## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						LD TRIWEST Advantage)		ISER Advantage)	MOI (Medicare /	LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code Se	ervice Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	ISION OF CYST, ROADENOMA, OR																	
		PRIMARY PROCEDURE	19120		\$ 4,034.95	see footnote <sup>3</sup>	\$ 4,034.95	not contracted	\$ 4,640.19	not contracted	\$ 4,034.95	not contracted	\$ 4,034.95	not contracted	\$ 7,262.91	not contracted	\$ 7,262.91	\$ 4,034.95
		LEVEL V - SURGICAL PATHOLOGY, GROSS																
		AND MICROSCOPI INJECTION, CEFAZOLIN SODIUM,	88307		\$ 380.41	see footnote <sup>3</sup>	\$ 380.41	not contracted	\$ 437.47	not contracted	\$ 380.41	not contracted	\$ 380.41	not contracted	\$ 684.74	not contracted	\$ 684.74	\$ 380.41
		500 MG INJECTION,	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		MIDAZOLAM HYDROCHLORIDE, PER				2												
		1 MG INJECTION, ONDANSETRON	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		HYDROCHLORIDE, PER 1 MG INJECTION,	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
SHO	HROSCOPY, OULDER, GICAL;																	
		PRIMARY PROCEDURE ARTHROSCOPY,	29826		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		SHOULDER, SURGICAL; BICEPS TENODESIS	29828		\$ 7,763.59	see footnote <sup>3</sup>	\$ 7,763.59	not contracted	\$ 8,928.13	not contracted	\$ 7,763.59	not contracted	\$ 7,763.59	not contracted	\$ 13,974.46	not contracted	\$ 13,974.46	\$ 7,763.59
		ARTHROSCOPY, SHOULDER, SURGICAL; WITH																
		ROTATOR CUFF INJECTION,	29827		\$ 7,763.59	see footnote <sup>3</sup>	\$ 7,763.59	not contracted	\$ 8,928.13	not contracted	\$ 7,763.59	not contracted	\$ 7,763.59	not contracted	\$ 13,974.46	not contracted	\$ 13,974.46	\$ 7,763.59
		CEFAZOLIN SODIUM, 500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		INJECTION, KETOROLAC TROMETHAMINE, PER																
		15 MG INJECTION, MIDAZOLAM	J1885		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						ELD TRIWEST e Advantage)		ISER Advantage)	MO (Medicare	LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER																
		1 MG	J2405		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		INJECTION, PROPOFOL, 10 MG	J2704		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	J2765		Ś	- see footnote <sup>3</sup>	\$ -	not contracted	,	\$ -								
		INJECTION, FENTANYL			Ş	- see roothote	<del>,</del> -	not contracted	, -	not contracted	, -	not contracted	, -	not contracted	, -	not contracted	, -	<b>ў</b> -
		CITRATE, 0.1 MG INSULIN, RAPID	J3010		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		ONSET, 5 UNITS ANTIBODY SCREEN,	\$5550		not availabl	e see footnote <sup>3</sup>	not available	not contracted	not available	not available								
		RBC, EACH SERUM TECHNIQUE	86850		\$ 58.8	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$ 39.8	see footnote <sup>3</sup>	\$ 39.86	not contracted	\$ 45.84	not contracted	\$ 39.86	not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	\$ 39.86
		THROMBOPLASTIN TIME, PARTIAL (PTT);																
		PLASMA OR WHOL BLOOD TYPING,	85730		\$ 6.0	1 see footnote <sup>3</sup>	\$ 6.01	not contracted	\$ 6.91	not contracted	\$ 6.01	not contracted	\$ 6.01	not contracted	\$ 10.82	not contracted	\$ 10.82	\$ 6.01
		SEROLOGIC; ABO	86900		\$ 136.2	8 see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
	THROSCOPY, KNEE,																	
	,	PRIMARY PROCEDURE	29881		\$ 3,493.7	see footnote <sup>3</sup>	\$ 3,493.71	not contracted	\$ 4,017.77	not contracted	\$ 3,493.71	not contracted	\$ 3,493.71	not contracted	\$ 6,288.68	not contracted	\$ 6,288.68	\$ 3,493.71
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC																
