	\$ 592.05	\$ 602.62

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULT	45380		\$ 473.68	\$ 482.14	\$ 663.15	not contracted	\$ 653.68	not contracted	\$ 521.05	not contracted	\$ 710.52	not contracted	\$ 947.36	\$ 482.14	\$ 473.68	\$ 482.14
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
43238	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; W	PRIMARY PROCEDURE	43238		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY	74330		\$ 165.14	\$ 168.09	\$ 231.20	not contracted	\$ 227.89	not contracted	\$ 181.65	not contracted	\$ 247.71	not contracted	\$ 330.28	\$ 168.09	\$ 165.14	\$ 168.09
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		\$ 6.03	\$ 8.80	\$ 8.44	not contracted	\$ 8.32	not contracted	\$ 6.63	not contracted	\$ 9.05	not contracted	\$ 12.06	\$ 8.80	\$ 6.03	\$ 8.80
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HER	PRIMARY PROCEDURE	49650		\$ 379.70	\$ 386.48	\$ 531.58	not contracted	\$ 523.99	not contracted	\$ 417.67	not contracted	\$ 569.55	not contracted	\$ 759.40	\$ 386.48	\$ 379.70	\$ 386.48
		MESH (IMPLANTABLE)	C1781		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available



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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 8.31	\$ 12.13	\$ 11.63	not contracted	\$ 11.47	not contracted	\$ 9.14	not contracted	\$ 12.47	not contracted	\$ 16.62	\$ 12.13	\$ 8.31	\$ 12.13
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
90700	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS	PRIMARY PROCEDURE	90700		\$ 50.58	\$ 51.48	\$ 70.81	not contracted	\$ 69.80	not contracted	\$ 55.64	not contracted	\$ 75.87	not contracted	\$ 101.16	\$ 51.48	\$ 50.58	\$ 51.48
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90460		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T	90648		\$ 29.84	\$ 30.37	\$ 41.78	not contracted	\$ 41.18	not contracted	\$ 32.82	not contracted	\$ 44.76	not contracted	\$ 59.68	\$ 30.37	\$ 29.84	\$ 30.37
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90461		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13),	90670		\$ 376.46	\$ 383.18	\$ 527.04	not contracted	\$ 519.51	not contracted	\$ 414.11	not contracted	\$ 564.69	not contracted	\$ 752.92	\$ 383.18	\$ 376.46	\$ 383.18
		POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SUBCUTA	90713		\$ 63.62	\$ 64.75	\$ 89.07	not contracted	\$ 87.80	not contracted	\$ 69.98	not contracted	\$ 95.43	not contracted	\$ 127.24	\$ 64.75	\$ 63.62	\$ 64.75

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		ROTAVIRUS VACCINE, PENTAVALENT (RV5), 3 DOSE SCHED	90680		\$ 138.99	\$ 141.47	\$ 194.59	not contracted	\$ 191.81	not contracted	\$ 152.89	not contracted	\$ 208.49	not contracted	\$ 277.98	\$ 141.47	\$ 138.99	\$ 141.47
		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL	90473		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99391		\$ 49.76	\$ 50.65	\$ 69.66	not contracted	\$ 68.67	not contracted	\$ 54.74	not contracted	\$ 74.64	not contracted	\$ 99.52	\$ 50.65	\$ 49.76	\$ 50.65
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QU	PRIMARY PROCEDURE	19301		\$ 478.44	\$ 486.98	\$ 669.82	not contracted	\$ 660.25	not contracted	\$ 526.28	not contracted	\$ 717.66	not contracted	\$ 956.88	\$ 486.98	\$ 478.44	\$ 486.98
		ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYS	00400		\$ 54.46	\$ 55.44	\$ 76.24	not contracted	\$ 75.15	not contracted	\$ 59.91	not contracted	\$ 81.69	not contracted	\$ 108.92	\$ 55.44	\$ 54.46	\$ 55.44
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 87.64	\$ 127.95	\$ 122.70	not contracted	\$ 120.94	not contracted	\$ 96.40	not contracted	\$ 131.46	not contracted	\$ 175.28	\$ 127.95	\$ 87.64	\$ 127.95
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25

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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAX	PRIMARY PROCEDURE	93017		\$ 75.31	\$ 76.65	\$ 105.43	not contracted	\$ 103.93	not contracted	\$ 82.84	not contracted	\$ 112.97	not contracted	\$ 150.62	\$ 76.65	\$ 75.31	\$ 76.65
93289	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH A	PRIMARY PROCEDURE	93289		\$ 83.48	\$ 84.97	\$ 116.87	not contracted	\$ 115.20	not contracted	\$ 91.83	not contracted	\$ 125.22	not contracted	\$ 166.96	\$ 84.97	\$ 83.48	\$ 84.97
3008F	BODY MASS INDEX (BMI), DOCUMENTED (PV)	PRIMARY PROCEDURE	3008F		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13),	PRIMARY PROCEDURE	90670		\$ 376.46	\$ 383.18	\$ 527.04	not contracted	\$ 519.51	not contracted	\$ 414.11	not contracted	\$ 564.69	not contracted	\$ 752.92	\$ 383.18	\$ 376.46	\$ 383.18
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T	90648		\$ 29.84	\$ 30.37	\$ 41.78	not contracted	\$ 41.18	not contracted	\$ 32.82	not contracted	\$ 44.76	not contracted	\$ 59.68	\$ 30.37	\$ 29.84	\$ 30.37
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90472		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS V	90723		\$ 133.89	\$ 136.28	\$ 187.45	not contracted	\$ 184.77	not contracted	\$ 147.28	not contracted	\$ 200.84	not contracted	\$ 267.78	\$ 136.28	\$ 133.89	\$ 136.28
		ROTAVIRUS VACCINE, HUMAN, ATTENUATED (RV1), 2 DOSE	90681		\$ 198.56	\$ 202.11	\$ 277.98	not contracted	\$ 274.01	not contracted	\$ 218.42	not contracted	\$ 297.84	not contracted	\$ 397.12	\$ 202.11	\$ 198.56	\$ 202.11
		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL	90473		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99391		\$ 49.76	\$ 50.65	\$ 69.66	not contracted	\$ 68.67	not contracted	\$ 54.74	not contracted	\$ 74.64	not contracted	\$ 99.52	\$ 50.65	\$ 49.76	\$ 50.65

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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
90649	HUMAN PAPILOMAVIRUS VACCINE, TYPES 6, 11, 16, 18,	PRIMARY PROCEDURE	90649		\$ 236.27	\$ 240.49	\$ 330.78	not contracted	\$ 326.05	not contracted	\$ 259.90	not contracted	\$ 354.41	not contracted	\$ 472.54	\$ 240.49	\$ 236.27	\$ 240.49
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE T	PRIMARY PROCEDURE	93248		\$ 33.24	\$ 33.83	\$ 46.54	not contracted	\$ 45.87	not contracted	\$ 36.56	not contracted	\$ 49.86	not contracted	\$ 66.48	\$ 33.83	\$ 33.24	\$ 33.83
		EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE T	93247		\$ -	\$ -	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -	\$ -
T1014	TELEHEALTH TRANSMISSION, PER MINUTE, PROFESSIONAL	PRIMARY PROCEDURE	T1014		\$ 0.34	\$ 0.35	\$ 0.48	not contracted	\$ 0.47	not contracted	\$ 0.37	not contracted	\$ 0.51	not contracted	\$ 0.68	\$ 0.35	\$ 0.34	\$ 0.35
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
90633	HEPATITIS A VACCINE (HEPA), PEDIATRIC/ADOLESCENT D	PRIMARY PROCEDURE	90633		\$ 58.12	\$ 59.16	\$ 81.37	not contracted	\$ 80.21	not contracted	\$ 63.93	not contracted	\$ 87.18	not contracted	\$ 116.24	\$ 59.16	\$ 58.12	\$ 59.16
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90460		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99392		\$ 53.63	\$ 54.59	\$ 75.08	not contracted	\$ 74.01	not contracted	\$ 58.99	not contracted	\$ 80.45	not contracted	\$ 107.26	\$ 54.59	\$ 53.63	\$ 54.59
90650	HUMAN PAPILOMAVIRUS VACCINE, TYPES 16, 18, BIVALE	PRIMARY PROCEDURE	90650		\$ 190.19	\$ 193.58	\$ 266.27	not contracted	\$ 262.46	not contracted	\$ 209.21	not contracted	\$ 285.29	not contracted	\$ 380.38	\$ 193.58	\$ 190.19	\$ 193.58
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$ 17.21	\$ 17.52	\$ 24.09	not contracted	\$ 23.75	not contracted	\$ 18.93	not contracted	\$ 25.82	not contracted	\$ 34.42	\$ 17.52	\$ 17.21	\$ 17.52

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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION -	PRIMARY PROCEDURE	D1354		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
69210	REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION	PRIMARY PROCEDURE	69210		\$ 43.79	\$ 44.57	\$ 61.31	not contracted	\$ 60.43	not contracted	\$ 48.17	not contracted	\$ 65.69	not contracted	\$ 87.58	\$ 44.57	\$ 43.79	\$ 44.57
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AN	G0463		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLA)	PRIMARY PROCEDURE	66761		\$ 302.26	\$ 307.65	\$ 423.16	not contracted	\$ 417.12	not contracted	\$ 332.49	not contracted	\$ 453.39	not contracted	\$ 604.52	\$ 307.65	\$ 302.26	\$ 307.65
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPL	PRIMARY PROCEDURE	11730		\$ 45.93	\$ 46.75	\$ 64.30	not contracted	\$ 63.38	not contracted	\$ 50.52	not contracted	\$ 68.90	not contracted	\$ 91.86	\$ 46.75	\$ 45.93	\$ 46.75
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99202		\$ 49.20	\$ 50.08	\$ 68.88	not contracted	\$ 67.90	not contracted	\$ 54.12	not contracted	\$ 73.80	not contracted	\$ 98.40	\$ 50.08	\$ 49.20	\$ 50.08
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON	PRIMARY PROCEDURE	81025		\$ 2.80	\$ 4.09	\$ 3.92	not contracted	\$ 3.86	not contracted	\$ 3.08	not contracted	\$ 4.20	not contracted	\$ 5.60	\$ 4.09	\$ 2.80	\$ 4.09
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$ 17.21	\$ 17.52	\$ 24.09	not contracted	\$ 23.75	not contracted	\$ 18.93	not contracted	\$ 25.82	not contracted	\$ 34.42	\$ 17.52	\$ 17.21	\$ 17.52
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FR	PRIMARY PROCEDURE	25607		\$ 830.92	\$ 845.75	\$ 1,163.29	not contracted	\$ 1,146.67	not contracted	\$ 914.01	not contracted	\$ 1,246.38	not contracted	\$ 1,661.84	\$ 845.75	\$ 830.92	\$ 845.75
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 40.11	\$ 40.82	\$ 56.15	not contracted	\$ 55.35	not contracted	\$ 44.12	not contracted	\$ 60.17	not contracted	\$ 80.22	\$ 40.82	\$ 40.11	\$ 40.82
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TIS	C1713		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
96040	MEDICAL GENETICS AND GENETIC COUNSELING SERVICES,	PRIMARY PROCEDURE	96040		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
87624	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	PRIMARY PROCEDURE	87624		\$ 31.19	\$ 45.54	\$ 43.67	not contracted	\$ 43.04	not contracted	\$ 34.31	not contracted	\$ 46.79	not contracted	\$ 62.38	\$ 45.54	\$ 31.19	\$ 45.54
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING	88142		\$ 18.00	\$ 26.28	\$ 25.20	not contracted	\$ 24.84	not contracted	\$ 19.80	not contracted	\$ 27.00	not contracted	\$ 36.00	\$ 26.28	\$ 18.00	\$ 26.28
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99396		\$ 157.64	\$ 160.45	\$ 220.70	not contracted	\$ 217.54	not contracted	\$ 173.40	not contracted	\$ 236.46	not contracted	\$ 315.28	\$ 160.45	\$ 157.64	\$ 160.45
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
Q2035	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINIS	PRIMARY PROCEDURE	Q2035		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AN	G0463		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
99397	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	PRIMARY PROCEDURE	99397		\$ 169.83	\$ 172.86	\$ 237.76	not contracted	\$ 234.37	not contracted	\$ 186.81	not contracted	\$ 254.75	not contracted	\$ 339.66	\$ 172.86	\$ 169.83	\$ 172.86
52001	CYSTOURETHROSCOP Y WITH IRRIGATION AND EVACUATION O	PRIMARY PROCEDURE	52001		\$ 158.60	\$ 161.43	\$ 222.04	not contracted	\$ 218.87	not contracted	\$ 174.46	not contracted	\$ 237.90	not contracted	\$ 317.20	\$ 161.43	\$ 158.60	\$ 161.43
		CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECH	88112		\$ 60.92	\$ 88.94	\$ 85.29	not contracted	\$ 84.07	not contracted	\$ 67.01	not contracted	\$ 91.38	not contracted	\$ 121.84	\$ 88.94	\$ 60.92	\$ 88.94
D8220	FIXED APPLIANCE THERAPY	PRIMARY PROCEDURE	D8220		\$ 245.00	included in M- Cal OP dental rate	\$ 343.00	not contracted	\$ 338.10	not contracted	\$ 269.50	not contracted	\$ 367.50	not contracted	\$ 490.00	n/a	\$ 245.00	n/a
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M- Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
		ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONS	D8680		\$ 244.00	included in M- Cal OP dental rate	\$ 341.60	not contracted	\$ 336.72	not contracted	\$ 268.40	not contracted	\$ 366.00	not contracted	\$ 488.00	n/a	\$ 244.00	n/a
43276	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA TOGRAPHY (ER	PRIMARY PROCEDURE	43276		\$ 618.94	\$ 629.99	\$ 866.52	not contracted	\$ 854.14	not contracted	\$ 680.83	not contracted	\$ 928.41	not contracted	\$ 1,237.88	\$ 629.99	\$ 618.94	\$ 629.99
45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GE	PRIMARY PROCEDURE	45990		\$ 120.16	\$ 122.30	\$ 168.22	not contracted	\$ 165.82	not contracted	\$ 132.18	not contracted	\$ 180.24	not contracted	\$ 240.32	\$ 122.30	\$ 120.16	\$ 122.30
		SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/F	46280		\$ 558.05	\$ 568.01	\$ 781.27	not contracted	\$ 770.11	not contracted	\$ 613.86	not contracted	\$ 837.08	not contracted	\$ 1,116.10	\$ 568.01	\$ 558.05	\$ 568.01
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RAT	PRIMARY PROCEDURE	51736		\$ 42.19	\$ 42.94	\$ 59.07	not contracted	\$ 58.22	not contracted	\$ 46.41	not contracted	\$ 63.29	not contracted	\$ 84.38	\$ 42.94	\$ 42.19	\$ 42.94
		MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR	51798		\$ 84.92	\$ 86.43	\$ 118.89	not contracted	\$ 117.19	not contracted	\$ 93.41	not contracted	\$ 127.38	not contracted	\$ 169.84	\$ 86.43	\$ 84.92	\$ 86.43
96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-ASSESSMENT (IE,	PRIMARY PROCEDURE	96156		service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided
D0470	DIAGNOSTIC CASTS	PRIMARY PROCEDURE	D0470		\$ 75.00	included in M-Cal OP dental rate	\$ 105.00	not contracted	\$ 103.50	not contracted	\$ 82.50	not contracted	\$ 112.50	not contracted	\$ 150.00	n/a	\$ 75.00	n/a
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M-Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
36902	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIAL	PRIMARY PROCEDURE	36902		\$ 1,595.14	\$ 1,623.61	\$ 2,233.20	not contracted	\$ 2,201.29	not contracted	\$ 1,754.65	not contracted	\$ 2,392.71	not contracted	\$ 3,190.28	\$ 1,623.61	\$ 1,595.14	\$ 1,623.61
		UROGRAPHY, ANTEGRADE, RADIOLOGICAL SUPERVISION AND	74425		\$ 71.99	\$ 73.28	\$ 100.79	not contracted	\$ 99.35	not contracted	\$ 79.19	not contracted	\$ 107.99	not contracted	\$ 143.98	\$ 73.28	\$ 71.99	\$ 73.28
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
90674	INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIIIV4), DE	PRIMARY PROCEDURE	90674		\$ 52.70	\$ 53.64	\$ 73.78	not contracted	\$ 72.73	not contracted	\$ 57.97	not contracted	\$ 79.05	not contracted	\$ 105.40	\$ 53.64	\$ 52.70	\$ 53.64
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available



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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
93653	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH	PRIMARY PROCEDURE	93653		\$ 945.93	\$ 962.81	\$ 1,324.30	not contracted	\$ 1,305.38	not contracted	\$ 1,040.52	not contracted	\$ 1,418.90	not contracted	\$ 1,891.86	\$ 962.81	\$ 945.93	\$ 962.81
		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING	76937		\$ 40.38	\$ 41.10	\$ 56.53	not contracted	\$ 55.72	not contracted	\$ 44.42	not contracted	\$ 60.57	not contracted	\$ 80.76	\$ 41.10	\$ 40.38	\$ 41.10
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$ 23.52	\$ 23.94	\$ 32.93	not contracted	\$ 32.46	not contracted	\$ 25.87	not contracted	\$ 35.28	not contracted	\$ 47.04	\$ 23.94	\$ 23.52	\$ 23.94
		COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCL	80053		\$ 9.28	\$ 13.55	\$ 12.99	not contracted	\$ 12.81	not contracted	\$ 10.21	not contracted	\$ 13.92	not contracted	\$ 18.56	\$ 13.55	\$ 9.28	\$ 13.55
		INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPO	J0153		\$ 4.96	\$ 7.24	\$ 6.94	not contracted	\$ 6.84	not contracted	\$ 5.46	not contracted	\$ 7.44	not contracted	\$ 9.92	\$ 7.24	\$ 4.96	\$ 7.24
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 4.72	\$ 6.89	\$ 6.61	not contracted	\$ 6.51	not contracted	\$ 5.19	not contracted	\$ 7.08	not contracted	\$ 9.44	\$ 6.89	\$ 4.72	\$ 6.89
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ 4.49	\$ 6.56	\$ 6.29	not contracted	\$ 6.20	not contracted	\$ 4.94	not contracted	\$ 6.74	not contracted	\$ 8.98	\$ 6.56	\$ 4.49	\$ 6.56
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		MAGNESIUM	83735		\$ 5.96	\$ 8.70	\$ 8.34	not contracted	\$ 8.22	not contracted	\$ 6.56	not contracted	\$ 8.94	not contracted	\$ 11.92	\$ 8.70	\$ 5.96	\$ 8.70
		PROTHROMBIN TIME;	85610		\$ 3.49	\$ 5.10	\$ 4.89	not contracted	\$ 4.82	not contracted	\$ 3.84	not contracted	\$ 5.24	not contracted	\$ 6.98	\$ 5.10	\$ 3.49	\$ 5.10
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TEST	PRIMARY PROCEDURE	76819		\$ 110.31	\$ 112.27	\$ 154.43	not contracted	\$ 152.23	not contracted	\$ 121.34	not contracted	\$ 165.47	not contracted	\$ 220.62	\$ 112.27	\$ 110.31	\$ 112.27
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$ 17.21	\$ 17.52	\$ 24.09	not contracted	\$ 23.75	not contracted	\$ 18.93	not contracted	\$ 25.82	not contracted	\$ 34.42	\$ 17.52	\$ 17.21	\$ 17.52
38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION	PRIMARY PROCEDURE	38222		\$ 221.18	\$ 225.13	\$ 309.65	not contracted	\$ 305.23	not contracted	\$ 243.30	not contracted	\$ 331.77	not contracted	\$ 442.36	\$ 225.13	\$ 221.18	\$ 225.13

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER S	88341		\$ 60.62	\$ 88.51	\$ 84.87	not contracted	\$ 83.66	not contracted	\$ 66.68	not contracted	\$ 90.93	not contracted	\$ 121.24	\$ 88.51	\$ 60.62	\$ 88.51
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		BONE MARROW, SMEAR INTERPRETATION	85097		\$ 35.25	\$ 51.47	\$ 49.35	not contracted	\$ 48.65	not contracted	\$ 38.78	not contracted	\$ 52.88	not contracted	\$ 70.50	\$ 51.47	\$ 35.25	\$ 51.47
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER S	88342		\$ 53.79	\$ 78.53	\$ 75.31	not contracted	\$ 74.23	not contracted	\$ 59.17	not contracted	\$ 80.69	not contracted	\$ 107.58	\$ 78.53	\$ 53.79	\$ 78.53
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDI	88311		\$ 7.90	\$ 11.53	\$ 11.06	not contracted	\$ 10.90	not contracted	\$ 8.69	not contracted	\$ 11.85	not contracted	\$ 15.80	\$ 11.53	\$ 7.90	\$ 11.53
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT;	88313		\$ 38.56	\$ 56.30	\$ 53.98	not contracted	\$ 53.21	not contracted	\$ 42.42	not contracted	\$ 57.84	not contracted	\$ 77.12	\$ 56.30	\$ 38.56	\$ 56.30
11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WH	PRIMARY PROCEDURE	11104		\$ 160.74	\$ 163.61	\$ 225.04	not contracted	\$ 221.82	not contracted	\$ 176.81	not contracted	\$ 241.11	not contracted	\$ 321.48	\$ 163.61	\$ 160.74	\$ 163.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	58555		\$ 231.12	\$ 235.25	\$ 323.57	not contracted	\$ 318.95	not contracted	\$ 254.23	not contracted	\$ 346.68	not contracted	\$ 462.24	\$ 235.25	\$ 231.12	\$ 235.25
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ 4.95	\$ 7.23	\$ 6.93	not contracted	\$ 6.83	not contracted	\$ 5.45	not contracted	\$ 7.43	not contracted	\$ 9.90	\$ 7.23	\$ 4.95	\$ 7.23
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ 4.49	\$ 6.56	\$ 6.29	not contracted	\$ 6.20	not contracted	\$ 4.94	not contracted	\$ 6.74	not contracted	\$ 8.98	\$ 6.56	\$ 4.49	\$ 6.56

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL-TIME WITH	PRIMARY PROCEDURE	93312		\$ 223.39	\$ 227.38	\$ 312.75	not contracted	\$ 308.28	not contracted	\$ 245.73	not contracted	\$ 335.09	not contracted	\$ 446.78	\$ 227.38	\$ 223.39	\$ 227.38
		DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPI	93325		\$ 111.71	\$ 113.70	\$ 156.39	not contracted	\$ 154.16	not contracted	\$ 122.88	not contracted	\$ 167.57	not contracted	\$ 223.42	\$ 113.70	\$ 111.71	\$ 113.70
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED	PRIMARY PROCEDURE	28890		\$ 425.62	\$ 433.21	\$ 595.87	not contracted	\$ 587.36	not contracted	\$ 468.18	not contracted	\$ 638.43	not contracted	\$ 851.24	\$ 433.21	\$ 425.62	\$ 433.21
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	PRIMARY PROCEDURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP,	PRIMARY PROCEDURE	54161		\$ 181.57	\$ 184.81	\$ 254.20	not contracted	\$ 250.57	not contracted	\$ 199.73	not contracted	\$ 272.36	not contracted	\$ 363.14	\$ 184.81	\$ 181.57	\$ 184.81
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ 4.49	\$ 6.56	\$ 6.29	not contracted	\$ 6.20	not contracted	\$ 4.94	not contracted	\$ 6.74	not contracted	\$ 8.98	\$ 6.56	\$ 4.49	\$ 6.56
43275	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ER	PRIMARY PROCEDURE	43275		\$ 490.77	\$ 499.52	\$ 687.08	not contracted	\$ 677.26	not contracted	\$ 539.85	not contracted	\$ 736.16	not contracted	\$ 981.54	\$ 499.52	\$ 490.77	\$ 499.52
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC P	00731		\$ 100.48	\$ 102.27	\$ 140.67	not contracted	\$ 138.66	not contracted	\$ 110.53	not contracted	\$ 150.72	not contracted	\$ 200.96	\$ 102.27	\$ 100.48	\$ 102.27
		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ER	43260		\$ 443.24	\$ 451.15	\$ 620.54	not contracted	\$ 611.67	not contracted	\$ 487.56	not contracted	\$ 664.86	not contracted	\$ 886.48	\$ 451.15	\$ 443.24	\$ 451.15