		PROCE	01400		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	ć	not contracted	\$ -	not contracted	\$ -		, s -	\$ -
		INJECTION, DEXAMETHASONE	10690		\$	- see roothote	<b>ў</b> -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	Ş -	\$ -
		SODIUM PHOSPHATE, 1 MG INJECTION,	J1100		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		HYDROMORPHONE, UP TO 4 MG	J1170		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER																
		1 MG	J2250		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						ELD TRIWEST re Advantage)		ISER Advantage)	MOI (Medicare			CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
					,	1	(**************************************		,		,	1 1 1 1 1 1 1	(5535)	,	(3333	T		
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, ONDANSETRON													-			
		HYDROCHLORIDE, PER 1 MG	J2405		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL																
		CITRATE, 0.1 MG RINGERS LACTATE	J3010		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, UP TO 1000 CC	J7120		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	TONICILL FOTOMAY AND																	
42820	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE	PRIMARY PROCEDURE	42820		\$ 6,267.	see footnote <sup>3</sup>	\$ 6,267.17	not contracted	\$ 7,207.25	not contracted	\$ 6,267.17	not contracted	\$ 6,267.17	not contracted	\$ 11,280.91	not contracted	\$ 11,280.91	\$ 6,267.17
12020	TOURISE THE WATER	ANESTHESIA FOR INTRAORAL	12020		φ 0,2071	300 roomote	φ 0,207.17		Ψ 7,207.23	not contracted	φ 0,207.17		ψ 0,207.127	not contracted	<u> </u>	not contracted	Ψ 11/200/31	φ 0,201121
		PROCEDURES, INCLUDING BIO	00170		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL III - SURGICAL PATHOLOGY, GROSS																
		AND MICROSCO IMMUNOHISTOCHEMI	88304		\$ 58.3	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		STRY OR IMMUNOCYTOCHEMI STRY, PER S	88342		\$ 184.	see footnote <sup>3</sup>	\$ 184.56	not contracted	\$ 212.24	not contracted	\$ 184.56	not contracted	\$ 184.56	not contracted	\$ 332.21	not contracted	\$ 332.21	\$ 184.56
		INJECTION, DEXAMETHASONE			y 20 III	See roomste	φ 1000	or commutee	ψ 212.2 ·	not contracted	Ψ 10 1130	not contracted	ψ 10.130	not contracted	Ψ 332.12.1	not contracted	ψ 332.121	φ 10 1130
		SODIUM PHOSPHATE, 1 MG	J1100		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MORPHINE SULFATE,																
		UP TO 10 MG INJECTION, ONDANSETRON	J2270		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		HYDROCHLORIDE, PER 1 MG	J2405		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP																
		TO 0.5 MG	J2710		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

								AISER Advantage)	_	LINA Advantage)		CARE Advantage)		CARE red CA)	MO (Cover	LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML ALBUTEROL,	J7040		\$	- see footnote	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INHALATION SOLUTION, FDA- APPROVED FINAL GLYCOPYRROLATE,	J7613		\$	- see footnote	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INHALATION SOLUTION, COMPOUNDED PR	J7642		\$	- see footnote	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE,																	
43235	TRANSORAL; D	PRIMARY PROCEDURE INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	43235		\$ 968			0 not contracted	\$ 1,114.24			not contracted		not contracted		not contracted		
		INJECTION, FENTANYL CITRATE, 0.1 MG	J2250 J3010		\$	- see footnote		- not contracted		not contracted		not contracted		not contracted		not contracted		\$ - \$ -
42220	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE, TRANSORAL; W	PRIMARY PROCEDURE	43239		\$ 968		\$ 968.9						\$ 968.90			not contracted		\$ 968.90
43239	TRANSURAL, W	LEVEL IV - SURGICAL PATHOLOGY, GROSS																
		AND MICROSCOP INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	88305			.85 see footnote												
		INJECTION, FENTANYL CITRATE, 0.1 MG	J2250 J3010		\$	- see footnote	\$	- not contracted		not contracted		not contracted		not contracted		not contracted		\$ -
	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC,		33325		τ	355 .3341005	7	, se some detect	7		<i>*</i>		7		7		7	<del>*</del>
45378	INCLUDING COLLE	PRIMARY PROCEDURE INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	45378		\$ 975	.39 see footnote	\$ 975.3	9 not contracted	\$ 1,121.70	not contracted	\$ 975.39	not contracted	\$ 975.39	not contracted	\$ 1,755.70	not contracted	\$ 1,755.70	\$ 975.39
		1 MG INJECTION, FENTANYL	J2250		\$	- see footnote	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CITRATE, 0.1 MG	J3010		\$	- see footnote	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	\$ -						

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						BLUE SHIEL (Medicare A	D TRIWEST Advantage)		ISER Advantage)		LINA Advantage)		A. CARE re Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fa	cility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR																		
45380	,	PRIMARY PROCEDURE	45380		\$	1,271.01	see footnote <sup>3</sup>	\$ 1,271.01	not contracted	\$ 1,461.66	not contracted	\$ 1,271.	01 not contracted	\$ 1,271.01	not contracted	\$ 2,287.82	not contracted	\$ 2,287.82	\$ 1,271.01
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$	58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.	85 not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	COLONOS CONV	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), P	PRIMARY PROCEDURE	45385		\$	1,271.01	see footnote <sup>3</sup>	\$ 1,271.01	not contracted	\$ 1,461.66	not contracted	\$ 1,271.	01 not contracted	\$ 1,271.01	not contracted	\$ 2,287.82	not contracted	\$ 2,287.82	\$ 1,271.01
		FLEXIBLE; WITH BIOPSY, SINGLE OR MULT	45380		\$	1,271.01	see footnote <sup>3</sup>	\$ 1,271.01	not contracted	\$ 1,461.66	not contracted	\$ 1,271.	01 not contracted	\$ 1,271.01	not contracted	\$ 2,287.82	not contracted	\$ 2,287.82	\$ 1,271.01
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$	58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.	85 not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	. \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG			\$	-	see footnote <sup>3</sup>	\$ -	not contracted		not contracted		- not contracted		not contracted		not contracted		\$ -
	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC						3												
45391	ULTRASOUND	PRIMARY PROCEDURE ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC			\$	1,271.01	see footnote <sup>3</sup>												
		PROCEDU INJECTION, MIDAZOLAM HYDROCHLORIDE, PER			\$	-	see footnote <sup>3</sup>	\$ -	not contracted		not contracted	\$	- not contracted		not contracted		not contracted		\$ -
		1 MG INJECTION, PROPOFOL, 10 MG	J2250 J2704		\$	-	see footnote <sup>3</sup>	\$ -	not contracted not contracted		not contracted		- not contracted		not contracted not contracted		not contracted		\$ -

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						HIELD TRIWEST are Advantage)		ISER Advantage)	-	LINA Advantage)		. CARE e Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		Ś	- see footnote	. <sup>3</sup> \$ .	not contracted	l \$ -	not contracted	Ś	- not contracted	ı s	not contracted	\$	<ul> <li>not contracted</li> </ul>	\$ -	\$ -
	LAPAROSCOPY,	CITICATE, 0.1 IVIG	13010		۲	- 366 100011000	. ,	not contracted	, ,	not contracted	7	- Hot contracted	, ,	not contracted	7	not contracted	, -	ý -
	SURGICAL;																	