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 40.11	\$ 40.82	\$ 56.15	not contracted	\$ 55.35	not contracted	\$ 44.12	not contracted	\$ 60.17	not contracted	\$ 80.22	\$ 40.82	\$ 40.11	\$ 40.82
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
93308	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IM	PRIMARY PROCEDURE	93308		\$ 107.65	\$ 109.57	\$ 150.71	not contracted	\$ 148.56	not contracted	\$ 118.42	not contracted	\$ 161.48	not contracted	\$ 215.30	\$ 109.57	\$ 107.65	\$ 109.57
95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELAXATION	PRIMARY PROCEDURE	95886		\$ 110.22	\$ 112.19	\$ 154.31	not contracted	\$ 152.10	not contracted	\$ 121.24	not contracted	\$ 165.33	not contracted	\$ 220.44	\$ 112.19	\$ 110.22	\$ 112.19
		NERVE CONDUCTION STUDIES; 1-2 STUDIES	95907		\$ 118.78	\$ 120.90	\$ 166.29	not contracted	\$ 163.92	not contracted	\$ 130.66	not contracted	\$ 178.17	not contracted	\$ 237.56	\$ 120.90	\$ 118.78	\$ 120.90
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	PRIMARY PROCEDURE	67036		\$ 1,655.48	\$ 1,685.03	\$ 2,317.67	not contracted	\$ 2,284.56	not contracted	\$ 1,821.03	not contracted	\$ 2,483.22	not contracted	\$ 3,310.96	\$ 1,685.03	\$ 1,655.48	\$ 1,685.03
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT	PRIMARY PROCEDURE	92285		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	92250		\$ 60.43	\$ 61.51	\$ 84.60	not contracted	\$ 83.39	not contracted	\$ 66.47	not contracted	\$ 90.65	not contracted	\$ 120.86	\$ 61.51	\$ 60.43	\$ 61.51
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND	92012		\$ 53.29	\$ 54.24	\$ 74.61	not contracted	\$ 73.54	not contracted	\$ 58.62	not contracted	\$ 79.94	not contracted	\$ 106.58	\$ 54.24	\$ 53.29	\$ 54.24

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRA	PRIMARY PROCEDURE	96401		\$ 15.29	\$ 15.56	\$ 21.41	not contracted	\$ 21.10	not contracted	\$ 16.82	not contracted	\$ 22.94	not contracted	\$ 30.58	\$ 15.56	\$ 15.29	\$ 15.56
		INJECTION, BORTEZOMIB (VELCADE), 0.1 MG	J9041		\$ 10.68	\$ 15.59	\$ 14.95	not contracted	\$ 14.74	not contracted	\$ 11.75	not contracted	\$ 16.02	not contracted	\$ 21.36	\$ 15.59	\$ 10.68	\$ 15.59
64642	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)	PRIMARY PROCEDURE	64642		\$ 130.83	\$ 133.17	\$ 183.16	not contracted	\$ 180.55	not contracted	\$ 143.91	not contracted	\$ 196.25	not contracted	\$ 261.66	\$ 133.17	\$ 130.83	\$ 133.17
		CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL	64643		\$ 87.04	\$ 88.59	\$ 121.86	not contracted	\$ 120.12	not contracted	\$ 95.74	not contracted	\$ 130.56	not contracted	\$ 174.08	\$ 88.59	\$ 87.04	\$ 88.59
		INJECTION, ONABOTULINUMTOXINA, 1 UNIT	J0585		\$ 10.78	\$ 15.74	\$ 15.09	not contracted	\$ 14.88	not contracted	\$ 11.86	not contracted	\$ 16.17	not contracted	\$ 21.56	\$ 15.74	\$ 10.78	\$ 15.74
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT	PRIMARY PROCEDURE	30520		\$ 534.03	\$ 543.56	\$ 747.64	not contracted	\$ 736.96	not contracted	\$ 587.43	not contracted	\$ 801.05	not contracted	\$ 1,068.06	\$ 543.56	\$ 534.03	\$ 543.56
		SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR	30140		\$ 342.31	\$ 348.41	\$ 479.23	not contracted	\$ 472.39	not contracted	\$ 376.54	not contracted	\$ 513.47	not contracted	\$ 684.62	\$ 348.41	\$ 342.31	\$ 348.41
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 8.31	\$ 12.13	\$ 11.63	not contracted	\$ 11.47	not contracted	\$ 9.14	not contracted	\$ 12.47	not contracted	\$ 16.62	\$ 12.13	\$ 8.31	\$ 12.13
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	PRIMARY PROCEDURE	59841		service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided
		ANESTHESIA FOR INDUCED ABORTION PROCEDURES	01966		\$ 88.34	\$ 89.92	\$ 123.68	not contracted	\$ 121.91	not contracted	\$ 97.17	not contracted	\$ 132.51	not contracted	\$ 176.68	\$ 89.92	\$ 88.34	\$ 89.92
		CHROMOSOME ANALYSIS; COUNT 15-20 CELLS; 2 KARYOTYP	88262		\$ 107.81	\$ 157.40	\$ 150.93	not contracted	\$ 148.78	not contracted	\$ 118.59	not contracted	\$ 161.72	not contracted	\$ 215.62	\$ 157.40	\$ 107.81	\$ 157.40
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER 5	88341		\$ 60.62	\$ 88.51	\$ 84.87	not contracted	\$ 83.66	not contracted	\$ 66.68	not contracted	\$ 90.93	not contracted	\$ 121.24	\$ 88.51	\$ 60.62	\$ 88.51
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER 5	88342		\$ 53.79	\$ 78.53	\$ 75.31	not contracted	\$ 74.23	not contracted	\$ 59.17	not contracted	\$ 80.69	not contracted	\$ 107.58	\$ 78.53	\$ 53.79	\$ 78.53
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		\$ 6.03	\$ 8.80	\$ 8.44	not contracted	\$ 8.32	not contracted	\$ 6.63	not contracted	\$ 9.05	not contracted	\$ 12.06	\$ 8.80	\$ 6.03	\$ 8.80
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
D0170	RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHE	PRIMARY PROCEDURE	D0170		\$ 75.00	included in M-Cal OP dental rate	\$ 105.00	not contracted	\$ 103.50	not contracted	\$ 82.50	not contracted	\$ 112.50	not contracted	\$ 150.00	n/a	\$ 75.00	n/a
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY	PRIMARY PROCEDURE	D5899		rates determined by the services rendered	rates determined by the services rendered	rates determined by the services rendered	not contracted	rates determined by the services rendered	not contracted	rates determined by the services rendered	not contracted	rates determined by the services rendered	not contracted	rates determined by the services rendered	rates determined by the services rendered	rates determined by the services rendered	rates determined by the services rendered
	LIMITED ORAL EVALUATION - PROBLEM FOCUSED		D0140		\$ 35.00	included in M-Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION	PRIMARY PROCEDURE	96374		\$ 71.46	\$ 72.74	\$ 100.04	not contracted	\$ 98.61	not contracted	\$ 78.61	not contracted	\$ 107.19	not contracted	\$ 142.92	\$ 72.74	\$ 71.46	\$ 72.74
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO		99211		\$ 17.21	\$ 17.52	\$ 24.09	not contracted	\$ 23.75	not contracted	\$ 18.93	not contracted	\$ 25.82	not contracted	\$ 34.42	\$ 17.52	\$ 17.21	\$ 17.52
	INJECTION, ZOLEDRONIC ACID, 1 MG		J3489		\$ 12.56	\$ 18.34	\$ 17.58	not contracted	\$ 17.33	not contracted	\$ 13.82	not contracted	\$ 18.84	not contracted	\$ 25.12	\$ 18.34	\$ 12.56	\$ 18.34
D1351	SEALANT-PER TOOTH	PRIMARY PROCEDURE	D1351		\$ 22.00	included in M-Cal OP dental rate	\$ 30.80	not contracted	\$ 30.36	not contracted	\$ 24.20	not contracted	\$ 33.00	not contracted	\$ 44.00	n/a	\$ 22.00	n/a
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C,	PRIMARY PROCEDURE	90734		\$ 218.50	\$ 222.40	\$ 305.90	not contracted	\$ 301.53	not contracted	\$ 240.35	not contracted	\$ 327.75	not contracted	\$ 437.00	\$ 222.40	\$ 218.50	\$ 222.40
	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS		90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS		90472		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO		99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
93295	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO	PRIMARY PROCEDURE	93295		\$ 81.42	\$ 82.87	\$ 113.99	not contracted	\$ 112.36	not contracted	\$ 89.56	not contracted	\$ 122.13	not contracted	\$ 162.84	\$ 82.87	\$ 81.42	\$ 82.87
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THR	PRIMARY PROCEDURE	36832		\$ 886.49	\$ 902.31	\$ 1,241.09	not contracted	\$ 1,223.36	not contracted	\$ 975.14	not contracted	\$ 1,329.74	not contracted	\$ 1,772.98	\$ 902.31	\$ 886.49	\$ 902.31

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION,	01844		\$ 108.91	\$ 110.86	\$ 152.47	not contracted	\$ 150.30	not contracted	\$ 119.80	not contracted	\$ 163.37	not contracted	\$ 217.82	\$ 110.86	\$ 108.91	\$ 110.86
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ 7.04	\$ 10.28	\$ 9.86	not contracted	\$ 9.72	not contracted	\$ 7.74	not contracted	\$ 10.56	not contracted	\$ 14.08	\$ 10.28	\$ 7.04	\$ 10.28
10005	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUN	PRIMARY PROCEDURE	10005		\$ 160.21	\$ 163.07	\$ 224.29	not contracted	\$ 221.09	not contracted	\$ 176.23	not contracted	\$ 240.32	not contracted	\$ 320.42	\$ 163.07	\$ 160.21	\$ 163.07
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE;	88173		\$ 51.98	\$ 75.89	\$ 72.77	not contracted	\$ 71.73	not contracted	\$ 57.18	not contracted	\$ 77.97	not contracted	\$ 103.96	\$ 75.89	\$ 51.98	\$ 75.89
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
43247	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; W	PRIMARY PROCEDURE	43247		\$ 366.35	\$ 372.88	\$ 512.89	not contracted	\$ 505.56	not contracted	\$ 402.99	not contracted	\$ 549.53	not contracted	\$ 732.70	\$ 372.88	\$ 366.35	\$ 372.88
		RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	74018		\$ 35.33	\$ 35.96	\$ 49.46	not contracted	\$ 48.76	not contracted	\$ 38.86	not contracted	\$ 53.00	not contracted	\$ 70.66	\$ 35.96	\$ 35.33	\$ 35.96
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76



LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
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EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, PRIMARY PROCEDURE		91110		\$ 1,153.67	\$ 1,174.26	\$ 1,615.14	not contracted	\$ 1,592.06	not contracted	\$ 1,269.04	not contracted	\$ 1,730.51	not contracted	\$ 2,307.34	\$ 1,174.26	\$ 1,153.67	\$ 1,174.26
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REG PRIMARY PROCEDURE		54150		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERM PRIMARY PROCEDURE		11042		\$ 148.99	\$ 151.65	\$ 208.59	not contracted	\$ 205.61	not contracted	\$ 163.89	not contracted	\$ 223.49	not contracted	\$ 297.98	\$ 151.65	\$ 148.99	\$ 151.65
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
90697	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS V PRIMARY PROCEDURE		90697		\$ 210.21	\$ 213.96	\$ 294.29	not contracted	\$ 290.09	not contracted	\$ 231.23	not contracted	\$ 315.32	not contracted	\$ 420.42	\$ 213.96	\$ 210.21	\$ 213.96
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T	90648		\$ 29.84	\$ 30.37	\$ 41.78	not contracted	\$ 41.18	not contracted	\$ 32.82	not contracted	\$ 44.76	not contracted	\$ 59.68	\$ 30.37	\$ 29.84	\$ 30.37
		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13),	90670		\$ 376.46	\$ 383.18	\$ 527.04	not contracted	\$ 519.51	not contracted	\$ 414.11	not contracted	\$ 564.69	not contracted	\$ 752.92	\$ 383.18	\$ 376.46	\$ 383.18
		ROTAVIRUS VACCINE, PENTAVALENT (RV5), 3 DOSE SCHED	90680		\$ 138.99	\$ 141.47	\$ 194.59	not contracted	\$ 191.81	not contracted	\$ 152.89	not contracted	\$ 208.49	not contracted	\$ 277.98	\$ 141.47	\$ 138.99	\$ 141.47
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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EFFECTIVE JANUARY 1, 2024  
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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CR	PRIMARY PROCEDURE	17110		\$ 143.12	\$ 145.68	\$ 200.37	not contracted	\$ 197.51	not contracted	\$ 157.43	not contracted	\$ 214.68	not contracted	\$ 286.24	\$ 145.68	\$ 143.12	\$ 145.68
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL V	PRIMARY PROCEDURE	36561		\$ 372.94	\$ 379.60	\$ 522.12	not contracted	\$ 514.66	not contracted	\$ 410.23	not contracted	\$ 559.41	not contracted	\$ 745.88	\$ 379.60	\$ 372.94	\$ 379.60
		TELE THERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIE	77306		\$ 184.59	\$ 187.89	\$ 258.43	not contracted	\$ 254.73	not contracted	\$ 203.05	not contracted	\$ 276.89	not contracted	\$ 369.18	\$ 187.89	\$ 184.59	\$ 187.89
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 4.72	\$ 6.89	\$ 6.61	not contracted	\$ 6.51	not contracted	\$ 5.19	not contracted	\$ 7.08	not contracted	\$ 9.44	\$ 6.89	\$ 4.72	\$ 6.89
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
66180	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESE	PRIMARY PROCEDURE	66180		\$ 1,602.08	\$ 1,630.67	\$ 2,242.91	not contracted	\$ 2,210.87	not contracted	\$ 1,762.29	not contracted	\$ 2,403.12	not contracted	\$ 3,204.16	\$ 1,630.67	\$ 1,602.08	\$ 1,630.67
		CONNECTIVE TISSUE, HUMAN (INCLUDES FASCIA LATA)	C1762		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
		AQUEOUS SHUNT	L8612		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE	PRIMARY PROCEDURE	36821		\$ 623.20	\$ 634.33	\$ 872.48	not contracted	\$ 860.02	not contracted	\$ 685.52	not contracted	\$ 934.80	not contracted	\$ 1,246.40	\$ 634.33	\$ 623.20	\$ 634.33

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANE	80047		\$ 8.17	\$ 11.93	\$ 11.44	not contracted	\$ 11.27	not contracted	\$ 8.99	not contracted	\$ 12.26	not contracted	\$ 16.34	\$ 11.93	\$ 8.17	\$ 11.93
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 4.72	\$ 6.89	\$ 6.61	not contracted	\$ 6.51	not contracted	\$ 5.19	not contracted	\$ 7.08	not contracted	\$ 9.44	\$ 6.89	\$ 4.72	\$ 6.89
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ 7.04	\$ 10.28	\$ 9.86	not contracted	\$ 9.72	not contracted	\$ 7.74	not contracted	\$ 10.56	not contracted	\$ 14.08	\$ 10.28	\$ 7.04	\$ 10.28
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVE	PRIMARY PROCEDURE	42826		\$ 290.51	\$ 295.69	\$ 406.71	not contracted	\$ 400.90	not contracted	\$ 319.56	not contracted	\$ 435.77	not contracted	\$ 581.02	\$ 295.69	\$ 290.51	\$ 295.69
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 30.48	\$ 44.50	\$ 42.67	not contracted	\$ 42.06	not contracted	\$ 33.53	not contracted	\$ 45.72	not contracted	\$ 60.96	\$ 44.50	\$ 30.48	\$ 44.50
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 8.31	\$ 12.13	\$ 11.63	not contracted	\$ 11.47	not contracted	\$ 9.14	not contracted	\$ 12.47	not contracted	\$ 16.62	\$ 12.13	\$ 8.31	\$ 12.13
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FR	PRIMARY PROCEDURE	25608		\$ 946.53	\$ 963.42	\$ 1,325.14	not contracted	\$ 1,306.21	not contracted	\$ 1,041.18	not contracted	\$ 1,419.80	not contracted	\$ 1,893.06	\$ 963.42	\$ 946.53	\$ 963.42
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/END OS	01830		\$ 54.46	\$ 55.44	\$ 76.24	not contracted	\$ 75.15	not contracted	\$ 59.91	not contracted	\$ 81.69	not contracted	\$ 108.92	\$ 55.44	\$ 54.46	\$ 55.44
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 40.11	\$ 40.82	\$ 56.15	not contracted	\$ 55.35	not contracted	\$ 44.12	not contracted	\$ 60.17	not contracted	\$ 80.22	\$ 40.82	\$ 40.11	\$ 40.82
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TIS	C1713		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIAL	PRIMARY PROCEDURE	36901		\$ 743.36	\$ 756.63	\$ 1,040.70	not contracted	\$ 1,025.84	not contracted	\$ 817.70	not contracted	\$ 1,115.04	not contracted	\$ 1,486.72	\$ 756.63	\$ 743.36	\$ 756.63

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIAL	36903		\$ 7,422.98	\$ 7,555.46	\$ 10,392.17	not contracted	\$ 10,243.71	not contracted	\$ 8,165.28	not contracted	\$ 11,134.47	not contracted	\$ 14,845.96	\$ 7,555.46	\$ 7,422.98	\$ 7,555.46
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 4.72	\$ 6.89	\$ 6.61	not contracted	\$ 6.51	not contracted	\$ 5.19	not contracted	\$ 7.08	not contracted	\$ 9.44	\$ 6.89	\$ 4.72	\$ 6.89
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML)	J7040		\$ 5.75	\$ 8.40	\$ 8.05	not contracted	\$ 7.94	not contracted	\$ 6.33	not contracted	\$ 8.63	not contracted	\$ 11.50	\$ 8.40	\$ 5.75	\$ 8.40
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PAR	PRIMARY PROCEDURE	64493		\$ 207.20	\$ 210.90	\$ 290.08	not contracted	\$ 285.94	not contracted	\$ 227.92	not contracted	\$ 310.80	not contracted	\$ 414.40	\$ 210.90	\$ 207.20	\$ 210.90
		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PAR	64494		\$ 104.67	\$ 106.54	\$ 146.54	not contracted	\$ 144.44	not contracted	\$ 115.14	not contracted	\$ 157.01	not contracted	\$ 209.34	\$ 106.54	\$ 104.67	\$ 106.54
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 40.11	\$ 40.82	\$ 56.15	not contracted	\$ 55.35	not contracted	\$ 44.12	not contracted	\$ 60.17	not contracted	\$ 80.22	\$ 40.82	\$ 40.11	\$ 40.82
11981	INSERTION, DRUG-DELIVERY IMPLANT (IE, BIORESORBABL	PRIMARY PROCEDURE	11981		\$ 299.59	\$ 304.94	\$ 419.43	not contracted	\$ 413.43	not contracted	\$ 329.55	not contracted	\$ 449.39	not contracted	\$ 599.18	\$ 304.94	\$ 299.59	\$ 304.94
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ 4.49	\$ 6.56	\$ 6.29	not contracted	\$ 6.20	not contracted	\$ 4.94	not contracted	\$ 6.74	not contracted	\$ 8.98	\$ 6.56	\$ 4.49	\$ 6.56
		ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLU	J7307		\$ 1,065.04	\$ 1,554.96	\$ 1,491.06	not contracted	\$ 1,469.76	not contracted	\$ 1,171.54	not contracted	\$ 1,597.56	not contracted	\$ 2,130.08	\$ 1,554.96	\$ 1,065.04	\$ 1,554.96
19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATI	PRIMARY PROCEDURE	19125		\$ 344.99	\$ 351.14	\$ 482.99	not contracted	\$ 476.09	not contracted	\$ 379.49	not contracted	\$ 517.49	not contracted	\$ 689.98	\$ 351.14	\$ 344.99	\$ 351.14

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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EFFECTIVE JANUARY 1, 2024  
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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 87.64	\$ 127.95	\$ 122.70	not contracted	\$ 120.94	not contracted	\$ 96.40	not contracted	\$ 131.46	not contracted	\$ 175.28	\$ 127.95	\$ 87.64	\$ 127.95
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER S	88342		\$ 53.79	\$ 78.53	\$ 75.31	not contracted	\$ 74.23	not contracted	\$ 59.17	not contracted	\$ 80.69	not contracted	\$ 107.58	\$ 78.53	\$ 53.79	\$ 78.53
		RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	76098		\$ 20.77	\$ 21.14	\$ 29.08	not contracted	\$ 28.66	not contracted	\$ 22.85	not contracted	\$ 31.16	not contracted	\$ 41.54	\$ 21.14	\$ 20.77	\$ 21.14
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
97161	PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY, REQUI	PRIMARY PROCEDURE	97161		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TEC	PRIMARY PROCEDURE	96409		\$ 25.76	\$ 26.22	\$ 36.06	not contracted	\$ 35.55	not contracted	\$ 28.34	not contracted	\$ 38.64	not contracted	\$ 51.52	\$ 26.22	\$ 25.76	\$ 26.22
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$ 17.21	\$ 17.52	\$ 24.09	not contracted	\$ 23.75	not contracted	\$ 18.93	not contracted	\$ 25.82	not contracted	\$ 34.42	\$ 17.52	\$ 17.21	\$ 17.52

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION	Q0162		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, AZACITIDINE, 1 MG	J9025		\$ 4.96	\$ 7.24	\$ 6.94	not contracted	\$ 6.84	not contracted	\$ 5.46	not contracted	\$ 7.44	not contracted	\$ 9.92	\$ 7.24	\$ 4.96	\$ 7.24
J2357	INJECTION, OMALIZUMAB, 5 MG	PRIMARY PROCEDURE	J2357		\$ 42.38	\$ 61.87	\$ 59.33	not contracted	\$ 58.48	not contracted	\$ 46.62	not contracted	\$ 63.57	not contracted	\$ 84.76	\$ 61.87	\$ 42.38	\$ 61.87
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$ 17.21	\$ 17.52	\$ 24.09	not contracted	\$ 23.75	not contracted	\$ 18.93	not contracted	\$ 25.82	not contracted	\$ 34.42	\$ 17.52	\$ 17.21	\$ 17.52
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION	PRIMARY PROCEDURE	11056		\$ 36.32	\$ 36.97	\$ 50.85	not contracted	\$ 50.12	not contracted	\$ 39.95	not contracted	\$ 54.48	not contracted	\$ 72.64	\$ 36.97	\$ 36.32	\$ 36.97
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	PRIMARY PROCEDURE	54200		\$ 83.31	\$ 84.80	\$ 116.63	not contracted	\$ 114.97	not contracted	\$ 91.64	not contracted	\$ 124.97	not contracted	\$ 166.62	\$ 84.80	\$ 83.31	\$ 84.80
		INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM,	J0775		\$ 69.46	\$ 101.41	\$ 97.24	not contracted	\$ 95.85	not contracted	\$ 76.41	not contracted	\$ 104.19	not contracted	\$ 138.92	\$ 101.41	\$ 69.46	\$ 101.41
H2010	COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	PRIMARY PROCEDURE	H2010		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	PRIMARY PROCEDURE	D2750		not covered by M-Cal	not covered by M-Cal	not covered by M-Cal	not contracted	not covered by M-Cal	not contracted	not covered by M-Cal	not contracted	not covered by M-Cal	not contracted	not covered by M-Cal	not covered by M-Cal	not covered by M-Cal	not covered by M-Cal
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M-Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION,	PRIMARY PROCEDURE	57522		\$ 321.98	\$ 327.73	\$ 450.77	not contracted	\$ 444.33	not contracted	\$ 354.18	not contracted	\$ 482.97	not contracted	\$ 643.96	\$ 327.73	\$ 321.98	\$ 327.73
		ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILA	57505		\$ 72.68	\$ 73.98	\$ 101.75	not contracted	\$ 100.30	not contracted	\$ 79.95	not contracted	\$ 109.02	not contracted	\$ 145.36	\$ 73.98	\$ 72.68	\$ 73.98

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPS	00940		\$ 54.46	\$ 55.44	\$ 76.24	not contracted	\$ 75.15	not contracted	\$ 59.91	not contracted	\$ 81.69	not contracted	\$ 108.92	\$ 55.44	\$ 54.46	\$ 55.44
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 87.64	\$ 127.95	\$ 122.70	not contracted	\$ 120.94	not contracted	\$ 96.40	not contracted	\$ 131.46	not contracted	\$ 175.28	\$ 127.95	\$ 87.64	\$ 127.95
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER S	88342		\$ 53.79	\$ 78.53	\$ 75.31	not contracted	\$ 74.23	not contracted	\$ 59.17	not contracted	\$ 80.69	not contracted	\$ 107.58	\$ 78.53	\$ 53.79	\$ 78.53
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 6.75	\$ 9.86	\$ 9.45	not contracted	\$ 9.32	not contracted	\$ 7.43	not contracted	\$ 10.13	not contracted	\$ 13.50	\$ 9.86	\$ 6.75	\$ 9.86
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 2.60	\$ 3.80	\$ 3.64	not contracted	\$ 3.59	not contracted	\$ 2.86	not contracted	\$ 3.90	not contracted	\$ 5.20	\$ 3.80	\$ 2.60	\$ 3.80
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 2.46	\$ 3.59	\$ 3.44	not contracted	\$ 3.39	not contracted	\$ 2.71	not contracted	\$ 3.69	not contracted	\$ 4.92	\$ 3.59	\$ 2.46	\$ 3.59
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 2.38	\$ 3.47	\$ 3.33	not contracted	\$ 3.28	not contracted	\$ 2.62	not contracted	\$ 3.57	not contracted	\$ 4.76	\$ 3.47	\$ 2.38	\$ 3.47
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNA	PRIMARY PROCEDURE	47536		\$ 1,078.74	\$ 1,097.99	\$ 1,510.24	not contracted	\$ 1,488.66	not contracted	\$ 1,186.61	not contracted	\$ 1,618.11	not contracted	\$ 2,157.48	\$ 1,097.99	\$ 1,078.74	\$ 1,097.99
		CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER W	75984		\$ 97.15	\$ 98.89	\$ 136.01	not contracted	\$ 134.07	not contracted	\$ 106.87	not contracted	\$ 145.73	not contracted	\$ 194.30	\$ 98.89	\$ 97.15	\$ 98.89



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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	J0696		\$ 4.97	\$ 7.26	\$ 6.96	not contracted	\$ 6.86	not contracted	\$ 5.47	not contracted	\$ 7.46	not contracted	\$ 9.94	\$ 7.26	\$ 4.97	\$ 7.26
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML)	J7040		\$ 5.75	\$ 8.40	\$ 8.05	not contracted	\$ 7.94	not contracted	\$ 6.33	not contracted	\$ 8.63	not contracted	\$ 11.50	\$ 8.40	\$ 5.75	\$ 8.40
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	PRIMARY PROCEDURE	20206		\$ 94.53	\$ 96.21	\$ 132.34	not contracted	\$ 130.45	not contracted	\$ 103.98	not contracted	\$ 141.80	not contracted	\$ 189.06	\$ 96.21	\$ 94.53	\$ 96.21
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOP	76942		\$ 72.61	\$ 73.91	\$ 101.65	not contracted	\$ 100.20	not contracted	\$ 79.87	not contracted	\$ 108.92	not contracted	\$ 145.22	\$ 73.91	\$ 72.61	\$ 73.91
		COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAS	73701		\$ 231.34	\$ 235.47	\$ 323.88	not contracted	\$ 319.25	not contracted	\$ 254.47	not contracted	\$ 347.01	not contracted	\$ 462.68	\$ 235.47	\$ 231.34	\$ 235.47
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 87.64	\$ 127.95	\$ 122.70	not contracted	\$ 120.94	not contracted	\$ 96.40	not contracted	\$ 131.46	not contracted	\$ 175.28	\$ 127.95	\$ 87.64	\$ 127.95
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER S	88342		\$ 53.79	\$ 78.53	\$ 75.31	not contracted	\$ 74.23	not contracted	\$ 59.17	not contracted	\$ 80.69	not contracted	\$ 107.58	\$ 78.53	\$ 53.79	\$ 78.53
90662	INFLUENZA VIRUS VACCINE (IIV), SPLIT VIRUS, PRESER	PRIMARY PROCEDURE	90662		\$ 106.72	\$ 108.62	\$ 149.41	not contracted	\$ 147.27	not contracted	\$ 117.39	not contracted	\$ 160.08	not contracted	\$ 213.44	\$ 108.62	\$ 106.72	\$ 108.62
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (S	91300		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJEC	0004A		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		SARSCOV2 VAC BVL 30MCG/0.3ML SEVERE ACUTE RESPIRAT	91312		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		ADM SARSCV2 BVL 30MCG/.3ML B IMMUNIZATION ADMINIST	0124A		\$ 57.38	\$ 58.40	\$ 80.33	not contracted	\$ 79.18	not contracted	\$ 63.12	not contracted	\$ 86.07	not contracted	\$ 114.76	\$ 58.40	\$ 57.38	\$ 58.40
37243	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF A	PRIMARY PROCEDURE	37243		\$ 731.62	\$ 744.67	\$ 1,024.27	not contracted	\$ 1,009.64	not contracted	\$ 804.78	not contracted	\$ 1,097.43	not contracted	\$ 1,463.24	\$ 744.67	\$ 731.62	\$ 744.67
		TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, R	75894		\$ -	\$ -	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -	\$ -
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	J0696		\$ 4.97	\$ 7.26	\$ 6.96	not contracted	\$ 6.86	not contracted	\$ 5.47	not contracted	\$ 7.46	not contracted	\$ 9.94	\$ 7.26	\$ 4.97	\$ 7.26
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 4.72	\$ 6.89	\$ 6.61	not contracted	\$ 6.51	not contracted	\$ 5.19	not contracted	\$ 7.08	not contracted	\$ 9.44	\$ 6.89	\$ 4.72	\$ 6.89
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT	PRIMARY PROCEDURE	29888		\$ 967.66	\$ 984.93	\$ 1,354.72	not contracted	\$ 1,335.37	not contracted	\$ 1,064.43	not contracted	\$ 1,451.49	not contracted	\$ 1,935.32	\$ 984.93	\$ 967.66	\$ 984.93

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCE	01400		\$ 72.55	\$ 73.85	\$ 101.57	not contracted	\$ 100.12	not contracted	\$ 79.81	not contracted	\$ 108.83	not contracted	\$ 145.10	\$ 73.85	\$ 72.55	\$ 73.85
		PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY, REQUI	97161		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MI	97116		\$ 16.18	\$ 16.47	\$ 22.65	not contracted	\$ 22.33	not contracted	\$ 17.80	not contracted	\$ 24.27	not contracted	\$ 32.36	\$ 16.47	\$ 16.18	\$ 16.47
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TIS	C1713		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 8.31	\$ 12.13	\$ 11.63	not contracted	\$ 11.47	not contracted	\$ 9.14	not contracted	\$ 12.47	not contracted	\$ 16.62	\$ 12.13	\$ 8.31	\$ 12.13
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		\$ 5.46	\$ 7.97	\$ 7.64	not contracted	\$ 7.53	not contracted	\$ 6.01	not contracted	\$ 8.19	not contracted	\$ 10.92	\$ 7.97	\$ 5.46	\$ 7.97
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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EFFECTIVE JANUARY 1, 2024  
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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING 7 LE	PRIMARY PROCEDURE	11900		\$ 30.44	\$ 30.98	\$ 42.62	not contracted	\$ 42.01	not contracted	\$ 33.48	not contracted	\$ 45.66	not contracted	\$ 60.88	\$ 30.98	\$ 30.44	\$ 30.98
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
2028F	FOOT EXAMINATION PERFORMED (INCLUDES EXAMINATION T	PRIMARY PROCEDURE	2028F		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	PRIMARY PROCEDURE	11982		\$ 161.27	\$ 164.15	\$ 225.78	not contracted	\$ 222.55	not contracted	\$ 177.40	not contracted	\$ 241.91	not contracted	\$ 322.54	\$ 164.15	\$ 161.27	\$ 164.15
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUB	PRIMARY PROCEDURE	D3910		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
		ENDODONTIC THERAPY, MOLAR (EXCLUDING FINAL RESTORA	D3330		\$ 331.00	included in M-Cal OP dental rate	\$ 463.40	not contracted	\$ 456.78	not contracted	\$ 364.10	not contracted	\$ 496.50	not contracted	\$ 662.00	n/a	\$ 331.00	n/a
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M-Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
93656	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUD	PRIMARY PROCEDURE	93656		\$ 1,262.95	\$ 1,285.49	\$ 1,768.13	not contracted	\$ 1,742.87	not contracted	\$ 1,389.25	not contracted	\$ 1,894.43	not contracted	\$ 2,525.90	\$ 1,285.49	\$ 1,262.95	\$ 1,285.49
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$ 7.27	\$ 10.61	\$ 10.18	not contracted	\$ 10.03	not contracted	\$ 8.00	not contracted	\$ 10.91	not contracted	\$ 14.54	\$ 10.61	\$ 7.27	\$ 10.61
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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EFFECTIVE JANUARY 1, 2024  
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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, PROTAMINE SULFATE, PER 10 MG	J2720		\$ 5.32	\$ 7.77	\$ 7.45	not contracted	\$ 7.34	not contracted	\$ 5.85	not contracted	\$ 7.98	not contracted	\$ 10.64	\$ 7.77	\$ 5.32	\$ 7.77
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85027		\$ 5.71	\$ 8.34	\$ 7.99	not contracted	\$ 7.88	not contracted	\$ 6.28	not contracted	\$ 8.57	not contracted	\$ 11.42	\$ 8.34	\$ 5.71	\$ 8.34
		PROTHROMBIN TIME;	85610		\$ 3.49	\$ 5.10	\$ 4.89	not contracted	\$ 4.82	not contracted	\$ 3.84	not contracted	\$ 5.24	not contracted	\$ 6.98	\$ 5.10	\$ 3.49	\$ 5.10
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTER	PRIMARY PROCEDURE	20605		\$ 54.46	\$ 55.44	\$ 76.24	not contracted	\$ 75.15	not contracted	\$ 59.91	not contracted	\$ 81.69	not contracted	\$ 108.92	\$ 55.44	\$ 54.46	\$ 55.44
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WIT	PRIMARY PROCEDURE	33228		\$ 415.67	\$ 423.09	\$ 581.94	not contracted	\$ 573.62	not contracted	\$ 457.24	not contracted	\$ 623.51	not contracted	\$ 831.34	\$ 423.09	\$ 415.67	\$ 423.09
		INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS	33270		\$ 730.01	\$ 743.04	\$ 1,022.01	not contracted	\$ 1,007.41	not contracted	\$ 803.01	not contracted	\$ 1,095.02	not contracted	\$ 1,460.02	\$ 743.04	\$ 730.01	\$ 743.04
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ 4.49	\$ 6.56	\$ 6.29	not contracted	\$ 6.20	not contracted	\$ 4.94	not contracted	\$ 6.74	not contracted	\$ 8.98	\$ 6.56	\$ 4.49	\$ 6.56
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL	PRIMARY PROCEDURE	27792		\$ 544.17	\$ 553.88	\$ 761.84	not contracted	\$ 750.95	not contracted	\$ 598.59	not contracted	\$ 816.26	not contracted	\$ 1,088.34	\$ 553.88	\$ 544.17	\$ 553.88
		ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER L	01480		\$ 54.46	\$ 55.44	\$ 76.24	not contracted	\$ 75.15	not contracted	\$ 59.91	not contracted	\$ 81.69	not contracted	\$ 108.92	\$ 55.44	\$ 54.46	\$ 55.44
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 40.11	\$ 40.82	\$ 56.15	not contracted	\$ 55.35	not contracted	\$ 44.12	not contracted	\$ 60.17	not contracted	\$ 80.22	\$ 40.82	\$ 40.11	\$ 40.82
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM O	73610		\$ 36.06	\$ 36.70	\$ 50.48	not contracted	\$ 49.76	not contracted	\$ 39.67	not contracted	\$ 54.09	not contracted	\$ 72.12	\$ 36.70	\$ 36.06	\$ 36.70
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TIS	C1713		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION	PRIMARY PROCEDURE	96416		\$ 66.25	\$ 67.44	\$ 92.75	not contracted	\$ 91.43	not contracted	\$ 72.88	not contracted	\$ 99.38	not contracted	\$ 132.50	\$ 67.44	\$ 66.25	\$ 67.44

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UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION	96413		\$ 41.01	\$ 41.74	\$ 57.41	not contracted	\$ 56.59	not contracted	\$ 45.11	not contracted	\$ 61.52	not contracted	\$ 82.02	\$ 41.74	\$ 41.01	\$ 41.74
		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION	96415		\$ 30.83	\$ 31.38	\$ 43.16	not contracted	\$ 42.55	not contracted	\$ 33.91	not contracted	\$ 46.25	not contracted	\$ 61.66	\$ 31.38	\$ 30.83	\$ 31.38
		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION	96417		\$ 41.01	\$ 41.74	\$ 57.41	not contracted	\$ 56.59	not contracted	\$ 45.11	not contracted	\$ 61.52	not contracted	\$ 82.02	\$ 41.74	\$ 41.01	\$ 41.74
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION	96375		\$ 30.54	\$ 31.08	\$ 42.76	not contracted	\$ 42.15	not contracted	\$ 33.59	not contracted	\$ 45.81	not contracted	\$ 61.08	\$ 31.08	\$ 30.54	\$ 31.08
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$ 17.21	\$ 17.52	\$ 24.09	not contracted	\$ 23.75	not contracted	\$ 18.93	not contracted	\$ 25.82	not contracted	\$ 34.42	\$ 17.52	\$ 17.21	\$ 17.52
		INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV)	Q5118		\$ 50.96	\$ 51.87	\$ 71.34	not contracted	\$ 70.32	not contracted	\$ 56.06	not contracted	\$ 76.44	not contracted	\$ 101.92	\$ 51.87	\$ 50.96	\$ 51.87
		INJECTION, ATROPINE SULFATE, 0.01 MG	J0461		\$ 4.56	\$ 6.66	\$ 6.38	not contracted	\$ 6.29	not contracted	\$ 5.02	not contracted	\$ 6.84	not contracted	\$ 9.12	\$ 6.66	\$ 4.56	\$ 6.66
		INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	J0640		\$ 7.87	\$ 11.49	\$ 11.02	not contracted	\$ 10.86	not contracted	\$ 8.66	not contracted	\$ 11.81	not contracted	\$ 15.74	\$ 11.49	\$ 7.87	\$ 11.49
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ 7.04	\$ 10.28	\$ 9.86	not contracted	\$ 9.72	not contracted	\$ 7.74	not contracted	\$ 10.56	not contracted	\$ 14.08	\$ 10.28	\$ 7.04	\$ 10.28
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		\$ 5.11	\$ 7.46	\$ 7.15	not contracted	\$ 7.05	not contracted	\$ 5.62	not contracted	\$ 7.67	not contracted	\$ 10.22	\$ 7.46	\$ 5.11	\$ 7.46
		INJECTION, FLUOROURACIL, 500 MG	J9190		\$ 6.83	\$ 9.97	\$ 9.56	not contracted	\$ 9.43	not contracted	\$ 7.51	not contracted	\$ 10.25	not contracted	\$ 13.66	\$ 9.97	\$ 6.83	\$ 9.97
		INJECTION, IRINOTECAN, 20 MG	J9206		\$ 6.62	\$ 9.67	\$ 9.27	not contracted	\$ 9.14	not contracted	\$ 7.28	not contracted	\$ 9.93	not contracted	\$ 13.24	\$ 9.67	\$ 6.62	\$ 9.67

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
31575	LARYNGOSCOPY, FLEXIBLE; DIAGNOSTIC	PRIMARY PROCEDURE	31575		\$ 110.55	\$ 112.52	\$ 154.77	not contracted	\$ 152.56	not contracted	\$ 121.61	not contracted	\$ 165.83	not contracted	\$ 221.10	\$ 112.52	\$ 110.55	\$ 112.52
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
D4910	PERIODONTAL MAINTENANCE	PRIMARY PROCEDURE	D4910		\$ 55.00	included in M-Cal OP dental rate	\$ 77.00	not contracted	\$ 75.90	not contracted	\$ 60.50	not contracted	\$ 82.50	not contracted	\$ 110.00	n/a	\$ 55.00	n/a
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M-Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	PRIMARY PROCEDURE	50200		\$ 101.47	\$ 103.28	\$ 142.06	not contracted	\$ 140.03	not contracted	\$ 111.62	not contracted	\$ 152.21	not contracted	\$ 202.94	\$ 103.28	\$ 101.47	\$ 103.28
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOP	76942		\$ 72.61	\$ 73.91	\$ 101.65	not contracted	\$ 100.20	not contracted	\$ 79.87	not contracted	\$ 108.92	not contracted	\$ 145.22	\$ 73.91	\$ 72.61	\$ 73.91
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT;	88312		\$ 32.83	\$ 47.93	\$ 45.96	not contracted	\$ 45.31	not contracted	\$ 36.11	not contracted	\$ 49.25	not contracted	\$ 65.66	\$ 47.93	\$ 32.83	\$ 47.93
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT;	88313		\$ 38.56	\$ 56.30	\$ 53.98	not contracted	\$ 53.21	not contracted	\$ 42.42	not contracted	\$ 57.84	not contracted	\$ 77.12	\$ 56.30	\$ 38.56	\$ 56.30
43277	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA TOGRAPHY (ER	PRIMARY PROCEDURE	43277		\$ 493.45	\$ 502.25	\$ 690.83	not contracted	\$ 680.96	not contracted	\$ 542.80	not contracted	\$ 740.18	not contracted	\$ 986.90	\$ 502.25	\$ 493.45	\$ 502.25
		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA TOGRAPHY (ER	43275		\$ 490.77	\$ 499.52	\$ 687.08	not contracted	\$ 677.26	not contracted	\$ 539.85	not contracted	\$ 736.16	not contracted	\$ 981.54	\$ 499.52	\$ 490.77	\$ 499.52
		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA TOGRAPHY (ER	43260		\$ 443.24	\$ 451.15	\$ 620.54	not contracted	\$ 611.67	not contracted	\$ 487.56	not contracted	\$ 664.86	not contracted	\$ 886.48	\$ 451.15	\$ 443.24	\$ 451.15
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 40.11	\$ 40.82	\$ 56.15	not contracted	\$ 55.35	not contracted	\$ 44.12	not contracted	\$ 60.17	not contracted	\$ 80.22	\$ 40.82	\$ 40.11	\$ 40.82



LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG,	PRIMARY PROCEDURE	27814		\$ 725.75	\$ 738.70	\$ 1,016.05	not contracted	\$ 1,001.54	not contracted	\$ 798.33	not contracted	\$ 1,088.63	not contracted	\$ 1,451.50	\$ 738.70	\$ 725.75	\$ 738.70
		ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER L	01480		\$ 54.46	\$ 55.44	\$ 76.24	not contracted	\$ 75.15	not contracted	\$ 59.91	not contracted	\$ 81.69	not contracted	\$ 108.92	\$ 55.44	\$ 54.46	\$ 55.44
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 40.11	\$ 40.82	\$ 56.15	not contracted	\$ 55.35	not contracted	\$ 44.12	not contracted	\$ 60.17	not contracted	\$ 80.22	\$ 40.82	\$ 40.11	\$ 40.82
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM O	73610		\$ 36.06	\$ 36.70	\$ 50.48	not contracted	\$ 49.76	not contracted	\$ 39.67	not contracted	\$ 54.09	not contracted	\$ 72.12	\$ 36.70	\$ 36.06	\$ 36.70
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TIS	C1713		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 8.31	\$ 12.13	\$ 11.63	not contracted	\$ 11.47	not contracted	\$ 9.14	not contracted	\$ 12.47	not contracted	\$ 16.62	\$ 12.13	\$ 8.31	\$ 12.13
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE	PRIMARY PROCEDURE	J3301		\$ 5.58	\$ 8.15	\$ 7.81	not contracted	\$ 7.70	not contracted	\$ 6.14	not contracted	\$ 8.37	not contracted	\$ 11.16	\$ 8.15	\$ 5.58	\$ 8.15
		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR	20610		\$ 65.68	\$ 66.85	\$ 91.95	not contracted	\$ 90.64	not contracted	\$ 72.25	not contracted	\$ 98.52	not contracted	\$ 131.36	\$ 66.85	\$ 65.68	\$ 66.85
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AN	G0463		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ 4.49	\$ 6.56	\$ 6.29	not contracted	\$ 6.20	not contracted	\$ 4.94	not contracted	\$ 6.74	not contracted	\$ 8.98	\$ 6.56	\$ 4.49	\$ 6.56
		INJECTION, BUPIVACAINE HYDROCHLORIDE, 30 ML	50020		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
99387	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATI	PRIMARY PROCEDURE	99387		\$ 205.12	\$ 208.78	\$ 287.17	not contracted	\$ 283.07	not contracted	\$ 225.63	not contracted	\$ 307.68	not contracted	\$ 410.24	\$ 208.78	\$ 205.12	\$ 208.78
99170	ANOGENITAL EXAMINATION, MAGNIFIED, IN CHILDHOOD FO	PRIMARY PROCEDURE	99170		\$ 156.06	\$ 158.85	\$ 218.48	not contracted	\$ 215.36	not contracted	\$ 171.67	not contracted	\$ 234.09	not contracted	\$ 312.12	\$ 158.85	\$ 156.06	\$ 158.85
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87491		\$ 31.17	\$ 45.51	\$ 43.64	not contracted	\$ 43.01	not contracted	\$ 34.29	not contracted	\$ 46.76	not contracted	\$ 62.34	\$ 45.51	\$ 31.17	\$ 45.51
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87591		\$ 31.07	\$ 45.36	\$ 43.50	not contracted	\$ 42.88	not contracted	\$ 34.18	not contracted	\$ 46.61	not contracted	\$ 62.14	\$ 45.36	\$ 31.07	\$ 45.36
33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE	PRIMARY PROCEDURE	33249		\$ 1,283.80	\$ 1,306.71	\$ 1,797.32	not contracted	\$ 1,771.64	not contracted	\$ 1,412.18	not contracted	\$ 1,925.70	not contracted	\$ 2,567.60	\$ 1,306.71	\$ 1,283.80	\$ 1,306.71

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$ 23.52	\$ 23.94	\$ 32.93	not contracted	\$ 32.46	not contracted	\$ 25.87	not contracted	\$ 35.28	not contracted	\$ 47.04	\$ 23.94	\$ 23.52	\$ 23.94
		RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	71046		\$ 39.42	\$ 40.12	\$ 55.19	not contracted	\$ 54.40	not contracted	\$ 43.36	not contracted	\$ 59.13	not contracted	\$ 78.84	\$ 40.12	\$ 39.42	\$ 40.12
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ 4.49	\$ 6.56	\$ 6.29	not contracted	\$ 6.20	not contracted	\$ 4.94	not contracted	\$ 6.74	not contracted	\$ 8.98	\$ 6.56	\$ 4.49	\$ 6.56
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASI	PRIMARY PROCEDURE	36819		\$ 780.21	\$ 794.14	\$ 1,092.29	not contracted	\$ 1,076.69	not contracted	\$ 858.23	not contracted	\$ 1,170.32	not contracted	\$ 1,560.42	\$ 794.14	\$ 780.21	\$ 794.14
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 4.72	\$ 6.89	\$ 6.61	not contracted	\$ 6.51	not contracted	\$ 5.19	not contracted	\$ 7.08	not contracted	\$ 9.44	\$ 6.89	\$ 4.72	\$ 6.89
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, PROPOFOL 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ 7.04	\$ 10.28	\$ 9.86	not contracted	\$ 9.72	not contracted	\$ 7.74	not contracted	\$ 10.56	not contracted	\$ 14.08	\$ 10.28	\$ 7.04	\$ 10.28
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY	PRIMARY PROCEDURE	67108		\$ 1,509.16	\$ 1,536.10	\$ 2,112.82	not contracted	\$ 2,082.64	not contracted	\$ 1,660.08	not contracted	\$ 2,263.74	not contracted	\$ 3,018.32	\$ 1,536.10	\$ 1,509.16	\$ 1,536.10

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SU	00145		\$ 108.91	\$ 110.86	\$ 152.47	not contracted	\$ 150.30	not contracted	\$ 119.80	not contracted	\$ 163.37	not contracted	\$ 217.82	\$ 110.86	\$ 108.91	\$ 110.86
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$ 23.52	\$ 23.94	\$ 32.93	not contracted	\$ 32.46	not contracted	\$ 25.87	not contracted	\$ 35.28	not contracted	\$ 47.04	\$ 23.94	\$ 23.52	\$ 23.94
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT) EFFECTIVE DATE:	PRIMARY PROCEDURE	96900		\$ 10.61	\$ 10.80	\$ 14.85	not contracted	\$ 14.64	not contracted	\$ 11.67	not contracted	\$ 15.92	not contracted	\$ 21.22	\$ 10.80	\$ 10.61	\$ 10.80
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT	PRIMARY PROCEDURE	57452		\$ 74.13	\$ 75.45	\$ 103.78	not contracted	\$ 102.30	not contracted	\$ 81.54	not contracted	\$ 111.20	not contracted	\$ 148.26	\$ 75.45	\$ 74.13	\$ 75.45
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH	PRIMARY PROCEDURE	67043		\$ 1,418.38	\$ 1,443.69	\$ 1,985.73	not contracted	\$ 1,957.36	not contracted	\$ 1,560.22	not contracted	\$ 2,127.57	not contracted	\$ 2,836.76	\$ 1,443.69	\$ 1,418.38	\$ 1,443.69
		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SU	00145		\$ 108.91	\$ 110.86	\$ 152.47	not contracted	\$ 150.30	not contracted	\$ 119.80	not contracted	\$ 163.37	not contracted	\$ 217.82	\$ 110.86	\$ 108.91	\$ 110.86
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ 7.04	\$ 10.28	\$ 9.86	not contracted	\$ 9.72	not contracted	\$ 7.74	not contracted	\$ 10.56	not contracted	\$ 14.08	\$ 10.28	\$ 7.04	\$ 10.28