47562	CHOLECYSTECTOMY	PRIMARY PROCEDURE	47562		\$ 6,11	7.50 see footnote	<sup>3</sup> \$ 6,117.50	not contracted	\$ 7,035.13	not contracted	\$ 6,117.50	0 not contracted	\$ 6,117.50	not contracted	\$ 11,011.50	not contracted	\$ 11,011.50	\$ 6,117.50
		LEVEL III - SURGICAL PATHOLOGY, GROSS																
		AND MICROSCO	88304		\$ 5	8.85 see footnote	<sup>3</sup> \$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.8	5 not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, CEFAZOLIN SODIUM,																
		500 MG	J0690		Ś	- see footnote	s .	not contracted	ı \$ -	not contracted	\$	- not contracted	ı \$ -	not contracted	Ś.	not contracted	, s -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,			,		7		7		7		,		7		7	*
		1 MG	J1100		\$	- see footnote	s .	not contracted	1 \$ -	not contracted	\$	- not contracted	ı \$ -	not contracted	\$	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE,			·													·
		UP TO 4 MG	J1170		\$	- see footnote	\$ -	not contracted	1 \$ -	not contracted	\$	- not contracted	1 \$ -	not contracted	\$	not contracted	\$ -	\$ -
		INJECTION, HEPARIN SODIUM, PER 1000																
		UNITS	J1644		\$	- see footnote	s .	not contracted	1 \$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER																
		1 MG	J2250		\$	- see footnote	. \$	not contracted	1 \$ -	not contracted	\$	- not contracted	1 \$ -	not contracted	\$	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER					3											
		1 MG	J2405		\$	- see footnote	\$ -	not contracted	1 \$ -	not contracted	\$	- not contracted	1 \$ -	not contracted	\$	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$	- see footnote	3 \$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	- see footnote	.3 \$	not contracted	I \$ -	not contracted	\$	- not contracted	I \$ -	not contracted	\$	not contracted	\$ -	\$ -
		RINGERS LACTATE			i i		•											·
		INFUSION, UP TO				_	3				1.							
		1000 CC	J7120		\$	- see footnote	. \$	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$ -	\$ -
		ANTIBODY SCREEN, RBC, EACH SERUM																
		TECHNIQUE	86850		\$ 5	8.85 see footnote	<sup>3</sup> \$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	5 not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		BLOOD TYPING,					2 .											
		SEROLOGIC; RH (D)	86901		\$ 3	9.86 see footnote	\$ 39.86	not contracted	\$ 45.84	not contracted	\$ 39.80	6 not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	\$ 39.86
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 13	6.28 see footnote	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	8 not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
		COLLECTION OF VENOUS BLOOD BY	30300		, 13	5.20 See 100ti10te	130.20	not contracted	130.72	not contracted	130.20 ب	inot contracted	7 130.20	not contracted	Ç 243.30	not contracted	Ç 245.50	y 130.20
		VENIPUNCTURE	36415		\$	8.57 see footnote	s <sup>3</sup> \$ 8.57	not contracted	9.86	not contracted	\$ 8.5	7 not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						ELD TRIWEST e Advantage)		ISER Advantage)	_	LINA Advantage)		CARE Advantage)		. CARE ered CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	REPAIR INITIAL INGUINAL HERNIA,																	
49505	AGE 5 YEARS OR OLD	INJECTION,	49505		\$ 4,157.1	6 see footnote <sup>3</sup>	\$ 4,157.16	not contracted	\$ 4,780.73	not contracted	\$ 4,157.16	not contracted	\$ 4,157.16	not contracted	\$ 7,482.89	not contracted	\$ 7,482.89	9 \$ 4,157.16
		CEFAZOLIN SODIUM, 500 MG	J0690		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$	- \$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,			-													
		1 MG INJECTION,	J1100		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$	- \$ -