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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EFFECTIVE JANUARY 1, 2024  
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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCI	PRIMARY PROCEDURE	57288		\$ 1,112.02	\$ 1,131.87	\$ 1,556.83	not contracted	\$ 1,534.59	not contracted	\$ 1,223.22	not contracted	\$ 1,668.03	not contracted	\$ 2,224.04	\$ 1,131.87	\$ 1,112.02	\$ 1,131.87
		ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER	00860		\$ 108.91	\$ 110.86	\$ 152.47	not contracted	\$ 150.30	not contracted	\$ 119.80	not contracted	\$ 163.37	not contracted	\$ 217.82	\$ 110.86	\$ 108.91	\$ 110.86
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 6.75	\$ 9.86	\$ 9.45	not contracted	\$ 9.32	not contracted	\$ 7.43	not contracted	\$ 10.13	not contracted	\$ 13.50	\$ 9.86	\$ 6.75	\$ 9.86
		REPAIR DEVICE, URINARY, INCONTINENCE, WITH SLING G	C1771		\$ -	\$ -	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -	\$ -
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		\$ 6.03	\$ 8.80	\$ 8.44	not contracted	\$ 8.32	not contracted	\$ 6.63	not contracted	\$ 9.05	not contracted	\$ 12.06	\$ 8.80	\$ 6.03	\$ 8.80
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 8.31	\$ 12.13	\$ 11.63	not contracted	\$ 11.47	not contracted	\$ 9.14	not contracted	\$ 12.47	not contracted	\$ 16.62	\$ 12.13	\$ 8.31	\$ 12.13
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML DEACTIVE	J2370		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25

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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 2.60	\$ 3.80	\$ 3.64	not contracted	\$ 3.59	not contracted	\$ 2.86	not contracted	\$ 3.90	not contracted	\$ 5.20	\$ 3.80	\$ 2.60	\$ 3.80
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	PRIMARY PROCEDURE	65426		\$ 573.01	\$ 583.24	\$ 802.21	not contracted	\$ 790.75	not contracted	\$ 630.31	not contracted	\$ 859.52	not contracted	\$ 1,146.02	\$ 583.24	\$ 573.01	\$ 583.24
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 30.48	\$ 44.50	\$ 42.67	not contracted	\$ 42.06	not contracted	\$ 33.53	not contracted	\$ 45.72	not contracted	\$ 60.96	\$ 44.50	\$ 30.48	\$ 44.50
46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/F	PRIMARY PROCEDURE	46270		\$ 215.75	\$ 219.60	\$ 302.05	not contracted	\$ 297.74	not contracted	\$ 237.33	not contracted	\$ 323.63	not contracted	\$ 431.50	\$ 219.60	\$ 215.75	\$ 219.60
		ANESTHESIA FOR; ANORECTAL PROCEDURE	00902		\$ 72.55	\$ 73.85	\$ 101.57	not contracted	\$ 100.12	not contracted	\$ 79.81	not contracted	\$ 108.83	not contracted	\$ 145.10	\$ 73.85	\$ 72.55	\$ 73.85
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PR	J7642		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT	PRIMARY PROCEDURE	64721		\$ 454.46	\$ 462.57	\$ 636.24	not contracted	\$ 627.15	not contracted	\$ 499.91	not contracted	\$ 681.69	not contracted	\$ 908.92	\$ 462.57	\$ 454.46	\$ 462.57
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
99078	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIO	PRIMARY PROCEDURE	99078		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
87635	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	PRIMARY PROCEDURE	87635		\$ 51.31	\$ 74.91	\$ 71.83	not contracted	\$ 70.81	not contracted	\$ 56.44	not contracted	\$ 76.97	not contracted	\$ 102.62	\$ 74.91	\$ 51.31	\$ 74.91
		SARS-COV-2 COVID-19 AMP PRB HIGH THROUGHPUT TECH I	U0003		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		COV-19 AMP PRB HIGH THRUPUT WITHIN 2 DAYS COLLECT	U0005		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
46600	ANOSCOPY; DIAGNOSTIC, INCLUDING COLLECTION OF SPEC	PRIMARY PROCEDURE	46600		\$ 31.51	\$ 32.08	\$ 44.11	not contracted	\$ 43.48	not contracted	\$ 34.66	not contracted	\$ 47.27	not contracted	\$ 63.02	\$ 32.08	\$ 31.51	\$ 32.08
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99203		\$ 82.05	\$ 83.51	\$ 114.87	not contracted	\$ 113.23	not contracted	\$ 90.26	not contracted	\$ 123.08	not contracted	\$ 164.10	\$ 83.51	\$ 82.05	\$ 83.51
90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT (PP	PRIMARY PROCEDURE	90732		\$ 197.85	\$ 201.38	\$ 276.99	not contracted	\$ 273.03	not contracted	\$ 217.64	not contracted	\$ 296.78	not contracted	\$ 395.70	\$ 201.38	\$ 197.85	\$ 201.38
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FR	PRIMARY PROCEDURE	25609		\$ 1,206.34	\$ 1,227.87	\$ 1,688.88	not contracted	\$ 1,664.75	not contracted	\$ 1,326.97	not contracted	\$ 1,809.51	not contracted	\$ 2,412.68	\$ 1,227.87	\$ 1,206.34	\$ 1,227.87

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND);	29126		\$ 92.39	\$ 94.04	\$ 129.35	not contracted	\$ 127.50	not contracted	\$ 101.63	not contracted	\$ 138.59	not contracted	\$ 184.78	\$ 94.04	\$ 92.39	\$ 94.04
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 40.11	\$ 40.82	\$ 56.15	not contracted	\$ 55.35	not contracted	\$ 44.12	not contracted	\$ 60.17	not contracted	\$ 80.22	\$ 40.82	\$ 40.11	\$ 40.82
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TIS	C1713		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
93770	DETERMINATION OF VENOUS PRESSURE	PRIMARY PROCEDURE	93770		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$ 17.21	\$ 17.52	\$ 24.09	not contracted	\$ 23.75	not contracted	\$ 18.93	not contracted	\$ 25.82	not contracted	\$ 34.42	\$ 17.52	\$ 17.21	\$ 17.52
37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR VENA CAVA FIL	PRIMARY PROCEDURE	37193		\$ 434.84	\$ 442.60	\$ 608.78	not contracted	\$ 600.08	not contracted	\$ 478.32	not contracted	\$ 652.26	not contracted	\$ 869.68	\$ 442.60	\$ 434.84	\$ 442.60
		INSERTION OF INTRAVASCULAR VENA CAVA FILTER, ENDOV	37191		\$ 281.53	\$ 286.55	\$ 394.14	not contracted	\$ 388.51	not contracted	\$ 309.68	not contracted	\$ 422.30	not contracted	\$ 563.06	\$ 286.55	\$ 281.53	\$ 286.55
		LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ON	88300		\$ 8.37	\$ 12.22	\$ 11.72	not contracted	\$ 11.55	not contracted	\$ 9.21	not contracted	\$ 12.56	not contracted	\$ 16.74	\$ 12.22	\$ 8.37	\$ 12.22



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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML	J7040		\$ 5.75	\$ 8.40	\$ 8.05	not contracted	\$ 7.94	not contracted	\$ 6.33	not contracted	\$ 8.63	not contracted	\$ 11.50	\$ 8.40	\$ 5.75	\$ 8.40
51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQ	PRIMARY PROCEDURE	51741		\$ 60.35	\$ 61.42	\$ 84.49	not contracted	\$ 83.28	not contracted	\$ 66.39	not contracted	\$ 90.53	not contracted	\$ 120.70	\$ 61.42	\$ 60.35	\$ 61.42
		MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR	51798		\$ 84.92	\$ 86.43	\$ 118.89	not contracted	\$ 117.19	not contracted	\$ 93.41	not contracted	\$ 127.38	not contracted	\$ 169.84	\$ 86.43	\$ 84.92	\$ 86.43
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
88161	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; PREPARATI	PRIMARY PROCEDURE	88161		\$ 20.66	\$ 30.16	\$ 28.92	not contracted	\$ 28.51	not contracted	\$ 22.73	not contracted	\$ 30.99	not contracted	\$ 41.32	\$ 30.16	\$ 20.66	\$ 30.16
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99396		\$ 157.64	\$ 160.45	\$ 220.70	not contracted	\$ 217.54	not contracted	\$ 173.40	not contracted	\$ 236.46	not contracted	\$ 315.28	\$ 160.45	\$ 157.64	\$ 160.45
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87624		\$ 31.19	\$ 45.54	\$ 43.67	not contracted	\$ 43.04	not contracted	\$ 34.31	not contracted	\$ 46.79	not contracted	\$ 62.38	\$ 45.54	\$ 31.19	\$ 45.54
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING	88142		\$ 18.00	\$ 26.28	\$ 25.20	not contracted	\$ 24.84	not contracted	\$ 19.80	not contracted	\$ 27.00	not contracted	\$ 36.00	\$ 26.28	\$ 18.00	\$ 26.28
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	PRIMARY PROCEDURE	36430		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA AP	Q0163		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, E	P9040		\$ 344.64	\$ 350.79	\$ 482.50	not contracted	\$ 475.60	not contracted	\$ 379.10	not contracted	\$ 516.96	not contracted	\$ 689.28	\$ 350.79	\$ 344.64	\$ 350.79
92928	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORON	PRIMARY PROCEDURE	92928		\$ 692.89	\$ 705.25	\$ 970.05	not contracted	\$ 956.19	not contracted	\$ 762.18	not contracted	\$ 1,039.34	not contracted	\$ 1,385.78	\$ 705.25	\$ 692.89	\$ 705.25
		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORON	93454		\$ 1,129.81	\$ 1,149.97	\$ 1,581.73	not contracted	\$ 1,559.14	not contracted	\$ 1,242.79	not contracted	\$ 1,694.72	not contracted	\$ 2,259.62	\$ 1,149.97	\$ 1,129.81	\$ 1,149.97
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$ 7.27	\$ 10.61	\$ 10.18	not contracted	\$ 10.03	not contracted	\$ 8.00	not contracted	\$ 10.91	not contracted	\$ 14.54	\$ 10.61	\$ 7.27	\$ 10.61
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 4.72	\$ 6.89	\$ 6.61	not contracted	\$ 6.51	not contracted	\$ 5.19	not contracted	\$ 7.08	not contracted	\$ 9.44	\$ 6.89	\$ 4.72	\$ 6.89
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85027		\$ 5.71	\$ 8.34	\$ 7.99	not contracted	\$ 7.88	not contracted	\$ 6.28	not contracted	\$ 8.57	not contracted	\$ 11.42	\$ 8.34	\$ 5.71	\$ 8.34
		PROTHROMBIN TIME;	85610		\$ 3.49	\$ 5.10	\$ 4.89	not contracted	\$ 4.82	not contracted	\$ 3.84	not contracted	\$ 5.24	not contracted	\$ 6.98	\$ 5.10	\$ 3.49	\$ 5.10
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INC	PRIMARY PROCEDURE	27822		\$ 1,126.79	\$ 1,146.90	\$ 1,577.51	not contracted	\$ 1,554.97	not contracted	\$ 1,239.47	not contracted	\$ 1,690.19	not contracted	\$ 2,253.58	\$ 1,146.90	\$ 1,126.79	\$ 1,146.90
		ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER L	01480		\$ 54.46	\$ 55.44	\$ 76.24	not contracted	\$ 75.15	not contracted	\$ 59.91	not contracted	\$ 81.69	not contracted	\$ 108.92	\$ 55.44	\$ 54.46	\$ 55.44
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 40.11	\$ 40.82	\$ 56.15	not contracted	\$ 55.35	not contracted	\$ 44.12	not contracted	\$ 60.17	not contracted	\$ 80.22	\$ 40.82	\$ 40.11	\$ 40.82

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM O	73610		\$ 36.06	\$ 36.70	\$ 50.48	not contracted	\$ 49.76	not contracted	\$ 39.67	not contracted	\$ 54.09	not contracted	\$ 72.12	\$ 36.70	\$ 36.06	\$ 36.70
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TIS	C1713		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
D2330	RESIN-ONE SURFACE, ANTERIOR	PRIMARY PROCEDURE	D2330		\$ 57.21	included in M-Cal OP dental rate	\$ 80.09	not contracted	\$ 78.95	not contracted	\$ 62.93	not contracted	\$ 85.82	not contracted	\$ 114.42	n/a	\$ 57.21	n/a
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M-Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
D0270	BITEWING-SINGLE FILM	PRIMARY PROCEDURE	D0270		\$ 5.00	included in M-Cal OP dental rate	\$ 7.00	not contracted	\$ 6.90	not contracted	\$ 5.50	not contracted	\$ 7.50	not contracted	\$ 10.00	n/a	\$ 5.00	n/a
		INTRAORAL-PERIAPICAL-FIRST FILM	D0220		\$ 10.00	included in M-Cal OP dental rate	\$ 14.00	not contracted	\$ 13.80	not contracted	\$ 11.00	not contracted	\$ 15.00	not contracted	\$ 20.00	n/a	\$ 10.00	n/a
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M-Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, T	PRIMARY PROCEDURE	66710		\$ 356.74	\$ 363.10	\$ 499.44	not contracted	\$ 492.30	not contracted	\$ 392.41	not contracted	\$ 535.11	not contracted	\$ 713.48	\$ 363.10	\$ 356.74	\$ 363.10

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
91312	SARSCOV2 VAC BVL 30MCG/0.3ML SEVERE ACUTE RESPIRAT	PRIMARY PROCEDURE	91312		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		ADM SARSCV2 BVL 30MCG/.3ML B IMMUNIZATION ADMINIST	0124A		\$ 57.38	\$ 58.40	\$ 80.33	not contracted	\$ 79.18	not contracted	\$ 63.12	not contracted	\$ 86.07	not contracted	\$ 114.76	\$ 58.40	\$ 57.38	\$ 58.40
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATER	PRIMARY PROCEDURE	31231		\$ 70.49	\$ 71.74	\$ 98.69	not contracted	\$ 97.28	not contracted	\$ 77.54	not contracted	\$ 105.74	not contracted	\$ 140.98	\$ 71.74	\$ 70.49	\$ 71.74
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	PRIMARY PROCEDURE	31652		\$ 1,186.08	\$ 1,207.24	\$ 1,660.51	not contracted	\$ 1,636.79	not contracted	\$ 1,304.69	not contracted	\$ 1,779.12	not contracted	\$ 2,372.16	\$ 1,207.24	\$ 1,186.08	\$ 1,207.24
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	31624		\$ 306.00	\$ 311.46	\$ 428.40	not contracted	\$ 422.28	not contracted	\$ 336.60	not contracted	\$ 459.00	not contracted	\$ 612.00	\$ 311.46	\$ 306.00	\$ 311.46
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	31628		\$ 302.26	\$ 307.65	\$ 423.16	not contracted	\$ 417.12	not contracted	\$ 332.49	not contracted	\$ 453.39	not contracted	\$ 604.52	\$ 307.65	\$ 302.26	\$ 307.65
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	31629		\$ 267.01	\$ 271.78	\$ 373.81	not contracted	\$ 368.47	not contracted	\$ 293.71	not contracted	\$ 400.52	not contracted	\$ 534.02	\$ 271.78	\$ 267.01	\$ 271.78
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE;	88173		\$ 51.98	\$ 75.89	\$ 72.77	not contracted	\$ 71.73	not contracted	\$ 57.18	not contracted	\$ 77.97	not contracted	\$ 103.96	\$ 75.89	\$ 51.98	\$ 75.89
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND	88108		\$ 28.92	\$ 42.22	\$ 40.49	not contracted	\$ 39.91	not contracted	\$ 31.81	not contracted	\$ 43.38	not contracted	\$ 57.84	\$ 42.22	\$ 28.92	\$ 42.22
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87801		\$ 38.80	\$ 56.65	\$ 54.32	not contracted	\$ 53.54	not contracted	\$ 42.68	not contracted	\$ 58.20	not contracted	\$ 77.60	\$ 56.65	\$ 38.80	\$ 56.65

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY	87305		\$ 8.66	\$ 12.64	\$ 12.12	not contracted	\$ 11.95	not contracted	\$ 9.53	not contracted	\$ 12.99	not contracted	\$ 17.32	\$ 12.64	\$ 8.66	\$ 12.64
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 25.35	\$ 25.80	\$ 35.49	not contracted	\$ 34.98	not contracted	\$ 27.89	not contracted	\$ 38.03	not contracted	\$ 50.70	\$ 25.80	\$ 25.35	\$ 25.80
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG,	87116		\$ 9.12	\$ 13.32	\$ 12.77	not contracted	\$ 12.59	not contracted	\$ 10.03	not contracted	\$ 13.68	not contracted	\$ 18.24	\$ 13.32	\$ 9.12	\$ 13.32
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$ 7.27	\$ 10.61	\$ 10.18	not contracted	\$ 10.03	not contracted	\$ 8.00	not contracted	\$ 10.91	not contracted	\$ 14.54	\$ 10.61	\$ 7.27	\$ 10.61
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT;	88312		\$ 32.83	\$ 47.93	\$ 45.96	not contracted	\$ 45.31	not contracted	\$ 36.11	not contracted	\$ 49.25	not contracted	\$ 65.66	\$ 47.93	\$ 32.83	\$ 47.93
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 6.75	\$ 9.86	\$ 9.45	not contracted	\$ 9.32	not contracted	\$ 7.43	not contracted	\$ 10.13	not contracted	\$ 13.50	\$ 9.86	\$ 6.75	\$ 9.86
		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRE	87102		\$ 7.44	\$ 10.86	\$ 10.42	not contracted	\$ 10.27	not contracted	\$ 8.18	not contracted	\$ 11.16	not contracted	\$ 14.88	\$ 10.86	\$ 7.44	\$ 10.86
D2331	RESIN-TWO SURFACES, ANTERIOR	PRIMARY PROCEDURE	D2331		\$ 57.21	included in M-Cal OP dental rate	\$ 80.09	not contracted	\$ 78.95	not contracted	\$ 62.93	not contracted	\$ 85.82	not contracted	\$ 114.42	n/a	\$ 57.21	n/a
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M-Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	PRIMARY PROCEDURE	93010		\$ 17.64	\$ 17.96	\$ 24.70	not contracted	\$ 24.34	not contracted	\$ 19.40	not contracted	\$ 26.46	not contracted	\$ 35.28	\$ 17.96	\$ 17.64	\$ 17.96
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$ 23.52	\$ 23.94	\$ 32.93	not contracted	\$ 32.46	not contracted	\$ 25.87	not contracted	\$ 35.28	not contracted	\$ 47.04	\$ 23.94	\$ 23.52	\$ 23.94
D1120	PROPHYLAXIS-CHILD	PRIMARY PROCEDURE	D1120		\$ 30.00	included in M-Cal OP dental rate	\$ 42.00	not contracted	\$ 41.40	not contracted	\$ 33.00	not contracted	\$ 45.00	not contracted	\$ 60.00	n/a	\$ 30.00	n/a

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION	D1206		child 0-5: \$18.00 child 6-20: \$8.00 adult 21 & over: \$6.00	included in M-Cal OP dental rate	child 0-5: \$25.20 child 6-20: \$11.20 adult 21 & over: \$8.40	not contracted	child 0-5: \$24.84 child 6-20: \$11.04 adult 21 & over: \$8.28	not contracted	child 0-5: \$19.80 child 6-20: \$8.80 adult 21 & over: \$6.60	not contracted	child 0-5: \$27.00 child 6-20: \$12.00 adult 21 & over: \$9.00	not contracted	\$ 36.00	included in M-Cal OP dental rate	\$ 6.00	included in M-Cal OP dental rate
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		\$ 15.00	included in M-Cal OP dental rate	\$ 21.00	not contracted	\$ 20.70	not contracted	\$ 16.50	not contracted	\$ 22.50	not contracted	\$ 30.00	n/a	\$ 15.00	n/a
D0272	BITEWINGS-TWO FILMS	PRIMARY PROCEDURE	D0272		\$ 10.00	included in M-Cal OP dental rate	\$ 14.00	not contracted	\$ 13.80	not contracted	\$ 11.00	not contracted	\$ 15.00	not contracted	\$ 20.00	n/a	\$ 10.00	n/a
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		\$ 15.00	included in M-Cal OP dental rate	\$ 21.00	not contracted	\$ 20.70	not contracted	\$ 16.50	not contracted	\$ 22.50	not contracted	\$ 30.00	n/a	\$ 15.00	n/a
		INTRAORAL-PERIAPICAL-FIRST FILM	D0220		\$ 10.00	included in M-Cal OP dental rate	\$ 14.00	not contracted	\$ 13.80	not contracted	\$ 11.00	not contracted	\$ 15.00	not contracted	\$ 20.00	n/a	\$ 10.00	n/a
		INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	D0230		\$ 3.00	included in M-Cal OP dental rate	\$ 4.20	not contracted	\$ 4.14	not contracted	\$ 3.30	not contracted	\$ 4.50	not contracted	\$ 6.00	n/a	\$ 3.00	n/a
		CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A F	D0603		\$ 15.00	included in M-Cal OP dental rate	\$ 21.00	not contracted	\$ 20.70	not contracted	\$ 16.50	not contracted	\$ 22.50	not contracted	\$ 30.00	n/a	\$ 15.00	n/a
		PROPHYLAXIS-CHILD	D1120		\$ 30.00	included in M-Cal OP dental rate	\$ 42.00	not contracted	\$ 41.40	not contracted	\$ 33.00	not contracted	\$ 45.00	not contracted	\$ 60.00	n/a	\$ 30.00	n/a
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION	D1206		child 0-5: \$18.00 child 6-20: \$8.00 adult 21 & over: \$6.00	included in M-Cal OP dental rate	child 0-5: \$25.20 child 6-20: \$11.20 adult 21 & over: \$8.40	not contracted	child 0-5: \$24.84 child 6-20: \$11.04 adult 21 & over: \$8.28	not contracted	child 0-5: \$19.80 child 6-20: \$8.80 adult 21 & over: \$6.60	not contracted	child 0-5: \$27.00 child 6-20: \$12.00 adult 21 & over: \$9.00	not contracted	\$ 36.00	included in M-Cal OP dental rate	\$ 6.00	included in M-Cal OP dental rate
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CAN	PRIMARY PROCEDURE	69631		\$ 1,174.86	\$ 1,195.83	\$ 1,644.80	not contracted	\$ 1,621.31	not contracted	\$ 1,292.35	not contracted	\$ 1,762.29	not contracted	\$ 2,349.72	\$ 1,195.83	\$ 1,174.86	\$ 1,195.83
		ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND	00120		\$ 90.84	\$ 92.46	\$ 127.18	not contracted	\$ 125.36	not contracted	\$ 99.92	not contracted	\$ 136.26	not contracted	\$ 181.68	\$ 92.46	\$ 90.84	\$ 92.46

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		\$ 6.03	\$ 8.80	\$ 8.44	not contracted	\$ 8.32	not contracted	\$ 6.63	not contracted	\$ 9.05	not contracted	\$ 12.06	\$ 8.80	\$ 6.03	\$ 8.80
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL S	PRIMARY PROCEDURE	75710		\$ 195.28	\$ 198.76	\$ 273.39	not contracted	\$ 269.49	not contracted	\$ 214.81	not contracted	\$ 292.92	not contracted	\$ 390.56	\$ 198.76	\$ 195.28	\$ 198.76
		SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EAC	36245		\$ 291.04	\$ 296.23	\$ 407.46	not contracted	\$ 401.64	not contracted	\$ 320.14	not contracted	\$ 436.56	not contracted	\$ 582.08	\$ 296.23	\$ 291.04	\$ 296.23
		BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANE	80047		\$ 8.17	\$ 11.93	\$ 11.44	not contracted	\$ 11.27	not contracted	\$ 8.99	not contracted	\$ 12.26	not contracted	\$ 16.34	\$ 11.93	\$ 8.17	\$ 11.93
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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EFFECTIVE JANUARY 1, 2024  
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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML DEACTIVE	J2370		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ 7.04	\$ 10.28	\$ 9.86	not contracted	\$ 9.72	not contracted	\$ 7.74	not contracted	\$ 10.56	not contracted	\$ 14.08	\$ 10.28	\$ 7.04	\$ 10.28
		GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PR	J7642		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	PRIMARY PROCEDURE	D2999		\$ 50.00	included in M-Cal OP dental rate	\$ 70.00	not contracted	\$ 69.00	not contracted	\$ 55.00	not contracted	\$ 75.00	not contracted	\$ 100.00	n/a	\$ 50.00	n/a
		LOCAL ANESTHESIA	D9215		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M-Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT	PRIMARY PROCEDURE	57455		\$ 114.11	\$ 116.14	\$ 159.75	not contracted	\$ 157.47	not contracted	\$ 125.52	not contracted	\$ 171.17	not contracted	\$ 228.22	\$ 116.14	\$ 114.11	\$ 116.14
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF	PRIMARY PROCEDURE	29827		\$ 708.54	\$ 721.18	\$ 991.96	not contracted	\$ 977.79	not contracted	\$ 779.39	not contracted	\$ 1,062.81	not contracted	\$ 1,417.08	\$ 721.18	\$ 708.54	\$ 721.18
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCE	01630		\$ 90.84	\$ 92.46	\$ 127.18	not contracted	\$ 125.36	not contracted	\$ 99.92	not contracted	\$ 136.26	not contracted	\$ 181.68	\$ 92.46	\$ 90.84	\$ 92.46
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TIS	C1713		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available



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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 8.31	\$ 12.13	\$ 11.63	not contracted	\$ 11.47	not contracted	\$ 9.14	not contracted	\$ 12.47	not contracted	\$ 16.62	\$ 12.13	\$ 8.31	\$ 12.13
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
D0191	ASSESSMENT OF A PATIENT	PRIMARY PROCEDURE	D0191		not covered by M-Cal	not covered by M-Cal	not covered by M-Cal	not contracted	not covered by M-Cal	not contracted	not covered by M-Cal	not contracted	not covered by M-Cal	not contracted	not covered by M-Cal	not covered by M-Cal	not covered by M-Cal	not covered by M-Cal
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLI)	PRIMARY PROCEDURE	D7997		\$ 45.00	included in M-Cal OP dental rate	\$ 63.00	not contracted	\$ 62.10	not contracted	\$ 49.50	not contracted	\$ 67.50	not contracted	\$ 90.00	n/a	\$ 45.00	n/a
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPL	PRIMARY PROCEDURE	11750		\$ 121.22	\$ 123.38	\$ 169.71	not contracted	\$ 167.28	not contracted	\$ 133.34	not contracted	\$ 181.83	not contracted	\$ 242.44	\$ 123.38	\$ 121.22	\$ 123.38
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
43259	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; W	PRIMARY PROCEDURE	43259		\$ 297.98	\$ 303.30	\$ 417.17	not contracted	\$ 411.21	not contracted	\$ 327.78	not contracted	\$ 446.97	not contracted	\$ 595.96	\$ 303.30	\$ 297.98	\$ 303.30
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FO	PRIMARY PROCEDURE	58573		\$ 1,372.22	\$ 1,396.71	\$ 1,921.11	not contracted	\$ 1,893.66	not contracted	\$ 1,509.44	not contracted	\$ 2,058.33	not contracted	\$ 2,744.44	\$ 1,396.71	\$ 1,372.22	\$ 1,396.71
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER	00840		\$ 108.91	\$ 110.86	\$ 152.47	not contracted	\$ 150.30	not contracted	\$ 119.80	not contracted	\$ 163.37	not contracted	\$ 217.82	\$ 110.86	\$ 108.91	\$ 110.86
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 87.64	\$ 127.95	\$ 122.70	not contracted	\$ 120.94	not contracted	\$ 96.40	not contracted	\$ 131.46	not contracted	\$ 175.28	\$ 127.95	\$ 87.64	\$ 127.95
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87635		\$ 51.31	\$ 74.91	\$ 71.83	not contracted	\$ 70.81	not contracted	\$ 56.44	not contracted	\$ 76.97	not contracted	\$ 102.62	\$ 74.91	\$ 51.31	\$ 74.91
		RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	74018		\$ 35.33	\$ 35.96	\$ 49.46	not contracted	\$ 48.76	not contracted	\$ 38.86	not contracted	\$ 53.00	not contracted	\$ 70.66	\$ 35.96	\$ 35.33	\$ 35.96
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 6.75	\$ 9.86	\$ 9.45	not contracted	\$ 9.32	not contracted	\$ 7.43	not contracted	\$ 10.13	not contracted	\$ 13.50	\$ 9.86	\$ 6.75	\$ 9.86
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 8.31	\$ 12.13	\$ 11.63	not contracted	\$ 11.47	not contracted	\$ 9.14	not contracted	\$ 12.47	not contracted	\$ 16.62	\$ 12.13	\$ 8.31	\$ 12.13
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 4.72	\$ 6.89	\$ 6.61	not contracted	\$ 6.51	not contracted	\$ 5.19	not contracted	\$ 7.08	not contracted	\$ 9.44	\$ 6.89	\$ 4.72	\$ 6.89
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML DEACTIVE	J2370		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		\$ 5.46	\$ 7.97	\$ 7.64	not contracted	\$ 7.53	not contracted	\$ 6.01	not contracted	\$ 8.19	not contracted	\$ 10.92	\$ 7.97	\$ 5.46	\$ 7.97
44388	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, INCLUDING C	PRIMARY PROCEDURE	44388		\$ 229.63	\$ 233.73	\$ 321.48	not contracted	\$ 316.89	not contracted	\$ 252.59	not contracted	\$ 344.45	not contracted	\$ 459.26	\$ 233.73	\$ 229.63	\$ 233.73
		COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLE	45378		\$ 423.48	\$ 431.04	\$ 592.87	not contracted	\$ 584.40	not contracted	\$ 465.83	not contracted	\$ 635.22	not contracted	\$ 846.96	\$ 431.04	\$ 423.48	\$ 431.04
		INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	J2175		\$ 11.48	\$ 16.76	\$ 16.07	not contracted	\$ 15.84	not contracted	\$ 12.63	not contracted	\$ 17.22	not contracted	\$ 22.96	\$ 16.76	\$ 11.48	\$ 16.76
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTO	PRIMARY PROCEDURE	66170		\$ 967.66	\$ 984.93	\$ 1,354.72	not contracted	\$ 1,335.37	not contracted	\$ 1,064.43	not contracted	\$ 1,451.49	not contracted	\$ 1,935.32	\$ 984.93	\$ 967.66	\$ 984.93
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ 7.04	\$ 10.28	\$ 9.86	not contracted	\$ 9.72	not contracted	\$ 7.74	not contracted	\$ 10.56	not contracted	\$ 14.08	\$ 10.28	\$ 7.04	\$ 10.28
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION,	PRIMARY PROCEDURE	57520		\$ 369.95	\$ 376.55	\$ 517.93	not contracted	\$ 510.53	not contracted	\$ 406.95	not contracted	\$ 554.93	not contracted	\$ 739.90	\$ 376.55	\$ 369.95	\$ 376.55
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 87.64	\$ 127.95	\$ 122.70	not contracted	\$ 120.94	not contracted	\$ 96.40	not contracted	\$ 131.46	not contracted	\$ 175.28	\$ 127.95	\$ 87.64	\$ 127.95
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	PRIMARY PROCEDURE	62270		\$ 117.49	\$ 119.59	\$ 164.49	not contracted	\$ 162.14	not contracted	\$ 129.24	not contracted	\$ 176.24	not contracted	\$ 234.98	\$ 119.59	\$ 117.49	\$ 119.59
		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PL	84155		\$ 2.96	\$ 4.32	\$ 4.14	not contracted	\$ 4.08	not contracted	\$ 3.26	not contracted	\$ 4.44	not contracted	\$ 5.92	\$ 4.32	\$ 2.96	\$ 4.32
		SYPHILIS TEST, NON- TREPONEMAL ANTIBODY; QUANTITATI	86593		\$ 3.91	\$ 5.71	\$ 5.47	not contracted	\$ 5.40	not contracted	\$ 4.30	not contracted	\$ 5.87	not contracted	\$ 7.82	\$ 5.71	\$ 3.91	\$ 5.71
		CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBRO	89050		\$ 5.22	\$ 7.62	\$ 7.31	not contracted	\$ 7.20	not contracted	\$ 5.74	not contracted	\$ 7.83	not contracted	\$ 10.44	\$ 7.62	\$ 5.22	\$ 7.62
		GLUCOSE, BODY FLUID, OTHER THAN BLOOD	82945		\$ 3.29	\$ 4.80	\$ 4.61	not contracted	\$ 4.54	not contracted	\$ 3.62	not contracted	\$ 4.94	not contracted	\$ 6.58	\$ 4.80	\$ 3.29	\$ 4.80
D0230	INTRAORAL- PERIAPICAL-EACH ADDITIONAL FILM	PRIMARY PROCEDURE	D0230		\$ 3.00	included in M- Cal OP dental rate	\$ 4.20	not contracted	\$ 4.14	not contracted	\$ 3.30	not contracted	\$ 4.50	not contracted	\$ 6.00	n/a	\$ 3.00	n/a
		INTRAORAL- PERIAPICAL-FIRST FILM	D0220		\$ 10.00	included in M- Cal OP dental rate	\$ 14.00	not contracted	\$ 13.80	not contracted	\$ 11.00	not contracted	\$ 15.00	not contracted	\$ 20.00	n/a	\$ 10.00	n/a
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M- Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
49591	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGAS	PRIMARY PROCEDURE	49591		\$ -	\$ -	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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EFFECTIVE JANUARY 1, 2024  
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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 8.31	\$ 12.13	\$ 11.63	not contracted	\$ 11.47	not contracted	\$ 9.14	not contracted	\$ 12.47	not contracted	\$ 16.62	\$ 12.13	\$ 8.31	\$ 12.13
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS	PRIMARY PROCEDURE	D7321		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIE	PRIMARY PROCEDURE	99241		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
D6199	UNSPECIFIED IMPLANT PROCEDURE, BY REPORT	PRIMARY PROCEDURE	D6199		rates determined by the services rendered	rates determined by the services rendered	rates determined by the services rendered	not contracted	rates determined by the services rendered	not contracted	rates determined by the services rendered	not contracted	rates determined by the services rendered	not contracted	rates determined by the services rendered	rates determined by the services rendered	rates determined by the services rendered	rates determined by the services rendered
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M-Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAI	PRIMARY PROCEDURE	30420		\$ 1,209.57	\$ 1,231.16	\$ 1,693.40	not contracted	\$ 1,669.21	not contracted	\$ 1,330.53	not contracted	\$ 1,814.36	not contracted	\$ 2,419.14	\$ 1,231.16	\$ 1,209.57	\$ 1,231.16
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 8.31	\$ 12.13	\$ 11.63	not contracted	\$ 11.47	not contracted	\$ 9.14	not contracted	\$ 12.47	not contracted	\$ 16.62	\$ 12.13	\$ 8.31	\$ 12.13

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	PRIMARY PROCEDURE	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLI	PRIMARY PROCEDURE	90688		\$ 35.77	\$ 36.41	\$ 50.08	not contracted	\$ 49.36	not contracted	\$ 39.35	not contracted	\$ 53.66	not contracted	\$ 71.54	\$ 36.41	\$ 35.77	\$ 36.41
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
87491	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	PRIMARY PROCEDURE	87491		\$ 31.17	\$ 45.51	\$ 43.64	not contracted	\$ 43.01	not contracted	\$ 34.29	not contracted	\$ 46.76	not contracted	\$ 62.34	\$ 45.51	\$ 31.17	\$ 45.51
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87661		\$ 30.54	\$ 44.59	\$ 42.76	not contracted	\$ 42.15	not contracted	\$ 33.59	not contracted	\$ 45.81	not contracted	\$ 61.08	\$ 44.59	\$ 30.54	\$ 44.59
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99395		\$ 147.60	\$ 150.23	\$ 206.64	not contracted	\$ 203.69	not contracted	\$ 162.36	not contracted	\$ 221.40	not contracted	\$ 295.20	\$ 150.23	\$ 147.60	\$ 150.23

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EFFECTIVE JANUARY 1, 2024  
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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87591		\$ 31.07	\$ 45.36	\$ 43.50	not contracted	\$ 42.88	not contracted	\$ 34.18	not contracted	\$ 46.61	not contracted	\$ 62.14	\$ 45.36	\$ 31.07	\$ 45.36
38221	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	PRIMARY PROCEDURE	38221		\$ 280.90	\$ 285.91	\$ 393.26	not contracted	\$ 387.64	not contracted	\$ 308.99	not contracted	\$ 421.35	not contracted	\$ 561.80	\$ 285.91	\$ 280.90	\$ 285.91
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		IMMUNOHISTOCHEM ISTRY OR IMMUNOCYTOCHEMI STRY, PER S	88342		\$ 53.79	\$ 78.53	\$ 75.31	not contracted	\$ 74.23	not contracted	\$ 59.17	not contracted	\$ 80.69	not contracted	\$ 107.58	\$ 78.53	\$ 53.79	\$ 78.53
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDI	88311		\$ 7.90	\$ 11.53	\$ 11.06	not contracted	\$ 10.90	not contracted	\$ 8.69	not contracted	\$ 11.85	not contracted	\$ 15.80	\$ 11.53	\$ 7.90	\$ 11.53
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT;	88313		\$ 38.56	\$ 56.30	\$ 53.98	not contracted	\$ 53.21	not contracted	\$ 42.42	not contracted	\$ 57.84	not contracted	\$ 77.12	\$ 56.30	\$ 38.56	\$ 56.30
		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), P	J1642		\$ 4.48	\$ 6.54	\$ 6.27	not contracted	\$ 6.18	not contracted	\$ 4.93	not contracted	\$ 6.72	not contracted	\$ 8.96	\$ 6.54	\$ 4.48	\$ 6.54
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ 4.49	\$ 6.56	\$ 6.29	not contracted	\$ 6.20	not contracted	\$ 4.94	not contracted	\$ 6.74	not contracted	\$ 8.98	\$ 6.56	\$ 4.49	\$ 6.56
43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA TOGRAPHY (ER	PRIMARY PROCEDURE	43264		\$ 550.58	\$ 560.41	\$ 770.81	not contracted	\$ 759.80	not contracted	\$ 605.64	not contracted	\$ 825.87	not contracted	\$ 1,101.16	\$ 560.41	\$ 550.58	\$ 560.41
		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA TOGRAPHY (ER	43275		\$ 490.77	\$ 499.52	\$ 687.08	not contracted	\$ 677.26	not contracted	\$ 539.85	not contracted	\$ 736.16	not contracted	\$ 981.54	\$ 499.52	\$ 490.77	\$ 499.52
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, LEVOFLOXACIN, 250 MG	J1956		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
10021	FINE NEEDLE ASPIRATION BIOPSY, WITHOUT IMAGING GUI	PRIMARY PROCEDURE	10021		\$ 105.20	\$ 107.08	\$ 147.28	not contracted	\$ 145.18	not contracted	\$ 115.72	not contracted	\$ 157.80	not contracted	\$ 210.40	\$ 107.08	\$ 105.20	\$ 107.08
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE;	88173		\$ 51.98	\$ 75.89	\$ 72.77	not contracted	\$ 71.73	not contracted	\$ 57.18	not contracted	\$ 77.97	not contracted	\$ 103.96	\$ 75.89	\$ 51.98	\$ 75.89
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHET	PRIMARY PROCEDURE	27096		\$ 421.34	\$ 428.86	\$ 589.88	not contracted	\$ 581.45	not contracted	\$ 463.47	not contracted	\$ 632.01	not contracted	\$ 842.68	\$ 428.86	\$ 421.34	\$ 428.86
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCE	PRIMARY PROCEDURE	55250		\$ 373.82	\$ 380.49	\$ 523.35	not contracted	\$ 515.87	not contracted	\$ 411.20	not contracted	\$ 560.73	not contracted	\$ 747.64	\$ 380.49	\$ 373.82	\$ 380.49
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88302		\$ 20.94	\$ 30.57	\$ 29.32	not contracted	\$ 28.90	not contracted	\$ 23.03	not contracted	\$ 31.41	not contracted	\$ 41.88	\$ 30.57	\$ 20.94	\$ 30.57
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ 4.49	\$ 6.56	\$ 6.29	not contracted	\$ 6.20	not contracted	\$ 4.94	not contracted	\$ 6.74	not contracted	\$ 8.98	\$ 6.56	\$ 4.49	\$ 6.56
65820	GONIOTOMY	PRIMARY PROCEDURE	65820		\$ 605.06	\$ 615.86	\$ 847.08	not contracted	\$ 834.98	not contracted	\$ 665.57	not contracted	\$ 907.59	not contracted	\$ 1,210.12	\$ 615.86	\$ 605.06	\$ 615.86
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	PRIMARY PROCEDURE	47000		\$ 241.38	\$ 245.69	\$ 337.93	not contracted	\$ 333.10	not contracted	\$ 265.52	not contracted	\$ 362.07	not contracted	\$ 482.76	\$ 245.69	\$ 241.38	\$ 245.69



LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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EFFECTIVE JANUARY 1, 2024  
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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT	77012		\$ 159.29	\$ 162.13	\$ 223.01	not contracted	\$ 219.82	not contracted	\$ 175.22	not contracted	\$ 238.94	not contracted	\$ 318.58	\$ 162.13	\$ 159.29	\$ 162.13
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 87.64	\$ 127.95	\$ 122.70	not contracted	\$ 120.94	not contracted	\$ 96.40	not contracted	\$ 131.46	not contracted	\$ 175.28	\$ 127.95	\$ 87.64	\$ 127.95
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER S	88341		\$ 60.62	\$ 88.51	\$ 84.87	not contracted	\$ 83.66	not contracted	\$ 66.68	not contracted	\$ 90.93	not contracted	\$ 121.24	\$ 88.51	\$ 60.62	\$ 88.51
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER S	88342		\$ 53.79	\$ 78.53	\$ 75.31	not contracted	\$ 74.23	not contracted	\$ 59.17	not contracted	\$ 80.69	not contracted	\$ 107.58	\$ 78.53	\$ 53.79	\$ 78.53
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	PRIMARY PROCEDURE	44970		\$ 391.98	\$ 398.97	\$ 548.77	not contracted	\$ 540.93	not contracted	\$ 431.18	not contracted	\$ 587.97	not contracted	\$ 783.96	\$ 398.97	\$ 391.98	\$ 398.97
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER	00840		\$ 108.91	\$ 110.86	\$ 152.47	not contracted	\$ 150.30	not contracted	\$ 119.80	not contracted	\$ 163.37	not contracted	\$ 217.82	\$ 110.86	\$ 108.91	\$ 110.86
		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELV	74174		\$ 504.58	\$ 513.58	\$ 706.41	not contracted	\$ 696.32	not contracted	\$ 555.04	not contracted	\$ 756.87	not contracted	\$ 1,009.16	\$ 513.58	\$ 504.58	\$ 513.58
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88302		\$ 20.94	\$ 30.57	\$ 29.32	not contracted	\$ 28.90	not contracted	\$ 23.03	not contracted	\$ 31.41	not contracted	\$ 41.88	\$ 30.57	\$ 20.94	\$ 30.57
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 25.35	\$ 25.80	\$ 35.49	not contracted	\$ 34.98	not contracted	\$ 27.89	not contracted	\$ 38.03	not contracted	\$ 50.70	\$ 25.80	\$ 25.35	\$ 25.80
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$ 7.27	\$ 10.61	\$ 10.18	not contracted	\$ 10.03	not contracted	\$ 8.00	not contracted	\$ 10.91	not contracted	\$ 14.54	\$ 10.61	\$ 7.27	\$ 10.61

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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 6.75	\$ 9.86	\$ 9.45	not contracted	\$ 9.32	not contracted	\$ 7.43	not contracted	\$ 10.13	not contracted	\$ 13.50	\$ 9.86	\$ 6.75	\$ 9.86
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	J0696		\$ 4.97	\$ 7.26	\$ 6.96	not contracted	\$ 6.86	not contracted	\$ 5.47	not contracted	\$ 7.46	not contracted	\$ 9.94	\$ 7.26	\$ 4.97	\$ 7.26
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ 4.95	\$ 7.23	\$ 6.93	not contracted	\$ 6.83	not contracted	\$ 5.45	not contracted	\$ 7.43	not contracted	\$ 9.90	\$ 7.23	\$ 4.95	\$ 7.23
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, MORPHINE SULFATE, UP TO 10 MG	J2270		\$ 7.80	\$ 11.39	\$ 10.92	not contracted	\$ 10.76	not contracted	\$ 8.58	not contracted	\$ 11.70	not contracted	\$ 15.60	\$ 11.39	\$ 7.80	\$ 11.39
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
29580	STRAPPING; UNNA BOOT	PRIMARY PROCEDURE	29580		\$ 38.99	\$ 39.68	\$ 54.59	not contracted	\$ 53.81	not contracted	\$ 42.89	not contracted	\$ 58.49	not contracted	\$ 77.98	\$ 39.68	\$ 38.99	\$ 39.68
64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXC	PRIMARY PROCEDURE	64616		\$ 129.77	\$ 132.09	\$ 181.68	not contracted	\$ 179.08	not contracted	\$ 142.75	not contracted	\$ 194.66	not contracted	\$ 259.54	\$ 132.09	\$ 129.77	\$ 132.09
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
90664	INFLUENZA VIRUS VACCINE, LIVE (LAIV), PANDEMIC FOR	PRIMARY PROCEDURE	90664		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available

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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL	90473		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF	PRIMARY PROCEDURE	92960		\$ 175.66	\$ 178.79	\$ 245.92	not contracted	\$ 242.41	not contracted	\$ 193.23	not contracted	\$ 263.49	not contracted	\$ 351.32	\$ 178.79	\$ 175.66	\$ 178.79
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$ 23.52	\$ 23.94	\$ 32.93	not contracted	\$ 32.46	not contracted	\$ 25.87	not contracted	\$ 35.28	not contracted	\$ 47.04	\$ 23.94	\$ 23.52	\$ 23.94
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$ 7.27	\$ 10.61	\$ 10.18	not contracted	\$ 10.03	not contracted	\$ 8.00	not contracted	\$ 10.91	not contracted	\$ 14.54	\$ 10.61	\$ 7.27	\$ 10.61
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85027		\$ 5.71	\$ 8.34	\$ 7.99	not contracted	\$ 7.88	not contracted	\$ 6.28	not contracted	\$ 8.57	not contracted	\$ 11.42	\$ 8.34	\$ 5.71	\$ 8.34
		PROTHROMBIN TIME;	85610		\$ 3.49	\$ 5.10	\$ 4.89	not contracted	\$ 4.82	not contracted	\$ 3.84	not contracted	\$ 5.24	not contracted	\$ 6.98	\$ 5.10	\$ 3.49	\$ 5.10
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING	PRIMARY PROCEDURE	D7250		\$ 100.00	included in M-Cal OP dental rate	\$ 140.00	not contracted	\$ 138.00	not contracted	\$ 110.00	not contracted	\$ 150.00	not contracted	\$ 200.00	n/a	\$ 100.00	n/a
		LOCAL ANESTHESIA	D9215		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
		PANORAMIC FILM	D0330		\$ 25.00	included in M-Cal OP dental rate	\$ 35.00	not contracted	\$ 34.50	not contracted	\$ 27.50	not contracted	\$ 37.50	not contracted	\$ 50.00	n/a	\$ 25.00	n/a
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M-Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE	PRIMARY PROCEDURE	65800		\$ 112.69	\$ 114.70	\$ 157.77	not contracted	\$ 155.51	not contracted	\$ 123.96	not contracted	\$ 169.04	not contracted	\$ 225.38	\$ 114.70	\$ 112.69	\$ 114.70
D0460	PULP VITALITY TESTS	PRIMARY PROCEDURE	D0460		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M-Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
43251	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; W	PRIMARY PROCEDURE	43251		\$ -	\$ -	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -	\$ -
		ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; W	43239		\$ 335.91	\$ 341.90	\$ 470.27	not contracted	\$ 463.56	not contracted	\$ 369.50	not contracted	\$ 503.87	not contracted	\$ 671.82	\$ 341.90	\$ 335.91	\$ 341.90
		ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; W	43255		\$ 412.81	\$ 420.17	\$ 577.93	not contracted	\$ 569.68	not contracted	\$ 454.09	not contracted	\$ 619.22	not contracted	\$ 825.62	\$ 420.17	\$ 412.81	\$ 420.17
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
90696	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS V	PRIMARY PROCEDURE	90696		\$ 88.19	\$ 89.76	\$ 123.47	not contracted	\$ 121.70	not contracted	\$ 97.01	not contracted	\$ 132.29	not contracted	\$ 176.38	\$ 89.76	\$ 88.19	\$ 89.76
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90460		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INFLUENZA VACCINE, INACTIVATED (IIV), SUBUNIT, ADJ	90653		\$ 91.79	\$ 93.43	\$ 128.51	not contracted	\$ 126.67	not contracted	\$ 100.97	not contracted	\$ 137.69	not contracted	\$ 183.58	\$ 93.43	\$ 91.79	\$ 93.43
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90461		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MM	90710		\$ 378.44	\$ 385.19	\$ 529.82	not contracted	\$ 522.25	not contracted	\$ 416.28	not contracted	\$ 567.66	not contracted	\$ 756.88	\$ 385.19	\$ 378.44	\$ 385.19
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99392		\$ 53.63	\$ 54.59	\$ 75.08	not contracted	\$ 74.01	not contracted	\$ 58.99	not contracted	\$ 80.45	not contracted	\$ 107.26	\$ 54.59	\$ 53.63	\$ 54.59