		HYDROMORPHONE, UP TO 4 MG	J1170		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$	- \$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER																
		1 MG INJECTION, ONDANSETRON	J2250		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$	- \$ -
		HYDROCHLORIDE, PER 1 MG	J2405		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$	- \$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$	- \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$	- \$ -
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTI	PRIMARY PROCEDURE	55700		\$ 2,177.0	7 see footnote <sup>3</sup>	\$ 2,177.07	not contracted	\$ 2,503.63	not contracted	\$ 2,177.07	not contracted	\$ 2,177.0	7 not contracted	\$ 3,918.73	not contracted	\$ 3,918.73	3 \$ 2,177.07
		OFFICE OR OTHER OUTPATIENT VISIT			-													
		FOR THE EVALUATIO	99213		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$	- \$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS				3												
		AND MICROSCOP INJECTION, GARAMYCIN,	88305		\$ 58.8	5 see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	3 \$ 58.85
		GENTAMICIN, UP TO 80 MG	J1580		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$	- \$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS																
	INJECTION/S) OF	INFUSION,	J2001		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$	- \$ -
	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC																	
62322	SUBSTAN	PRIMARY PROCEDURE	62322		\$ 1,000.2	0 see footnote <sup>3</sup>	\$ 1,000.20	not contracted	\$ 1,150.23	not contracted	\$ 1,000.20	not contracted	\$ 1,000.20	not contracted	\$ 1,800.36	not contracted	\$ 1,800.36	\$ 1,000.20

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							TRIWEST dvantage)		AISER e Advantage)		LINA Advantage)		CARE Advantage)		. CARE ered CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility	y²	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
62222	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC	PRIMARY PROCEDURE	62222		\$ :	756.26	soo footmats <sup>3</sup>	\$ 756. <b>.</b>		\$ 869.70	not contracted	ć 75.00	not contracted	ć 756.0		ć 12C122		, 1 2C1 2	7. 6. 750.20
62323	SUBSTAN INJECTION(S),	PRIMARY PROCEDURE	62323		\$	756.26	see footnote <sup>3</sup>	\$ 756.2	6 not contracted	\$ 869.70	not contracted	\$ 756.26	not contracted	\$ 756.2	6 not contracted	\$ 1,361.27	not contracted	\$ 1,361.27	7 \$ 756.26
64483	ANESTHETIC AGENT(S) AND/OR STEROID; DISCISSION OF	PRIMARY PROCEDURE	64483		\$ 1,0	000.20	see footnote <sup>3</sup>	\$ 1,000.2	0 not contracted	\$ 1,150.23	not contracted	\$ 1,000.20	not contracted	\$ 1,000.2	0 not contracted	\$ 1,800.36	not contracted	\$ 1,800.36	5 \$ 1,000.20
66024	SECONDARY MEMBRANOUS	DDIA AA DV DDOCEDUDE	66024		\$ (	622.96	3	ć caa		¢ 746.40		¢ 622.00		ć c22.0		4 4 4 2 4 2 2			6 622.05
00821	EXTRACAPSULAR	PRIMARY PROCEDURE	66821		\$ (	622.96	see footnote <sup>3</sup>	\$ 622.9	6 not contracted	\$ 716.40	not contracted	\$ 622.96	not contracted	\$ 622.9	6 not contracted	\$ 1,121.33	not contracted	\$ 1,121.33	\$ 622.96
66984	CATARACT REMOVAL WITH INSERTION OF I	PRIMARY PROCEDURE INJECTION,	66984		\$ 2,5	534.53	see footnote <sup>3</sup>	\$ 2,534.5	3 not contracted	\$ 2,914.71	not contracted	\$ 2,534.53	not contracted	\$ 2,534.5	3 not contracted	\$ 4,562.15	not contracted	\$ 4,562.15	5 \$ 2,534.53
		MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$	_	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$	- not contracted	ı \$ .	not contracted	I \$ .	- \$ -
		POSTERIOR CHAMBER	V2632		\$	_	see footnote <sup>3</sup>	Ś	- not contracted	\$ -	not contracted	\$	not contracted	\$	- not contracted	\$	not contracted	ı s	- \$ -
	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT		1200		7					*		,		7		,		,	7