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LI	PRIMARY PROCEDURE	90707		\$ 132.08	\$ 134.44	\$ 184.91	not contracted	\$ 182.27	not contracted	\$ 145.29	not contracted	\$ 198.12	not contracted	\$ 264.16	\$ 134.44	\$ 132.08	\$ 134.44
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	PRIMARY PROCEDURE	76817		\$ 117.86	\$ 119.97	\$ 165.00	not contracted	\$ 162.65	not contracted	\$ 129.65	not contracted	\$ 176.79	not contracted	\$ 235.72	\$ 119.97	\$ 117.86	\$ 119.97
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	PRIMARY PROCEDURE	J1050		\$ 5.03	\$ 7.34	\$ 7.04	not contracted	\$ 6.94	not contracted	\$ 5.53	not contracted	\$ 7.55	not contracted	\$ 10.06	\$ 7.34	\$ 5.03	\$ 7.34
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION	96372		\$ 26.90	\$ 27.38	\$ 37.66	not contracted	\$ 37.12	not contracted	\$ 29.59	not contracted	\$ 40.35	not contracted	\$ 53.80	\$ 27.38	\$ 26.90	\$ 27.38
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL,	PRIMARY PROCEDURE	92082		\$ 48.87	\$ 49.74	\$ 68.42	not contracted	\$ 67.44	not contracted	\$ 53.76	not contracted	\$ 73.31	not contracted	\$ 97.74	\$ 49.74	\$ 48.87	\$ 49.74
D0190	SCREENING OF A PATIENT	PRIMARY PROCEDURE	D0190		not covered by M-Cal	not covered by M-Cal	not covered by M-Cal	not contracted	not covered by M-Cal	not contracted	not covered by M-Cal	not contracted	not covered by M-Cal	not contracted	not covered by M-Cal	not covered by M-Cal	not covered by M-Cal	not covered by M-Cal
65855	TRABECULOPLASTY BY LASER SURGERY	PRIMARY PROCEDURE	65855		\$ 309.20	\$ 314.72	\$ 432.88	not contracted	\$ 426.70	not contracted	\$ 340.12	not contracted	\$ 463.80	not contracted	\$ 618.40	\$ 314.72	\$ 309.20	\$ 314.72
36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ART	PRIMARY PROCEDURE	36224		\$ 402.65	\$ 409.84	\$ 563.71	not contracted	\$ 555.66	not contracted	\$ 442.92	not contracted	\$ 603.98	not contracted	\$ 805.30	\$ 409.84	\$ 402.65	\$ 409.84
		SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UN	36226		\$ 403.73	\$ 410.93	\$ 565.22	not contracted	\$ 557.15	not contracted	\$ 444.10	not contracted	\$ 605.60	not contracted	\$ 807.46	\$ 410.93	\$ 403.73	\$ 410.93
		3D RENDERING WITH INTERPRETATION AND REPORTING OF	76376		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR IN	36223		\$ 368.48	\$ 375.06	\$ 515.87	not contracted	\$ 508.50	not contracted	\$ 405.33	not contracted	\$ 552.72	not contracted	\$ 736.96	\$ 375.06	\$ 368.48	\$ 375.06
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
91310	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (S	PRIMARY PROCEDURE	91310		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJEC	0104A		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99396		\$ 157.64	\$ 160.45	\$ 220.70	not contracted	\$ 217.54	not contracted	\$ 173.40	not contracted	\$ 236.46	not contracted	\$ 315.28	\$ 160.45	\$ 157.64	\$ 160.45
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
		SARSCOV2 VAC BVL 30MCG/0.3ML SEVERE ACUTE RESPIRAT	91312		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		ADM SARSCV2 BVL 30MCG/.3ML B IMMUNIZATION ADMINIST	0124A		\$ 57.38	\$ 58.40	\$ 80.33	not contracted	\$ 79.18	not contracted	\$ 63.12	not contracted	\$ 86.07	not contracted	\$ 114.76	\$ 58.40	\$ 57.38	\$ 58.40
47382	ABLATION, 1 OR MORE LIVER TUMOR(S), PERCUTANEOUS,	PRIMARY PROCEDURE	47382		\$ 794.63	\$ 808.81	\$ 1,112.48	not contracted	\$ 1,096.59	not contracted	\$ 874.09	not contracted	\$ 1,191.95	not contracted	\$ 1,589.26	\$ 808.81	\$ 794.63	\$ 808.81
		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;	74183		\$ 478.40	\$ 486.94	\$ 669.76	not contracted	\$ 660.19	not contracted	\$ 526.24	not contracted	\$ 717.60	not contracted	\$ 956.80	\$ 486.94	\$ 478.40	\$ 486.94
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT	77012		\$ 159.29	\$ 162.13	\$ 223.01	not contracted	\$ 219.82	not contracted	\$ 175.22	not contracted	\$ 238.94	not contracted	\$ 318.58	\$ 162.13	\$ 159.29	\$ 162.13

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

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IM	PRIMARY PROCEDURE	93307		\$ 215.30	\$ 219.15	\$ 301.42	not contracted	\$ 297.11	not contracted	\$ 236.83	not contracted	\$ 322.95	not contracted	\$ 430.60	\$ 219.15	\$ 215.30	\$ 219.15
		TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARD	93303		\$ 218.96	\$ 222.87	\$ 306.54	not contracted	\$ 302.16	not contracted	\$ 240.86	not contracted	\$ 328.44	not contracted	\$ 437.92	\$ 222.87	\$ 218.96	\$ 222.87
57500	BIOPSY OF CERVIX, SINGLE OR MULTIPLE, OR LOCAL EXC	PRIMARY PROCEDURE	57500		\$ 58.15	\$ 59.19	\$ 81.41	not contracted	\$ 80.25	not contracted	\$ 63.97	not contracted	\$ 87.23	not contracted	\$ 116.30	\$ 59.19	\$ 58.15	\$ 59.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99204		\$ 98.83	\$ 100.59	\$ 138.36	not contracted	\$ 136.39	not contracted	\$ 108.71	not contracted	\$ 148.25	not contracted	\$ 197.66	\$ 100.59	\$ 98.83	\$ 100.59
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION,	PRIMARY PROCEDURE	52005		\$ 217.89	\$ 221.77	\$ 305.05	not contracted	\$ 300.69	not contracted	\$ 239.68	not contracted	\$ 326.84	not contracted	\$ 435.78	\$ 221.77	\$ 217.89	\$ 221.77
		UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	74420		\$ 80.93	\$ 82.37	\$ 113.30	not contracted	\$ 111.68	not contracted	\$ 89.02	not contracted	\$ 121.40	not contracted	\$ 161.86	\$ 82.37	\$ 80.93	\$ 82.37
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ 4.49	\$ 6.56	\$ 6.29	not contracted	\$ 6.20	not contracted	\$ 4.94	not contracted	\$ 6.74	not contracted	\$ 8.98	\$ 6.56	\$ 4.49	\$ 6.56
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	PRIMARY PROCEDURE	91299		\$ -	\$ -	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -	\$ -
		COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULT	45380		\$ 473.68	\$ 482.14	\$ 663.15	not contracted	\$ 653.68	not contracted	\$ 521.05	not contracted	\$ 710.52	not contracted	\$ 947.36	\$ 482.14	\$ 473.68	\$ 482.14

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EFFECTIVE JANUARY 1, 2024  
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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEU	PRIMARY PROCEDURE	58120		\$ 319.80	\$ 325.51	\$ 447.72	not contracted	\$ 441.32	not contracted	\$ 351.78	not contracted	\$ 479.70	not contracted	\$ 639.60	\$ 325.51	\$ 319.80	\$ 325.51
		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPS	00940		\$ 54.46	\$ 55.44	\$ 76.24	not contracted	\$ 75.15	not contracted	\$ 59.91	not contracted	\$ 81.69	not contracted	\$ 108.92	\$ 55.44	\$ 54.46	\$ 55.44
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 30.48	\$ 44.50	\$ 42.67	not contracted	\$ 42.06	not contracted	\$ 33.53	not contracted	\$ 45.72	not contracted	\$ 60.96	\$ 44.50	\$ 30.48	\$ 44.50
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 6.75	\$ 9.86	\$ 9.45	not contracted	\$ 9.32	not contracted	\$ 7.43	not contracted	\$ 10.13	not contracted	\$ 13.50	\$ 9.86	\$ 6.75	\$ 9.86
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 8.31	\$ 12.13	\$ 11.63	not contracted	\$ 11.47	not contracted	\$ 9.14	not contracted	\$ 12.47	not contracted	\$ 16.62	\$ 12.13	\$ 8.31	\$ 12.13
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 2.60	\$ 3.80	\$ 3.64	not contracted	\$ 3.59	not contracted	\$ 2.86	not contracted	\$ 3.90	not contracted	\$ 5.20	\$ 3.80	\$ 2.60	\$ 3.80
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 2.46	\$ 3.59	\$ 3.44	not contracted	\$ 3.39	not contracted	\$ 2.71	not contracted	\$ 3.69	not contracted	\$ 4.92	\$ 3.59	\$ 2.46	\$ 3.59



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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 2.38	\$ 3.47	\$ 3.33	not contracted	\$ 3.28	not contracted	\$ 2.62	not contracted	\$ 3.57	not contracted	\$ 4.76	\$ 3.47	\$ 2.38	\$ 3.47
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WI	PRIMARY PROCEDURE	65222		\$ 168.76	\$ 171.77	\$ 236.26	not contracted	\$ 232.89	not contracted	\$ 185.64	not contracted	\$ 253.14	not contracted	\$ 337.52	\$ 171.77	\$ 168.76	\$ 171.77
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99203		\$ 82.05	\$ 83.51	\$ 114.87	not contracted	\$ 113.23	not contracted	\$ 90.26	not contracted	\$ 123.08	not contracted	\$ 164.10	\$ 83.51	\$ 82.05	\$ 83.51
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	PRIMARY PROCEDURE	D7230		\$ 135.00	included in M-Cal OP dental rate	\$ 189.00	not contracted	\$ 186.30	not contracted	\$ 148.50	not contracted	\$ 202.50	not contracted	\$ 270.00	n/a	\$ 135.00	n/a
		LOCAL ANESTHESIA	D9215		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
		PANORAMIC FILM	D0330		\$ 25.00	included in M-Cal OP dental rate	\$ 35.00	not contracted	\$ 34.50	not contracted	\$ 27.50	not contracted	\$ 37.50	not contracted	\$ 50.00	n/a	\$ 25.00	n/a
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M-Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRA	PRIMARY PROCEDURE	96402		\$ 15.29	\$ 15.56	\$ 21.41	not contracted	\$ 21.10	not contracted	\$ 16.82	not contracted	\$ 22.94	not contracted	\$ 30.58	\$ 15.56	\$ 15.29	\$ 15.56
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
		LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	J9217		\$ 177.02	\$ 258.45	\$ 247.83	not contracted	\$ 244.29	not contracted	\$ 194.72	not contracted	\$ 265.53	not contracted	\$ 354.04	\$ 258.45	\$ 177.02	\$ 258.45
17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF	PRIMARY PROCEDURE	17311		\$ 827.75	\$ 842.52	\$ 1,158.85	not contracted	\$ 1,142.30	not contracted	\$ 910.53	not contracted	\$ 1,241.63	not contracted	\$ 1,655.50	\$ 842.52	\$ 827.75	\$ 842.52
33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS	PRIMARY PROCEDURE	33270		\$ 730.01	\$ 743.04	\$ 1,022.01	not contracted	\$ 1,007.41	not contracted	\$ 803.01	not contracted	\$ 1,095.02	not contracted	\$ 1,460.02	\$ 743.04	\$ 730.01	\$ 743.04
		FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DE	77001		\$ 91.17	\$ 92.80	\$ 127.64	not contracted	\$ 125.81	not contracted	\$ 100.29	not contracted	\$ 136.76	not contracted	\$ 182.34	\$ 92.80	\$ 91.17	\$ 92.80

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$ 23.52	\$ 23.94	\$ 32.93	not contracted	\$ 32.46	not contracted	\$ 25.87	not contracted	\$ 35.28	not contracted	\$ 47.04	\$ 23.94	\$ 23.52	\$ 23.94
		RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	71046		\$ 39.42	\$ 40.12	\$ 55.19	not contracted	\$ 54.40	not contracted	\$ 43.36	not contracted	\$ 59.13	not contracted	\$ 78.84	\$ 40.12	\$ 39.42	\$ 40.12
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ 4.49	\$ 6.56	\$ 6.29	not contracted	\$ 6.20	not contracted	\$ 4.94	not contracted	\$ 6.74	not contracted	\$ 8.98	\$ 6.56	\$ 4.49	\$ 6.56
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ER	PRIMARY PROCEDURE	43260		\$ 443.24	\$ 451.15	\$ 620.54	not contracted	\$ 611.67	not contracted	\$ 487.56	not contracted	\$ 664.86	not contracted	\$ 886.48	\$ 451.15	\$ 443.24	\$ 451.15
		ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTALS	74328		\$ 165.14	\$ 168.09	\$ 231.20	not contracted	\$ 227.89	not contracted	\$ 181.65	not contracted	\$ 247.71	not contracted	\$ 330.28	\$ 168.09	\$ 165.14	\$ 168.09
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISIO	PRIMARY PROCEDURE	58662		\$ 438.44	\$ 446.26	\$ 613.82	not contracted	\$ 605.05	not contracted	\$ 482.28	not contracted	\$ 657.66	not contracted	\$ 876.88	\$ 446.26	\$ 438.44	\$ 446.26
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER	00840		\$ 108.91	\$ 110.86	\$ 152.47	not contracted	\$ 150.30	not contracted	\$ 119.80	not contracted	\$ 163.37	not contracted	\$ 217.82	\$ 110.86	\$ 108.91	\$ 110.86
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87522		\$ 38.08	\$ 55.60	\$ 53.31	not contracted	\$ 52.55	not contracted	\$ 41.89	not contracted	\$ 57.12	not contracted	\$ 76.16	\$ 55.60	\$ 38.08	\$ 55.60
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 30.48	\$ 44.50	\$ 42.67	not contracted	\$ 42.06	not contracted	\$ 33.53	not contracted	\$ 45.72	not contracted	\$ 60.96	\$ 44.50	\$ 30.48	\$ 44.50
		RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	74018		\$ 35.33	\$ 35.96	\$ 49.46	not contracted	\$ 48.76	not contracted	\$ 38.86	not contracted	\$ 53.00	not contracted	\$ 70.66	\$ 35.96	\$ 35.33	\$ 35.96
		ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	86703		\$ 11.96	\$ 17.46	\$ 16.74	not contracted	\$ 16.50	not contracted	\$ 13.16	not contracted	\$ 17.94	not contracted	\$ 23.92	\$ 17.46	\$ 11.96	\$ 17.46
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 6.75	\$ 9.86	\$ 9.45	not contracted	\$ 9.32	not contracted	\$ 7.43	not contracted	\$ 10.13	not contracted	\$ 13.50	\$ 9.86	\$ 6.75	\$ 9.86
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY	87340		\$ 9.12	\$ 13.32	\$ 12.77	not contracted	\$ 12.59	not contracted	\$ 10.03	not contracted	\$ 13.68	not contracted	\$ 18.24	\$ 13.32	\$ 9.12	\$ 13.32
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 8.31	\$ 12.13	\$ 11.63	not contracted	\$ 11.47	not contracted	\$ 9.14	not contracted	\$ 12.47	not contracted	\$ 16.62	\$ 12.13	\$ 8.31	\$ 12.13
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ 4.95	\$ 7.23	\$ 6.93	not contracted	\$ 6.83	not contracted	\$ 5.45	not contracted	\$ 7.43	not contracted	\$ 9.90	\$ 7.23	\$ 4.95	\$ 7.23
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		\$ 5.46	\$ 7.97	\$ 7.64	not contracted	\$ 7.53	not contracted	\$ 6.01	not contracted	\$ 8.19	not contracted	\$ 10.92	\$ 7.97	\$ 5.46	\$ 7.97
93296	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO	PRIMARY PROCEDURE	93296		\$ 48.71	\$ 49.58	\$ 68.19	not contracted	\$ 67.22	not contracted	\$ 53.58	not contracted	\$ 73.07	not contracted	\$ 97.42	\$ 49.58	\$ 48.71	\$ 49.58
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH. REMOV	PRIMARY PROCEDURE	D9944		not covered by M-Cal	not covered by M-Cal	not covered by M-Cal	not contracted	not covered by M-Cal	not contracted	not covered by M-Cal	not contracted	not covered by M-Cal	not contracted	not covered by M-Cal	not covered by M-Cal	not covered by M-Cal	not covered by M-Cal
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M-Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, RE	PRIMARY PROCEDURE	76826		\$ 85.42	\$ 86.94	\$ 119.59	not contracted	\$ 117.88	not contracted	\$ 93.96	not contracted	\$ 128.13	not contracted	\$ 170.84	\$ 86.94	\$ 85.42	\$ 86.94
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99215		\$ 82.05	\$ 83.51	\$ 114.87	not contracted	\$ 113.23	not contracted	\$ 90.26	not contracted	\$ 123.08	not contracted	\$ 164.10	\$ 83.51	\$ 82.05	\$ 83.51
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	PRIMARY PROCEDURE	29515		\$ 81.17	\$ 82.62	\$ 113.64	not contracted	\$ 112.01	not contracted	\$ 89.29	not contracted	\$ 121.76	not contracted	\$ 162.34	\$ 82.62	\$ 81.17	\$ 82.62
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99203		\$ 82.05	\$ 83.51	\$ 114.87	not contracted	\$ 113.23	not contracted	\$ 90.26	not contracted	\$ 123.08	not contracted	\$ 164.10	\$ 83.51	\$ 82.05	\$ 83.51
90935	HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A	PRIMARY PROCEDURE	90935		\$ 81.19	\$ 82.64	\$ 113.67	not contracted	\$ 112.04	not contracted	\$ 89.31	not contracted	\$ 121.79	not contracted	\$ 162.38	\$ 82.64	\$ 81.19	\$ 82.64
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$ 7.27	\$ 10.61	\$ 10.18	not contracted	\$ 10.03	not contracted	\$ 8.00	not contracted	\$ 10.91	not contracted	\$ 14.54	\$ 10.61	\$ 7.27	\$ 10.61
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCTANEOUS TAGS	PRIMARY PROCEDURE	11200		\$ 45.40	\$ 46.21	\$ 63.56	not contracted	\$ 62.65	not contracted	\$ 49.94	not contracted	\$ 68.10	not contracted	\$ 90.80	\$ 46.21	\$ 45.40	\$ 46.21

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
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EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
20611	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR	PRIMARY PROCEDURE	20611		\$ 75.84	\$ 77.19	\$ 106.18	not contracted	\$ 104.66	not contracted	\$ 83.42	not contracted	\$ 113.76	not contracted	\$ 151.68	\$ 77.19	\$ 75.84	\$ 77.19
D1208	DENTAL PROPHYLAXIS AND TOPICAL FLUORIDE TREATMENT	PRIMARY PROCEDURE	D1208		child 0-5: \$18.00 child 6-20: \$8.00 adult: \$6.00	included in M- Cal OP dental rate	child 0-5: \$25.20 child 6-20: \$11.20 adult: \$8.40	not contracted	child 0-5: \$24.84 child 6-20: \$11.04 adult: \$8.28	not contracted	child 0-5: \$19.80 child 6-20: \$8.80 adult: \$6.60	not contracted	child 0-5: \$27.00 child 6-20: \$12.00 adult: \$9.00	not contracted	36.00	included in M- Cal OP dental rate	\$ 6.00	included in M- Cal OP dental rate
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M- Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVI	PRIMARY PROCEDURE	G0121		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMAT	PRIMARY PROCEDURE	58561		\$ 545.83	\$ 555.57	\$ 764.16	not contracted	\$ 753.25	not contracted	\$ 600.41	not contracted	\$ 818.75	not contracted	\$ 1,091.66	\$ 555.57	\$ 545.83	\$ 555.57
		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPS	00952		\$ 72.55	\$ 73.85	\$ 101.57	not contracted	\$ 100.12	not contracted	\$ 79.81	not contracted	\$ 108.83	not contracted	\$ 145.10	\$ 73.85	\$ 72.55	\$ 73.85
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 30.48	\$ 44.50	\$ 42.67	not contracted	\$ 42.06	not contracted	\$ 33.53	not contracted	\$ 45.72	not contracted	\$ 60.96	\$ 44.50	\$ 30.48	\$ 44.50
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 8.31	\$ 12.13	\$ 11.63	not contracted	\$ 11.47	not contracted	\$ 9.14	not contracted	\$ 12.47	not contracted	\$ 16.62	\$ 12.13	\$ 8.31	\$ 12.13

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 2.60	\$ 3.80	\$ 3.64	not contracted	\$ 3.59	not contracted	\$ 2.86	not contracted	\$ 3.90	not contracted	\$ 5.20	\$ 3.80	\$ 2.60	\$ 3.80
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 2.46	\$ 3.59	\$ 3.44	not contracted	\$ 3.39	not contracted	\$ 2.71	not contracted	\$ 3.69	not contracted	\$ 4.92	\$ 3.59	\$ 2.46	\$ 3.59
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 2.38	\$ 3.47	\$ 3.33	not contracted	\$ 3.28	not contracted	\$ 2.62	not contracted	\$ 3.57	not contracted	\$ 4.76	\$ 3.47	\$ 2.38	\$ 3.47
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFOR	PRIMARY PROCEDURE	90836		service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided
64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATE	PRIMARY PROCEDURE	64615		\$ 148.99	\$ 151.65	\$ 208.59	not contracted	\$ 205.61	not contracted	\$ 163.89	not contracted	\$ 223.49	not contracted	\$ 297.98	\$ 151.65	\$ 148.99	\$ 151.65
		INJECTION, ONABOTULINUMTOXINA, 1 UNIT	J0585		\$ 10.78	\$ 15.74	\$ 15.09	not contracted	\$ 14.88	not contracted	\$ 11.86	not contracted	\$ 16.17	not contracted	\$ 21.56	\$ 15.74	\$ 10.78	\$ 15.74
1034F	CURRENT TOBACCO SMOKER (CAD, CAP, COPD, PV) (DM)	PRIMARY PROCEDURE	1034F		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, INCLUDES IN	PRIMARY PROCEDURE	23515		\$ 544.17	\$ 553.88	\$ 761.84	not contracted	\$ 750.95	not contracted	\$ 598.59	not contracted	\$ 816.26	not contracted	\$ 1,088.34	\$ 553.88	\$ 544.17	\$ 553.88

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 40.11	\$ 40.82	\$ 56.15	not contracted	\$ 55.35	not contracted	\$ 44.12	not contracted	\$ 60.17	not contracted	\$ 80.22	\$ 40.82	\$ 40.11	\$ 40.82
		RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	73000		\$ 29.81	\$ 30.34	\$ 41.73	not contracted	\$ 41.14	not contracted	\$ 32.79	not contracted	\$ 44.72	not contracted	\$ 59.62	\$ 30.34	\$ 29.81	\$ 30.34
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 6.75	\$ 9.86	\$ 9.45	not contracted	\$ 9.32	not contracted	\$ 7.43	not contracted	\$ 10.13	not contracted	\$ 13.50	\$ 9.86	\$ 6.75	\$ 9.86
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TIS	C1713		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 8.31	\$ 12.13	\$ 11.63	not contracted	\$ 11.47	not contracted	\$ 9.14	not contracted	\$ 12.47	not contracted	\$ 16.62	\$ 12.13	\$ 8.31	\$ 12.13
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		\$ 4.95	\$ 7.23	\$ 6.93	not contracted	\$ 6.83	not contracted	\$ 5.45	not contracted	\$ 7.43	not contracted	\$ 9.90	\$ 7.23	\$ 4.95	\$ 7.23
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		\$ 5.46	\$ 7.97	\$ 7.64	not contracted	\$ 7.53	not contracted	\$ 6.01	not contracted	\$ 8.19	not contracted	\$ 10.92	\$ 7.97	\$ 5.46	\$ 7.97
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PR	J7642		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 2.60	\$ 3.80	\$ 3.64	not contracted	\$ 3.59	not contracted	\$ 2.86	not contracted	\$ 3.90	not contracted	\$ 5.20	\$ 3.80	\$ 2.60	\$ 3.80