70450	CONTRA	PRIMARY PROCEDURE	70450		\$ :	125.45	see footnote <sup>3</sup>	\$ 125.4	5 not contracted	\$ 144.27	not contracted	\$ 125.45	not contracted	\$ 125.4	5 not contracted	\$ 225.81	not contracted	\$ 225.81	1 \$ 125.45
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$	67.46	see footnote <sup>3</sup>	\$ 67.4	6 not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.4	6 not contracted	\$ 121.43	not contracted	l \$ 121.43	3 \$ 67.46
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$	8.46	see footnote <sup>3</sup>	\$ 8.4	6 not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 8.4	6 not contracted	1 \$ 15.23	not contracted	1 \$ 15.23	3 \$ 8.46
		TROPONIN, QUANTITATIVE BLOOD COUNT;	84484		\$	12.47	see footnote <sup>3</sup>	\$ 12.4								·			
		COMPLETE (CBC), AUTOMATED (HGB, HCT,	95025		Ś	7.77	see feetnets <sup>3</sup>	\$ 7	7. not contracted	Ć 8.04	not contracted	\$ 7.77	, not controcted	\$ 7.7	7 not contracted	12.00	not contracted	12.00	777
		INJECTION, MIDAZOLAM	85025		ş	1.11	see footnote <sup>3</sup>	/ پ	7 not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 7.7	7 not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		HYDROCHLORIDE, PER 1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$	- not contracted	\$ .	not contracted	\$	- \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG INSULIN, RAPID	J3010		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$	- not contracted	\$ .	not contracted	\$	- \$ -
		ONSET, 5 UNITS MAGNESIUM	S5550 83735		not av	ailable 6.70	see footnote <sup>3</sup>	not availab		not available \$ 7.71				not availabl			not contracted	not available	

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						LUE SHIELE Medicare A			KAISER re Advantage)		DLINA Advantage)		A. CARE re Advantage)		. CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fac	ility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		PHOSPHORUS INORGANIC (PHOSPHATE);	84100		\$	4.74	see footnote <sup>3</sup>	\$ 4	74 not contracted	i \$ 5.4	not contracted	\$ 4.	74 not contracted	I \$ 4.74	not contracted	\$ 8.53	not contracted	\$ 8.53	\$ 4.74
		PROTHROMBIN TIME;	85610		\$	4.29	see footnote <sup>3</sup>	\$ 4	29 not contracted	1 \$ 4.9	not contracted	\$ 4.:	29 not contracted	4.29	not contracted	\$ 7.72	not contracted	\$ 7.72	\$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$	8.57	see footnote <sup>3</sup>	\$ 8	57 not contracted	i \$ 9.8i	not contracted	\$ 8.	not contracted	I \$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING,		70550			422.42	3	<b>A</b> 422	42	407.2		422		422.45		4 770 07		4 770 07	4 422.42
70553	BRAIN (IN	PRIMARY PROCEDURE INJECTION, GADOTERATE MEGLUMINE, 0.1 ML	70553 A9575		\$	432.43	see footnote <sup>3</sup>	\$ 432	- not contracted		not contracted not contracted		- not contracted		not contracted not contracted		not contracted		\$ 432.43
	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE		7,3373		Ť		see rootmote	Ψ	inot contracted	· ·	oc contracted	<u> </u>	not contracted	<u> </u>	oc contracted	Ψ		Y	<b>*</b>
76700	DOCUME ULTRASOUND, PREGNANT UTERUS,	PRIMARY PROCEDURE	76700		\$	125.45	see footnote <sup>3</sup>	\$ 125	45 not contracted	\$ 144.2	not contracted	\$ 125.	not contracted	\$ 125.45	not contracted	\$ 225.81	not contracted	\$ 225.81	. \$ 125.45
76805	REAL TIME WITH IMAGE	PRIMARY PROCEDURE ULTRASOUND,	76805		\$	125.45	see footnote <sup>3</sup>	\$ 125	45 not contracted	\$ 144.2	not contracted	\$ 125.	not contracted	\$ 125.45	not contracted	\$ 225.81	not contracted	\$ 225.81	. \$ 125.45
		PREGNANT UTERUS, REAL TIME WITH IMAGE	76811		\$	274.08	see footnote <sup>3</sup>	\$ 274	08 not contracted	i \$ 315.1	not contracted	\$ 274.	08 not contracted	I \$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