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	PRIMARY PROCEDURE	81479		\$ -	\$ -	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -	\$ -
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
97597	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHO	PRIMARY PROCEDURE	97597		\$ 60.40	\$ 61.48	\$ 84.56	not contracted	\$ 83.35	not contracted	\$ 66.44	not contracted	\$ 90.60	not contracted	\$ 120.80	\$ 61.48	\$ 60.40	\$ 61.48
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGRO	PRIMARY PROCEDURE	11765		\$ 75.84	\$ 77.19	\$ 106.18	not contracted	\$ 104.66	not contracted	\$ 83.42	not contracted	\$ 113.76	not contracted	\$ 151.68	\$ 77.19	\$ 75.84	\$ 77.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, INCLU	PRIMARY PROCEDURE	27766		\$ 544.17	\$ 553.88	\$ 761.84	not contracted	\$ 750.95	not contracted	\$ 598.59	not contracted	\$ 816.26	not contracted	\$ 1,088.34	\$ 553.88	\$ 544.17	\$ 553.88
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TIS	C1713		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 40.11	\$ 40.82	\$ 56.15	not contracted	\$ 55.35	not contracted	\$ 44.12	not contracted	\$ 60.17	not contracted	\$ 80.22	\$ 40.82	\$ 40.11	\$ 40.82
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM O	73610		\$ 36.06	\$ 36.70	\$ 50.48	not contracted	\$ 49.76	not contracted	\$ 39.67	not contracted	\$ 54.09	not contracted	\$ 72.12	\$ 36.70	\$ 36.06	\$ 36.70
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ 8.31	\$ 12.13	\$ 11.63	not contracted	\$ 11.47	not contracted	\$ 9.14	not contracted	\$ 12.47	not contracted	\$ 16.62	\$ 12.13	\$ 8.31	\$ 12.13
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76



LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH	PRIMARY PROCEDURE	67042		\$ 1,350.01	\$ 1,374.11	\$ 1,890.01	not contracted	\$ 1,863.01	not contracted	\$ 1,485.01	not contracted	\$ 2,025.02	not contracted	\$ 2,700.02	\$ 1,374.11	\$ 1,350.01	\$ 1,374.11
		INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LI	67025		\$ 725.75	\$ 738.70	\$ 1,016.05	not contracted	\$ 1,001.54	not contracted	\$ 798.33	not contracted	\$ 1,088.63	not contracted	\$ 1,451.50	\$ 738.70	\$ 725.75	\$ 738.70
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ 7.04	\$ 10.28	\$ 9.86	not contracted	\$ 9.72	not contracted	\$ 7.74	not contracted	\$ 10.56	not contracted	\$ 14.08	\$ 10.28	\$ 7.04	\$ 10.28
31629	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	PRIMARY PROCEDURE	31629		\$ 267.01	\$ 271.78	\$ 373.81	not contracted	\$ 368.47	not contracted	\$ 293.71	not contracted	\$ 400.52	not contracted	\$ 534.02	\$ 271.78	\$ 267.01	\$ 271.78
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	31624		\$ 306.00	\$ 311.46	\$ 428.40	not contracted	\$ 422.28	not contracted	\$ 336.60	not contracted	\$ 459.00	not contracted	\$ 612.00	\$ 311.46	\$ 306.00	\$ 311.46
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	31654		\$ 184.78	\$ 188.08	\$ 258.69	not contracted	\$ 255.00	not contracted	\$ 203.26	not contracted	\$ 277.17	not contracted	\$ 369.56	\$ 188.08	\$ 184.78	\$ 188.08
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE;	88173		\$ 51.98	\$ 75.89	\$ 72.77	not contracted	\$ 71.73	not contracted	\$ 57.18	not contracted	\$ 77.97	not contracted	\$ 103.96	\$ 75.89	\$ 51.98	\$ 75.89

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
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EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND	88108		\$ 28.92	\$ 42.22	\$ 40.49	not contracted	\$ 39.91	not contracted	\$ 31.81	not contracted	\$ 43.38	not contracted	\$ 57.84	\$ 42.22	\$ 28.92	\$ 42.22
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87801		\$ 38.80	\$ 56.65	\$ 54.32	not contracted	\$ 53.54	not contracted	\$ 42.68	not contracted	\$ 58.20	not contracted	\$ 77.60	\$ 56.65	\$ 38.80	\$ 56.65
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY	87305		\$ 8.66	\$ 12.64	\$ 12.12	not contracted	\$ 11.95	not contracted	\$ 9.53	not contracted	\$ 12.99	not contracted	\$ 17.32	\$ 12.64	\$ 8.66	\$ 12.64
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 25.35	\$ 25.80	\$ 35.49	not contracted	\$ 34.98	not contracted	\$ 27.89	not contracted	\$ 38.03	not contracted	\$ 50.70	\$ 25.80	\$ 25.35	\$ 25.80
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG,	87116		\$ 9.12	\$ 13.32	\$ 12.77	not contracted	\$ 12.59	not contracted	\$ 10.03	not contracted	\$ 13.68	not contracted	\$ 18.24	\$ 13.32	\$ 9.12	\$ 13.32
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT;	88312		\$ 32.83	\$ 47.93	\$ 45.96	not contracted	\$ 45.31	not contracted	\$ 36.11	not contracted	\$ 49.25	not contracted	\$ 65.66	\$ 47.93	\$ 32.83	\$ 47.93
		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRE	87102		\$ 7.44	\$ 10.86	\$ 10.42	not contracted	\$ 10.27	not contracted	\$ 8.18	not contracted	\$ 11.16	not contracted	\$ 14.88	\$ 10.86	\$ 7.44	\$ 10.86
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAX	PRIMARY PROCEDURE	93015		\$ 137.57	\$ 140.03	\$ 192.60	not contracted	\$ 189.85	not contracted	\$ 151.33	not contracted	\$ 206.36	not contracted	\$ 275.14	\$ 140.03	\$ 137.57	\$ 140.03
		CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAX	93017		\$ 75.31	\$ 76.65	\$ 105.43	not contracted	\$ 103.93	not contracted	\$ 82.84	not contracted	\$ 112.97	not contracted	\$ 150.62	\$ 76.65	\$ 75.31	\$ 76.65

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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EFFECTIVE JANUARY 1, 2024  
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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate		
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>	
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVAT	PRIMARY PROCEDURE	D7210		\$ 85.00	included in M-Cal OP dental rate	\$ 119.00	not contracted	\$ 117.30	not contracted	\$ 93.50	not contracted	\$ 127.50	not contracted	\$ 170.00	n/a	\$ 85.00	n/a	
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	PRIMARY PROCEDURE	J0586		\$ 13.16		\$ 19.21	\$ 18.42	not contracted	\$ 18.16	not contracted	\$ 14.48	not contracted	\$ 19.74	not contracted	\$ 26.32	\$ 19.21	\$ 13.16	\$ 19.21
		CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCL	64644		\$ 87.04		\$ 88.59	\$ 121.86	not contracted	\$ 120.12	not contracted	\$ 95.74	not contracted	\$ 130.56	not contracted	\$ 174.08	\$ 88.59	\$ 87.04	\$ 88.59
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43		\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
96110	DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTO	PRIMARY PROCEDURE	96110		\$ 78.75		\$ 80.15	\$ 110.25	not contracted	\$ 108.68	not contracted	\$ 86.63	not contracted	\$ 118.13	not contracted	\$ 157.50	\$ 80.15	\$ 78.75	\$ 80.15
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	PRIMARY PROCEDURE	D7999		rates determined by the services rendered	rates determined by the services rendered	rates determined by the services rendered	not contracted	rates determined by the services rendered	not contracted	rates determined by the services rendered	not contracted	rates determined by the services rendered	not contracted	rates determined by the services rendered	rates determined by the services rendered	rates determined by the services rendered	rates determined by the services rendered	rates determined by the services rendered
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99		\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INC	PRIMARY PROCEDURE	26615		\$ 423.48		\$ 431.04	\$ 592.87	not contracted	\$ 584.40	not contracted	\$ 465.83	not contracted	\$ 635.22	not contracted	\$ 846.96	\$ 431.04	\$ 423.48	\$ 431.04
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOS	01830		\$ 54.46		\$ 55.44	\$ 76.24	not contracted	\$ 75.15	not contracted	\$ 59.91	not contracted	\$ 81.69	not contracted	\$ 108.92	\$ 55.44	\$ 54.46	\$ 55.44
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 40.11		\$ 40.82	\$ 56.15	not contracted	\$ 55.35	not contracted	\$ 44.12	not contracted	\$ 60.17	not contracted	\$ 80.22	\$ 40.82	\$ 40.11	\$ 40.82
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TIS	C1713		not available		not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23		\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63		\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
90680	ROTAVIRUS VACCINE, PENTAVALENT (RV5), 3 DOSE SCHED	PRIMARY PROCEDURE	90680		\$ 138.99	\$ 141.47	\$ 194.59	not contracted	\$ 191.81	not contracted	\$ 152.89	not contracted	\$ 208.49	not contracted	\$ 277.98	\$ 141.47	\$ 138.99	\$ 141.47
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
43255	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; W	PRIMARY PROCEDURE	43255		\$ 412.81	\$ 420.17	\$ 577.93	not contracted	\$ 569.68	not contracted	\$ 454.09	not contracted	\$ 619.22	not contracted	\$ 825.62	\$ 420.17	\$ 412.81	\$ 420.17
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	PRIMARY PROCEDURE	31653		\$ 1,259.78	\$ 1,282.26	\$ 1,763.69	not contracted	\$ 1,738.50	not contracted	\$ 1,385.76	not contracted	\$ 1,889.67	not contracted	\$ 2,519.56	\$ 1,282.26	\$ 1,259.78	\$ 1,282.26
		ANESTHESIA FOR CLOSED CHEST PROCEDURES; (INCLUDING	00520		\$ 108.91	\$ 110.86	\$ 152.47	not contracted	\$ 150.30	not contracted	\$ 119.80	not contracted	\$ 163.37	not contracted	\$ 217.82	\$ 110.86	\$ 108.91	\$ 110.86
		ANESTHESIA FOR PATIENT OF EXTREME AGE, YOUNGER THA	99100		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE;	88173		\$ 51.98	\$ 75.89	\$ 72.77	not contracted	\$ 71.73	not contracted	\$ 57.18	not contracted	\$ 77.97	not contracted	\$ 103.96	\$ 75.89	\$ 51.98	\$ 75.89
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND	88108		\$ 28.92	\$ 42.22	\$ 40.49	not contracted	\$ 39.91	not contracted	\$ 31.81	not contracted	\$ 43.38	not contracted	\$ 57.84	\$ 42.22	\$ 28.92	\$ 42.22
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 25.35	\$ 25.80	\$ 35.49	not contracted	\$ 34.98	not contracted	\$ 27.89	not contracted	\$ 38.03	not contracted	\$ 50.70	\$ 25.80	\$ 25.35	\$ 25.80
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT;	88312		\$ 32.83	\$ 47.93	\$ 45.96	not contracted	\$ 45.31	not contracted	\$ 36.11	not contracted	\$ 49.25	not contracted	\$ 65.66	\$ 47.93	\$ 32.83	\$ 47.93
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85027		\$ 5.71	\$ 8.34	\$ 7.99	not contracted	\$ 7.88	not contracted	\$ 6.28	not contracted	\$ 8.57	not contracted	\$ 11.42	\$ 8.34	\$ 5.71	\$ 8.34
		CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE,	87070		\$ 7.51	\$ 10.96	\$ 10.51	not contracted	\$ 10.36	not contracted	\$ 8.26	not contracted	\$ 11.27	not contracted	\$ 15.02	\$ 10.96	\$ 7.51	\$ 10.96
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	PRIMARY PROCEDURE	59840		service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		ANESTHESIA FOR INDUCED ABORTION PROCEDURES	01966		\$ 88.34	\$ 89.92	\$ 123.68	not contracted	\$ 121.91	not contracted	\$ 97.17	not contracted	\$ 132.51	not contracted	\$ 176.68	\$ 89.92	\$ 88.34	\$ 89.92
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 30.48	\$ 44.50	\$ 42.67	not contracted	\$ 42.06	not contracted	\$ 33.53	not contracted	\$ 45.72	not contracted	\$ 60.96	\$ 44.50	\$ 30.48	\$ 44.50
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 6.75	\$ 9.86	\$ 9.45	not contracted	\$ 9.32	not contracted	\$ 7.43	not contracted	\$ 10.13	not contracted	\$ 13.50	\$ 9.86	\$ 6.75	\$ 9.86
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ 4.72	\$ 6.89	\$ 6.61	not contracted	\$ 6.51	not contracted	\$ 5.19	not contracted	\$ 7.08	not contracted	\$ 9.44	\$ 6.89	\$ 4.72	\$ 6.89
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 2.60	\$ 3.80	\$ 3.64	not contracted	\$ 3.59	not contracted	\$ 2.86	not contracted	\$ 3.90	not contracted	\$ 5.20	\$ 3.80	\$ 2.60	\$ 3.80
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 2.46	\$ 3.59	\$ 3.44	not contracted	\$ 3.39	not contracted	\$ 2.71	not contracted	\$ 3.69	not contracted	\$ 4.92	\$ 3.59	\$ 2.46	\$ 3.59
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 2.38	\$ 3.47	\$ 3.33	not contracted	\$ 3.28	not contracted	\$ 2.62	not contracted	\$ 3.57	not contracted	\$ 4.76	\$ 3.47	\$ 2.38	\$ 3.47
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
99426	PRINCIPAL CARE MANAGEMENT SERVICES, FOR A SINGLE H	PRIMARY PROCEDURE	99426		\$ 78.05	\$ 79.44	\$ 109.27	not contracted	\$ 107.71	not contracted	\$ 85.86	not contracted	\$ 117.08	not contracted	\$ 156.10	\$ 79.44	\$ 78.05	\$ 79.44
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFERO	PRIMARY PROCEDURE	92136		\$ 96.31	\$ 98.02	\$ 134.83	not contracted	\$ 132.91	not contracted	\$ 105.94	not contracted	\$ 144.47	not contracted	\$ 192.62	\$ 98.02	\$ 96.31	\$ 98.02

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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EFFECTIVE JANUARY 1, 2024  
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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BIL	92025		\$ 38.47	\$ 39.16	\$ 53.86	not contracted	\$ 53.09	not contracted	\$ 42.32	not contracted	\$ 57.71	not contracted	\$ 76.94	\$ 39.16	\$ 38.47	\$ 39.16
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	PRIMARY PROCEDURE	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, A	PRIMARY PROCEDURE	20550		\$ 65.68	\$ 66.85	\$ 91.95	not contracted	\$ 90.64	not contracted	\$ 72.25	not contracted	\$ 98.52	not contracted	\$ 131.36	\$ 66.85	\$ 65.68	\$ 66.85
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTA	PRIMARY PROCEDURE	D0180		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE,	PRIMARY PROCEDURE	36590		\$ 229.63	\$ 233.73	\$ 321.48	not contracted	\$ 316.89	not contracted	\$ 252.59	not contracted	\$ 344.45	not contracted	\$ 459.26	\$ 233.73	\$ 229.63	\$ 233.73
		REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	49422		\$ 451.25	\$ 459.30	\$ 631.75	not contracted	\$ 622.73	not contracted	\$ 496.38	not contracted	\$ 676.88	not contracted	\$ 902.50	\$ 459.30	\$ 451.25	\$ 459.30
90656	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT V	PRIMARY PROCEDURE	90656		\$ 34.76	\$ 35.38	\$ 48.66	not contracted	\$ 47.97	not contracted	\$ 38.24	not contracted	\$ 52.14	not contracted	\$ 69.52	\$ 35.38	\$ 34.76	\$ 35.38
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT	PRIMARY PROCEDURE	11406		\$ 277.15	\$ 282.10	\$ 388.01	not contracted	\$ 382.47	not contracted	\$ 304.87	not contracted	\$ 415.73	not contracted	\$ 554.30	\$ 282.10	\$ 277.15	\$ 282.10

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
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EFFECTIVE JANUARY 1, 2024  
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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYS	00400		\$ 54.46	\$ 55.44	\$ 76.24	not contracted	\$ 75.15	not contracted	\$ 59.91	not contracted	\$ 81.69	not contracted	\$ 108.92	\$ 55.44	\$ 54.46	\$ 55.44
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 30.48	\$ 44.50	\$ 42.67	not contracted	\$ 42.06	not contracted	\$ 33.53	not contracted	\$ 45.72	not contracted	\$ 60.96	\$ 44.50	\$ 30.48	\$ 44.50
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARD	PRIMARY PROCEDURE	93303		\$ 218.96	\$ 222.87	\$ 306.54	not contracted	\$ 302.16	not contracted	\$ 240.86	not contracted	\$ 328.44	not contracted	\$ 437.92	\$ 222.87	\$ 218.96	\$ 222.87
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG)	PRIMARY PROCEDURE	95957		\$ 166.89	\$ 169.87	\$ 233.65	not contracted	\$ 230.31	not contracted	\$ 183.58	not contracted	\$ 250.34	not contracted	\$ 333.78	\$ 169.87	\$ 166.89	\$ 169.87
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT	PRIMARY PROCEDURE	57456		\$ 107.57	\$ 109.49	\$ 150.60	not contracted	\$ 148.45	not contracted	\$ 118.33	not contracted	\$ 161.36	not contracted	\$ 215.14	\$ 109.49	\$ 107.57	\$ 109.49
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43



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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
33262	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERAT	PRIMARY PROCEDURE	33262		\$ 432.82	\$ 440.54	\$ 605.95	not contracted	\$ 597.29	not contracted	\$ 476.10	not contracted	\$ 649.23	not contracted	\$ 865.64	\$ 440.54	\$ 432.82	\$ 440.54
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ 4.49	\$ 6.56	\$ 6.29	not contracted	\$ 6.20	not contracted	\$ 4.94	not contracted	\$ 6.74	not contracted	\$ 8.98	\$ 6.56	\$ 4.49	\$ 6.56
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
67312	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDU	PRIMARY PROCEDURE	67312		\$ 747.64	\$ 760.98	\$ 1,046.70	not contracted	\$ 1,031.74	not contracted	\$ 822.40	not contracted	\$ 1,121.46	not contracted	\$ 1,495.28	\$ 760.98	\$ 747.64	\$ 760.98
		STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQU	67318		\$ -	\$ -	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -	\$ -
		PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMU	67335		\$ -	\$ -	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
28805	AMPUTATION, FOOT; TRANSMETATARSAL	PRIMARY PROCEDURE	28805		\$ 605.06	\$ 615.86	\$ 847.08	not contracted	\$ 834.98	not contracted	\$ 665.57	not contracted	\$ 907.59	not contracted	\$ 1,210.12	\$ 615.86	\$ 605.06	\$ 615.86
		ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER L	01480		\$ 54.46	\$ 55.44	\$ 76.24	not contracted	\$ 75.15	not contracted	\$ 59.91	not contracted	\$ 81.69	not contracted	\$ 108.92	\$ 55.44	\$ 54.46	\$ 55.44
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 30.48	\$ 44.50	\$ 42.67	not contracted	\$ 42.06	not contracted	\$ 33.53	not contracted	\$ 45.72	not contracted	\$ 60.96	\$ 44.50	\$ 30.48	\$ 44.50
		RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF	73630		\$ 34.74	\$ 35.36	\$ 48.64	not contracted	\$ 47.94	not contracted	\$ 38.21	not contracted	\$ 52.11	not contracted	\$ 69.48	\$ 35.36	\$ 34.74	\$ 35.36
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDI	88311		\$ 7.90	\$ 11.53	\$ 11.06	not contracted	\$ 10.90	not contracted	\$ 8.69	not contracted	\$ 11.85	not contracted	\$ 15.80	\$ 11.53	\$ 7.90	\$ 11.53
		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRE	87102		\$ 7.44	\$ 10.86	\$ 10.42	not contracted	\$ 10.27	not contracted	\$ 8.18	not contracted	\$ 11.16	not contracted	\$ 14.88	\$ 10.86	\$ 7.44	\$ 10.86
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25

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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		CULTURE, BACTERIAL; ANY SOURCE, EXCEPT BLOOD, ANAE	87075		\$ 8.42	\$ 12.29	\$ 11.79	not contracted	\$ 11.62	not contracted	\$ 9.26	not contracted	\$ 12.63	not contracted	\$ 16.84	\$ 12.29	\$ 8.42	\$ 12.29
		CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE,	87070		\$ 7.51	\$ 10.96	\$ 10.51	not contracted	\$ 10.36	not contracted	\$ 8.26	not contracted	\$ 11.27	not contracted	\$ 15.02	\$ 10.96	\$ 7.51	\$ 10.96
		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR	87205		\$ 3.46	\$ 5.05	\$ 4.84	not contracted	\$ 4.77	not contracted	\$ 3.81	not contracted	\$ 5.19	not contracted	\$ 6.92	\$ 5.05	\$ 3.46	\$ 5.05
33263	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERAT	PRIMARY PROCEDURE	33263		\$ 449.58	\$ 457.61	\$ 629.41	not contracted	\$ 620.42	not contracted	\$ 494.54	not contracted	\$ 674.37	not contracted	\$ 899.16	\$ 457.61	\$ 449.58	\$ 457.61
		REPAIR OF SINGLE TRANSVENOUS ELECTRODE, PERMANENT	33218		\$ 302.26	\$ 307.65	\$ 423.16	not contracted	\$ 417.12	not contracted	\$ 332.49	not contracted	\$ 453.39	not contracted	\$ 604.52	\$ 307.65	\$ 302.26	\$ 307.65
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$ 23.52	\$ 23.94	\$ 32.93	not contracted	\$ 32.46	not contracted	\$ 25.87	not contracted	\$ 35.28	not contracted	\$ 47.04	\$ 23.94	\$ 23.52	\$ 23.94
		LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ON	88300		\$ 8.37	\$ 12.22	\$ 11.72	not contracted	\$ 11.55	not contracted	\$ 9.21	not contracted	\$ 12.56	not contracted	\$ 16.74	\$ 12.22	\$ 8.37	\$ 12.22
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$ 7.27	\$ 10.61	\$ 10.18	not contracted	\$ 10.03	not contracted	\$ 8.00	not contracted	\$ 10.91	not contracted	\$ 14.54	\$ 10.61	\$ 7.27	\$ 10.61
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 6.75	\$ 9.86	\$ 9.45	not contracted	\$ 9.32	not contracted	\$ 7.43	not contracted	\$ 10.13	not contracted	\$ 13.50	\$ 9.86	\$ 6.75	\$ 9.86
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML	50020		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOL	85730		\$ 5.34	\$ 7.80	\$ 7.48	not contracted	\$ 7.37	not contracted	\$ 5.87	not contracted	\$ 8.01	not contracted	\$ 10.68	\$ 7.80	\$ 5.34	\$ 7.80
		PROTHROMBIN TIME;	85610		\$ 3.49	\$ 5.10	\$ 4.89	not contracted	\$ 4.82	not contracted	\$ 3.84	not contracted	\$ 5.24	not contracted	\$ 6.98	\$ 5.10	\$ 3.49	\$ 5.10
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available

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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
90710	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MM)	PRIMARY PROCEDURE	90710		\$ 378.44	\$ 385.19	\$ 529.82	not contracted	\$ 522.25	not contracted	\$ 416.28	not contracted	\$ 567.66	not contracted	\$ 756.88	\$ 385.19	\$ 378.44	\$ 385.19
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90460		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-O	90647		\$ 46.73	\$ 47.57	\$ 65.42	not contracted	\$ 64.49	not contracted	\$ 51.40	not contracted	\$ 70.10	not contracted	\$ 93.46	\$ 47.57	\$ 46.73	\$ 47.57
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90461		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13),	90670		\$ 376.46	\$ 383.18	\$ 527.04	not contracted	\$ 519.51	not contracted	\$ 414.11	not contracted	\$ 564.69	not contracted	\$ 752.92	\$ 383.18	\$ 376.46	\$ 383.18
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99392		\$ 53.63	\$ 54.59	\$ 75.08	not contracted	\$ 74.01	not contracted	\$ 58.99	not contracted	\$ 80.45	not contracted	\$ 107.26	\$ 54.59	\$ 53.63	\$ 54.59
95819	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AW	PRIMARY PROCEDURE	95819		\$ 93.25	\$ 94.91	\$ 130.55	not contracted	\$ 128.69	not contracted	\$ 102.58	not contracted	\$ 139.88	not contracted	\$ 186.50	\$ 94.91	\$ 93.25	\$ 94.91
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
		ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AW	95816		\$ 108.41	\$ 110.35	\$ 151.77	not contracted	\$ 149.61	not contracted	\$ 119.25	not contracted	\$ 162.62	not contracted	\$ 216.82	\$ 110.35	\$ 108.41	\$ 110.35
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	PRIMARY PROCEDURE	92700		\$ -	\$ -	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -	\$ -	\$ -
		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550		\$ 25.35	\$ 25.80	\$ 35.49	not contracted	\$ 34.98	not contracted	\$ 27.89	not contracted	\$ 38.03	not contracted	\$ 50.70	\$ 25.80	\$ 25.35	\$ 25.80
		COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND	92557		\$ 58.61	\$ 59.66	\$ 82.05	not contracted	\$ 80.88	not contracted	\$ 64.47	not contracted	\$ 87.92	not contracted	\$ 117.22	\$ 59.66	\$ 58.61	\$ 59.66

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL	PRIMARY PROCEDURE	20600		\$ 46.46	\$ 47.29	\$ 65.04	not contracted	\$ 64.11	not contracted	\$ 51.11	not contracted	\$ 69.69	not contracted	\$ 92.92	\$ 47.29	\$ 46.46	\$ 47.29
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
49406	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER	PRIMARY PROCEDURE	49406		\$ 264.35	\$ 269.06	\$ 370.09	not contracted	\$ 364.80	not contracted	\$ 290.79	not contracted	\$ 396.53	not contracted	\$ 528.70	\$ 269.06	\$ 264.35	\$ 269.06
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTAN	PRIMARY PROCEDURE	62321		\$ 320.42	\$ 326.13	\$ 448.59	not contracted	\$ 442.18	not contracted	\$ 352.46	not contracted	\$ 480.63	not contracted	\$ 640.84	\$ 326.13	\$ 320.42	\$ 326.13
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TI	PRIMARY PROCEDURE	D7510		\$ 50.00	included in M-Cal OP dental rate	\$ 70.00	not contracted	\$ 69.00	not contracted	\$ 55.00	not contracted	\$ 75.00	not contracted	\$ 100.00	n/a	\$ 50.00	n/a
		EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATI	D7140		\$ 41.00	included in M-Cal OP dental rate	\$ 57.40	not contracted	\$ 56.58	not contracted	\$ 45.10	not contracted	\$ 61.50	not contracted	\$ 82.00	n/a	\$ 41.00	n/a
		LOCAL ANESTHESIA	D9215		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
		PANORAMIC FILM	D0330		\$ 25.00	included in M-Cal OP dental rate	\$ 35.00	not contracted	\$ 34.50	not contracted	\$ 27.50	not contracted	\$ 37.50	not contracted	\$ 50.00	n/a	\$ 25.00	n/a
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M-Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANG	PRIMARY PROCEDURE	26727		\$ 312.94	\$ 318.53	\$ 438.12	not contracted	\$ 431.86	not contracted	\$ 344.23	not contracted	\$ 469.41	not contracted	\$ 625.88	\$ 318.53	\$ 312.94	\$ 318.53
		ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS, UL	01820		\$ 54.46	\$ 55.44	\$ 76.24	not contracted	\$ 75.15	not contracted	\$ 59.91	not contracted	\$ 81.69	not contracted	\$ 108.92	\$ 55.44	\$ 54.46	\$ 55.44
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
99422	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE,	PRIMARY PROCEDURE	99422		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
D7286	BIOPSY OF ORAL TISSUE - SOFT	PRIMARY PROCEDURE	D7286		\$ 30.00	included in M-Cal OP dental rate	\$ 42.00	not contracted	\$ 41.40	not contracted	\$ 33.00	not contracted	\$ 45.00	not contracted	\$ 60.00	n/a	\$ 30.00	n/a
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
32554	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF T	PRIMARY PROCEDURE	32554		\$ 106.27	\$ 108.17	\$ 148.78	not contracted	\$ 146.65	not contracted	\$ 116.90	not contracted	\$ 159.41	not contracted	\$ 212.54	\$ 108.17	\$ 106.27	\$ 108.17
29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	PRIMARY PROCEDURE	29705		\$ 41.65	\$ 42.40	\$ 58.31	not contracted	\$ 57.48	not contracted	\$ 45.82	not contracted	\$ 62.48	not contracted	\$ 83.30	\$ 42.40	\$ 41.65	\$ 42.40
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTINUM, PERCUTANE	PRIMARY PROCEDURE	32408		\$ 1,260.31	\$ 1,282.80	\$ 1,764.43	not contracted	\$ 1,739.23	not contracted	\$ 1,386.34	not contracted	\$ 1,890.47	not contracted	\$ 2,520.62	\$ 1,282.80	\$ 1,260.31	\$ 1,282.80
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT	77012		\$ 159.29	\$ 162.13	\$ 223.01	not contracted	\$ 219.82	not contracted	\$ 175.22	not contracted	\$ 238.94	not contracted	\$ 318.58	\$ 162.13	\$ 159.29	\$ 162.13
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER S	88341		\$ 60.62	\$ 88.51	\$ 84.87	not contracted	\$ 83.66	not contracted	\$ 66.68	not contracted	\$ 90.93	not contracted	\$ 121.24	\$ 88.51	\$ 60.62	\$ 88.51
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER S	88342		\$ 53.79	\$ 78.53	\$ 75.31	not contracted	\$ 74.23	not contracted	\$ 59.17	not contracted	\$ 80.69	not contracted	\$ 107.58	\$ 78.53	\$ 53.79	\$ 78.53

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 25.35	\$ 25.80	\$ 35.49	not contracted	\$ 34.98	not contracted	\$ 27.89	not contracted	\$ 38.03	not contracted	\$ 50.70	\$ 25.80	\$ 25.35	\$ 25.80
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
76873	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR	PRIMARY PROCEDURE	76873		\$ 154.84	\$ 157.61	\$ 216.78	not contracted	\$ 213.68	not contracted	\$ 170.32	not contracted	\$ 232.26	not contracted	\$ 309.68	\$ 157.61	\$ 154.84	\$ 157.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	J1580		\$ 7.00	\$ 10.22	\$ 9.80	not contracted	\$ 9.66	not contracted	\$ 7.70	not contracted	\$ 10.50	not contracted	\$ 14.00	\$ 10.22	\$ 7.00	\$ 10.22
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ 4.49	\$ 6.56	\$ 6.29	not contracted	\$ 6.20	not contracted	\$ 4.94	not contracted	\$ 6.74	not contracted	\$ 8.98	\$ 6.56	\$ 4.49	\$ 6.56
		BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTI	55700		\$ 125.50	\$ 127.74	\$ 175.70	not contracted	\$ 173.19	not contracted	\$ 138.05	not contracted	\$ 188.25	not contracted	\$ 251.00	\$ 127.74	\$ 125.50	\$ 127.74
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SY	PRIMARY PROCEDURE	20694		\$ 287.84	\$ 292.98	\$ 402.98	not contracted	\$ 397.22	not contracted	\$ 316.62	not contracted	\$ 431.76	not contracted	\$ 575.68	\$ 292.98	\$ 287.84	\$ 292.98
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64

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MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
21931	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUB	PRIMARY PROCEDURE	21931		\$ 553.79	\$ 563.68	\$ 775.31	not contracted	\$ 764.23	not contracted	\$ 609.17	not contracted	\$ 830.69	not contracted	\$ 1,107.58	\$ 563.68	\$ 553.79	\$ 563.68
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
50432	PLACEMENT OF NEPHROSTOMY CATHETER, PERCUTANEOUS, I	PRIMARY PROCEDURE	50432		\$ 1,109.71	\$ 1,129.51	\$ 1,553.59	not contracted	\$ 1,531.40	not contracted	\$ 1,220.68	not contracted	\$ 1,664.57	not contracted	\$ 2,219.42	\$ 1,129.51	\$ 1,109.71	\$ 1,129.51
		UROGRAPHY, ANTEGRADE, RADIOLOGICAL SUPERVISION AND	74425		\$ 71.99	\$ 73.28	\$ 100.79	not contracted	\$ 99.35	not contracted	\$ 79.19	not contracted	\$ 107.99	not contracted	\$ 143.98	\$ 73.28	\$ 71.99	\$ 73.28
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT	PRIMARY PROCEDURE	57460		\$ 268.19	\$ 272.98	\$ 375.47	not contracted	\$ 370.10	not contracted	\$ 295.01	not contracted	\$ 402.29	not contracted	\$ 536.38	\$ 272.98	\$ 268.19	\$ 272.98



LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99204		\$ 98.83	\$ 100.59	\$ 138.36	not contracted	\$ 136.39	not contracted	\$ 108.71	not contracted	\$ 148.25	not contracted	\$ 197.66	\$ 100.59	\$ 98.83	\$ 100.59
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 87.64	\$ 127.95	\$ 122.70	not contracted	\$ 120.94	not contracted	\$ 96.40	not contracted	\$ 131.46	not contracted	\$ 175.28	\$ 127.95	\$ 87.64	\$ 127.95
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$ 4.49	\$ 6.56	\$ 6.29	not contracted	\$ 6.20	not contracted	\$ 4.94	not contracted	\$ 6.74	not contracted	\$ 8.98	\$ 6.56	\$ 4.49	\$ 6.56
55040	EXCISION OF HYDROCELE; UNILATERAL	PRIMARY PROCEDURE	55040		\$ 427.22	\$ 434.85	\$ 598.11	not contracted	\$ 589.56	not contracted	\$ 469.94	not contracted	\$ 640.83	not contracted	\$ 854.44	\$ 434.85	\$ 427.22	\$ 434.85
		ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLU	00920		\$ 54.46	\$ 55.44	\$ 76.24	not contracted	\$ 75.15	not contracted	\$ 59.91	not contracted	\$ 81.69	not contracted	\$ 108.92	\$ 55.44	\$ 54.46	\$ 55.44
		INFECTIOUS DISEASE (VIRAL RESPIRATORY TRACT INFECT	0241U		\$ 204.59	\$ 208.24	\$ 286.43	not contracted	\$ 282.33	not contracted	\$ 225.05	not contracted	\$ 306.89	not contracted	\$ 409.18	\$ 208.24	\$ 204.59	\$ 208.24
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64
		INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	J1200		\$ 5.59	\$ 8.16	\$ 7.83	not contracted	\$ 7.71	not contracted	\$ 6.15	not contracted	\$ 8.39	not contracted	\$ 11.18	\$ 8.16	\$ 5.59	\$ 8.16
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
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EFFECTIVE JANUARY 1, 2024  
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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		COV-19 AMP PRB HIGH THRUPT WITHIN 2 DAYS COLLECT	U0005		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
95909	NERVE CONDUCTION STUDIES; 5-6 STUDIES	PRIMARY PROCEDURE	95909		\$ 175.48	\$ 178.62	\$ 245.67	not contracted	\$ 242.16	not contracted	\$ 193.03	not contracted	\$ 263.22	not contracted	\$ 350.96	\$ 178.62	\$ 175.48	\$ 178.62
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFOR	PRIMARY PROCEDURE	90833		\$ 49.47	\$ 50.36	\$ 69.26	not contracted	\$ 68.27	not contracted	\$ 54.42	not contracted	\$ 74.21	not contracted	\$ 98.94	\$ 50.36	\$ 49.47	\$ 50.36
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENT	PRIMARY PROCEDURE	D9310		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION	PRIMARY PROCEDURE	19357		\$ 1,016.79	\$ 1,034.94	\$ 1,423.51	not contracted	\$ 1,403.17	not contracted	\$ 1,118.47	not contracted	\$ 1,525.19	not contracted	\$ 2,033.58	\$ 1,034.94	\$ 1,016.79	\$ 1,034.94
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ 25.96	\$ 26.43	\$ 36.34	not contracted	\$ 35.82	not contracted	\$ 28.56	not contracted	\$ 38.94	not contracted	\$ 51.92	\$ 26.43	\$ 25.96	\$ 26.43
99411	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR	PRIMARY PROCEDURE	99411		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
29405	APPLICATION OF SHORT LEG CAST	PRIMARY PROCEDURE	29405		\$ 122.30	\$ 124.48	\$ 171.22	not contracted	\$ 168.77	not contracted	\$ 134.53	not contracted	\$ 183.45	not contracted	\$ 244.60	\$ 124.48	\$ 122.30	\$ 124.48
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
		RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, 2 VIEWS	73590		\$ 29.81	\$ 30.34	\$ 41.73	not contracted	\$ 41.14	not contracted	\$ 32.79	not contracted	\$ 44.72	not contracted	\$ 59.62	\$ 30.34	\$ 29.81	\$ 30.34
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (IN	PRIMARY PROCEDURE	51720		\$ 143.12	\$ 145.68	\$ 200.37	not contracted	\$ 197.51	not contracted	\$ 157.43	not contracted	\$ 214.68	not contracted	\$ 286.24	\$ 145.68	\$ 143.12	\$ 145.68

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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$ 17.21	\$ 17.52	\$ 24.09	not contracted	\$ 23.75	not contracted	\$ 18.93	not contracted	\$ 25.82	not contracted	\$ 34.42	\$ 17.52	\$ 17.21	\$ 17.52
		BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	J9030		\$ 2.87	\$ 4.19	\$ 4.02	not contracted	\$ 3.96	not contracted	\$ 3.16	not contracted	\$ 4.31	not contracted	\$ 5.74	\$ 4.19	\$ 2.87	\$ 4.19
		BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLA	51700		\$ 112.69	\$ 114.70	\$ 157.77	not contracted	\$ 155.51	not contracted	\$ 123.96	not contracted	\$ 169.04	not contracted	\$ 225.38	\$ 114.70	\$ 112.69	\$ 114.70
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT	PRIMARY PROCEDURE	11402		\$ 103.06	\$ 104.90	\$ 144.28	not contracted	\$ 142.22	not contracted	\$ 113.37	not contracted	\$ 154.59	not contracted	\$ 206.12	\$ 104.90	\$ 103.06	\$ 104.90
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$ 30.48	\$ 44.50	\$ 42.67	not contracted	\$ 42.06	not contracted	\$ 33.53	not contracted	\$ 45.72	not contracted	\$ 60.96	\$ 44.50	\$ 30.48	\$ 44.50
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	PRIMARY PROCEDURE	D9230		\$ 25.00	included in M- Cal OP dental rate	\$ 35.00	not contracted	\$ 34.50	not contracted	\$ 27.50	not contracted	\$ 37.50	not contracted	\$ 50.00	n/a	\$ 25.00	n/a
		RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	D2392		\$ 48.00	included in M- Cal OP dental rate	\$ 67.20	not contracted	\$ 66.24	not contracted	\$ 52.80	not contracted	\$ 72.00	not contracted	\$ 96.00	n/a	\$ 48.00	n/a
		ORAL HYGIENE INSTRUCTION	D1330		not payable separately	not payable separately	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not contracted	not payable separately	not payable separately	not payable separately	not payable separately
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$ 35.00	included in M- Cal OP dental rate	\$ 49.00	not contracted	\$ 48.30	not contracted	\$ 38.50	not contracted	\$ 52.50	not contracted	\$ 70.00	n/a	\$ 35.00	n/a
90619	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C,	PRIMARY PROCEDURE	90619		\$ 452.09	\$ 460.16	\$ 632.93	not contracted	\$ 623.88	not contracted	\$ 497.30	not contracted	\$ 678.14	not contracted	\$ 904.18	\$ 460.16	\$ 452.09	\$ 460.16
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 6.40	\$ 6.51	\$ 8.96	not contracted	\$ 8.83	not contracted	\$ 7.04	not contracted	\$ 9.60	not contracted	\$ 12.80	\$ 6.51	\$ 6.40	\$ 6.51
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 34.43	\$ 35.04	\$ 48.20	not contracted	\$ 47.51	not contracted	\$ 37.87	not contracted	\$ 51.65	not contracted	\$ 68.86	\$ 35.04	\$ 34.43	\$ 35.04
28820	AMPUTATION, TOE; METATARSOPHALAN GEAL JOINT	PRIMARY PROCEDURE	28820		\$ 327.36	\$ 333.20	\$ 458.30	not contracted	\$ 451.76	not contracted	\$ 360.10	not contracted	\$ 491.04	not contracted	\$ 654.72	\$ 333.20	\$ 327.36	\$ 333.20
		ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER L	01480		\$ 54.46	\$ 55.44	\$ 76.24	not contracted	\$ 75.15	not contracted	\$ 59.91	not contracted	\$ 81.69	not contracted	\$ 108.92	\$ 55.44	\$ 54.46	\$ 55.44

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF	73630		\$ 34.74	\$ 35.36	\$ 48.64	not contracted	\$ 47.94	not contracted	\$ 38.21	not contracted	\$ 52.11	not contracted	\$ 69.48	\$ 35.36	\$ 34.74	\$ 35.36
		CULTURE, TYPING; IMMUNOLOGIC METHOD, OTHER THAN IM	87147		\$ 3.91	\$ 5.71	\$ 5.47	not contracted	\$ 5.40	not contracted	\$ 4.30	not contracted	\$ 5.87	not contracted	\$ 7.82	\$ 5.71	\$ 3.91	\$ 5.71
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDI	88311		\$ 7.90	\$ 11.53	\$ 11.06	not contracted	\$ 10.90	not contracted	\$ 8.69	not contracted	\$ 11.85	not contracted	\$ 15.80	\$ 11.53	\$ 7.90	\$ 11.53
		INJECTION, PROPOFOL, 10 MG	J2704		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INSULIN, MOST RAPID ONSET (LISPRO OR ASPART); 5 UN	55551		\$ 8.28	\$ 8.42	\$ 11.59	not contracted	\$ 11.43	not contracted	\$ 9.11	not contracted	\$ 12.42	not contracted	\$ 16.56	\$ 8.42	\$ 8.28	\$ 8.42
		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRO	87186		\$ 7.57	\$ 11.05	\$ 10.60	not contracted	\$ 10.45	not contracted	\$ 8.33	not contracted	\$ 11.36	not contracted	\$ 15.14	\$ 11.05	\$ 7.57	\$ 11.05
		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR	87205		\$ 3.46	\$ 5.05	\$ 4.84	not contracted	\$ 4.77	not contracted	\$ 3.81	not contracted	\$ 5.19	not contracted	\$ 6.92	\$ 5.05	\$ 3.46	\$ 5.05
52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRY	PRIMARY PROCEDURE	52235		\$ 640.83	\$ 652.27	\$ 897.16	not contracted	\$ 884.35	not contracted	\$ 704.91	not contracted	\$ 961.25	not contracted	\$ 1,281.66	\$ 652.27	\$ 640.83	\$ 652.27
		ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING	00912		\$ 90.84	\$ 92.46	\$ 127.18	not contracted	\$ 125.36	not contracted	\$ 99.92	not contracted	\$ 136.26	not contracted	\$ 181.68	\$ 92.46	\$ 90.84	\$ 92.46
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 40.99	\$ 59.85	\$ 57.39	not contracted	\$ 56.57	not contracted	\$ 45.09	not contracted	\$ 61.49	not contracted	\$ 81.98	\$ 59.85	\$ 40.99	\$ 59.85
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$ 23.52	\$ 23.94	\$ 32.93	not contracted	\$ 32.46	not contracted	\$ 25.87	not contracted	\$ 35.28	not contracted	\$ 47.04	\$ 23.94	\$ 23.52	\$ 23.94
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 5.23	\$ 7.64	\$ 7.32	not contracted	\$ 7.22	not contracted	\$ 5.75	not contracted	\$ 7.85	not contracted	\$ 10.46	\$ 7.64	\$ 5.23	\$ 7.64

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					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ 4.59	\$ 6.70	\$ 6.43	not contracted	\$ 6.33	not contracted	\$ 5.05	not contracted	\$ 6.89	not contracted	\$ 9.18	\$ 6.70	\$ 4.59	\$ 6.70
		INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	J2175		\$ 11.48	\$ 16.76	\$ 16.07	not contracted	\$ 15.84	not contracted	\$ 12.63	not contracted	\$ 17.22	not contracted	\$ 22.96	\$ 16.76	\$ 11.48	\$ 16.76
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ 4.63	\$ 6.76	\$ 6.48	not contracted	\$ 6.39	not contracted	\$ 5.09	not contracted	\$ 6.95	not contracted	\$ 9.26	\$ 6.76	\$ 4.63	\$ 6.76
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$ 4.55	\$ 6.64	\$ 6.37	not contracted	\$ 6.28	not contracted	\$ 5.01	not contracted	\$ 6.83	not contracted	\$ 9.10	\$ 6.64	\$ 4.55	\$ 6.64
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ 5.44	\$ 7.94	\$ 7.62	not contracted	\$ 7.51	not contracted	\$ 5.98	not contracted	\$ 8.16	not contracted	\$ 10.88	\$ 7.94	\$ 5.44	\$ 7.94
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$ 7.02	\$ 10.25	\$ 9.83	not contracted	\$ 9.69	not contracted	\$ 7.72	not contracted	\$ 10.53	not contracted	\$ 14.04	\$ 10.25	\$ 7.02	\$ 10.25
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		\$ 2.60	\$ 3.80	\$ 3.64	not contracted	\$ 3.59	not contracted	\$ 2.86	not contracted	\$ 3.90	not contracted	\$ 5.20	\$ 3.80	\$ 2.60	\$ 3.80
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 2.46	\$ 3.59	\$ 3.44	not contracted	\$ 3.39	not contracted	\$ 2.71	not contracted	\$ 3.69	not contracted	\$ 4.92	\$ 3.59	\$ 2.46	\$ 3.59
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 2.38	\$ 3.47	\$ 3.33	not contracted	\$ 3.28	not contracted	\$ 2.62	not contracted	\$ 3.57	not contracted	\$ 4.76	\$ 3.47	\$ 2.38	\$ 3.47
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not contracted	not available	not contracted	not available	not contracted	not available	not contracted	not available	not available	not available	not available
80069	KIDNEY FUNCTION PANEL TEST			this procedure was provided in inpatient setting	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
72110	X-RAY, LOWER BACK, MINIMUM FOUR VIEWS			this procedure was provided in inpatient setting	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
72148	MRI SCAN OF LOWER SPINAL CANAL			this procedure was provided in inpatient setting	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
72193	CT SCAN, PELVIS, WITH CONTRAST			this procedure was provided in inpatient setting	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
73721	MRI SCAN OF LEG JOINT			this procedure was provided in inpatient setting	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
74177	CT SCAN OF ABDOMEN AND PELVIS WITH CONTRAST			this procedure was provided in inpatient setting	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
55866	SURGICAL REMOVAL OF PROSTATE AND SURROUNDING LYMPH NODES USING AN ENDOSCOPE			this procedure was provided in inpatient setting	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
59400	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY, INCLUDING PRE-AND POST-DELIVERY CARE			this procedure was provided in inpatient setting	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
59510	ROUTINE OBSTETRIC CARE FOR CESAREAN DELIVERY, INCLUDING PRE-AND POST-DELIVERY CARE			this procedure was provided in inpatient setting	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
59610	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY AFTER PRIOR CESAREAN DELIVERY INCLUDING PRE-AND POST-DELIVERY CARE			this procedure was provided in inpatient setting	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		HEALTH NET (Medi-Cal Managed Care)		KAISER (Medi-Cal Managed Care)		MOLINA (Medi-Cal Managed Care)		Maximum Negotiated Rate		Minimum Negotiated Rate	
					Facility <sup>2</sup>	Professional <sup>3</sup>	Facility <sup>2,5</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2,6</sup>	Professional <sup>4</sup>	Facility <sup>2,7</sup>	Professional <sup>3</sup>	Facility <sup>2</sup>	Professional <sup>3</sup>
80055	OBSTETRIC BLOOD TEST PANEL			not performed	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
84154	PSA (PROSTATE SPECIFIC ANTIGEN)			not performed	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Footnotes:

1. Outpatient services presented are commonly provided by Health Services hospitals, excluding services which are not considered "shoppable".
2. Facility rates are based on the contract terms, using Medi-Cal Hospital Outpatient Fee Schedule published on October 15, 2023.  
Dental services' rates use Medi-Cal Dental Schedule of Maximum Allowances published on April 1, 2023, excluding supplemental payments.
3. Professional rates are based on the contract terms, using 146% of Medi-Cal Hospital Outpatient Fee Schedule published on October 15, 2023.
4. Professional services are not contracted.
5. If the service is performed in an outpatient surgery setting, the facility rate will be 150.70% of Medi-Cal Hospital Outpatient Fee Schedule published on October 15, 2023 instead of current display rate at 140%.
6. If the service is performed in an outpatient surgery setting, the facility rate will be 200% of Medi-Cal Hospital Outpatient Fee Schedule published on October 15, 2023 instead of current display rate at 150%.
7. Maximum facility rate: the highest rate for the service is performed in an outpatient surgery setting.