76830	ULTRASOUND, TRANSVAGINAL	PRIMARY PROCEDURE	76830		\$	125.45	see footnote <sup>3</sup>	\$ 125	45 not contracted	\$ 144.2	not contracted	\$ 125.	not contracted	\$ 125.45	not contracted	\$ 225.81	. not contracted	\$ 225.81	. \$ 125.45
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$	-	see footnote <sup>3</sup>	\$	- not contracted	1 \$	<ul> <li>not contracted</li> </ul>	\$	- not contracted	ı \$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$	. \$ -
	DIAGNOSTIC MAMMOGRAPHY, INCLUDING																		
77065	COMPUTER-AIDED D	PRIMARY PROCEDURE	77065		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$	not contracted	\$	- not contracted	\$	not contracted	\$ -	not contracted	\$	- \$ -
	DIAGNOSTIC MAMMOGRAPHY, INCLUDING																		
77066	COMPUTER-AIDED D SCREENING MAMMOGRAPHY,	PRIMARY PROCEDURE	77066		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$	not contracted	\$	- not contracted	\$	not contracted	\$ .	not contracted	\$	- \$ -
77067	BILATERAL (2-VIEW STUDY OF BASIC METABOLIC	PRIMARY PROCEDURE	77067		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$	not contracted	\$	- not contracted	i \$	not contracted	\$ -	not contracted	\$	. \$ -
80048	PANEL (CALCIUM, TOTAL) THIS PANEL	PRIMARY PROCEDURE	80048		\$	8.46	see footnote <sup>3</sup>	\$ 8	46 not contracted	i \$ 9.7	not contracted	\$ 8.4	46 not contracted	1 \$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ \$ 8.46

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						HIELD TRIWEST are Advantage)		ISER Advantage)	-	LINA Advantage)		CARE Advantage)		CARE red CA)		PLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8	s.57 see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	l \$ 8.57	' not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	i \$ 15.43	\$ 8.57
N	COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST																	
80053 I	NCL	PRIMARY PROCEDURE BLOOD COUNT; COMPLETE (CBC),	80053		\$ 10	see footnote <sup>3</sup>	\$ 10.56	not contracted	\$ 12.14	not contracted	\$ 10.56	not contracted	\$ 10.56	not contracted	\$ 19.01	not contracted	\$ 19.01	\$ 10.56
		AUTOMATED (HGB, HCT, COLLECTION OF VENOUS BLOOD BY	85025		\$ 7	see footnote <sup>3</sup>	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
	IPID PANEL THIS	VENIPUNCTURE	36415		\$ 8	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
F	PANEL MUST INCLUDE THE FOLLOWING:	PRIMARY PROCEDURE	80061		\$ 13	see footnote <sup>3</sup>	\$ 13.39	not contracted	\$ 15.40	not contracted	\$ 13.39	not contracted	\$ 13.39	not contracted	\$ 24.10	not contracted	\$ 24.10	\$ 13.39
ŀ	HEPATIC FUNCTION	VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	i \$ 15.43	\$ 8.57
F	PANEL THIS PANEL	PRIMARY PROCEDURE	80076		\$ 8	see footnote <sup>3</sup>	\$ 8.17	not contracted	\$ 9.40	not contracted	\$ 8.17	not contracted	\$ 8.17	not contracted	\$ 14.71	not contracted	i \$ 14.71	\$ 8.17
		LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING:	80061		\$ 13	.39 see footnote <sup>3</sup>	\$ 13.39	not contracted	\$ 15.40	not contracted	\$ 13.39	not contracted	\$ 13.39	not contracted	\$ 24.10	not contracted	i \$ 24.10	\$ 13.39
		VITAMIN D, 25 HYDROXY D2 AND D3, BY LC-MS/MS, SERU	0038U		\$ 29	.60 see footnote <sup>3</sup>	\$ 29.60	not contracted	\$ 34.04	not contracted	\$ 29.60	not contracted	\$ 29.60	not contracted	\$ 53.28	not contract	d \$ 53.28	\$ 29.60
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415			see footnote  see footnote				not contracted								
		PERIODIC COMPREHENSIVE PREVENTIVE	00305															
		OFFICE OR OTHER OUTPATIENT VISIT	99395		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ <u>-</u>	not contracted	1 \$ -	\$ -						
		FOR THE EVALUATIO VITAMIN D; 25	99213		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
l	JRINALYSIS, BY DIP	HYDROXY, INCLUDES FRACTION(S), IF PE	82306		\$ 29	see footnote <sup>3</sup>	\$ 29.60	not contracted	\$ 34.04	not contracted	\$ 29.60	not contracted	\$ 29.60	not contracted	\$ 53.28	not contracted	i \$ 53.28	\$ 29.60
S	TICK OR TABLET	PRIMARY PROCEDURE	81000		\$ 4	.02 see footnote <sup>3</sup>	\$ 4.02	not contracted	\$ 4.62	not contracted	l \$ 4.02	not contracted	\$ 4.02	not contracted	\$ 7.24	not contracted	d \$ 7.24	\$ 4.02

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						SLUE SHIELD TRIWEST Medicare Advantage) (Medic			ISER Advantage)	_	LINA Advantage)		CARE Advantage)		CARE red CA)	MO (Cover	LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facil	lity <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99395		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BIL URINALYSIS, BY DIP	PRIMARY PROCEDURE	81001		\$	3.17	see footnote <sup>3</sup>	\$ 3.17	not contracted	\$ 3.65	not contracted	\$ 3.17	not contracted	\$ 3.17	not contracted	\$ 5.71	not contracted	\$ 5.71	\$ 3.17
81002	STICK OR TABLET REAGENT FOR BIL URINALYSIS, BY DIP STICK OR TABLET	PRIMARY PROCEDURE	81002		\$	3.48	see footnote <sup>3</sup>	\$ 3.48	not contracted	\$ 4.00	not contracted	\$ 3.48	not contracted	\$ 3.48	not contracted	\$ 6.26	not contracted	\$ 6.26	\$ 3.48
	REAGENT FOR BIL PROSTATE SPECIFIC ANTIGEN (PSA);	PRIMARY PROCEDURE	81003		\$	2.25	see footnote <sup>3</sup>	\$ 2.25		•		-							
84153	TOTAL	PRIMARY PROCEDURE COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	84153 36415		\$	18.39 8.57	see footnote <sup>3</sup>	\$ 18.39				-							
84443	THYROID STIMULATING HORMONE (TSH)	PRIMARY PROCEDURE	84443		\$	16.80	see footnote <sup>3</sup>	\$ 16.80	not contracted	\$ 19.32	not contracted	\$ 16.80	not contracted	\$ 16.80	not contracted	\$ 30.24	not contracted	\$ 30.24	\$ 16.80
		METABOLIC PANEL THIS PANEL MUST INCL	80053		\$	10.56	see footnote <sup>3</sup>	\$ 10.56	not contracted	\$ 12.14	not contracted	\$ 10.56	not contracted	\$ 10.56	not contracted	\$ 19.01	not contracted	\$ 19.01	\$ 10.56
		LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING:	80061		\$	13.39	see footnote <sup>3</sup>	\$ 13.39	not contracted	\$ 15.40	not contracted	\$ 13.39	not contracted	\$ 13.39	not contracted	\$ 24.10	not contracted	\$ 24.10	\$ 13.39
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		Ś	7.77	see footnote <sup>3</sup>	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		HEMOGLOBIN; GLYCOSYLATED (A1C)	83036		\$	9.71	see footnote <sup>3</sup>	\$ 9.71			not contracted						not contracted		
		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BIL	81001		\$	3.17	see footnote <sup>3</sup>	\$ 3.17	not contracted	\$ 3.65	not contracted	\$ 3.17	not contracted	\$ 3.17	not contracted	\$ 5.71	not contracted	\$ 5.71	\$ 3.17
		PROTHROMBIN TIME; COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	85610 36415		\$	4.29 8.57	see footnote <sup>3</sup>	\$ 4.29											

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							TRIWEST Ivantage)		AISER Advantage)	_	LINA Advantage)		CARE Advantage)		. CARE ered CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility	2	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB,																		
85025	НСТ,	PRIMARY PROCEDURE COLLECTION OF VENOUS BLOOD BY			•	7.77	see footnote <sup>3</sup>	\$ 7.7											
	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB,	VENIPUNCTURE	36415		\$	8.57	see footnote <sup>3</sup>	\$ 8.5	7 not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.5	7 not contracted	\$ 15.43	not contracted	\$ 15.43	3 \$ 8.57
85027	нст,	PRIMARY PROCEDURE COLLECTION OF VENOUS BLOOD BY	85027		\$	6.47	see footnote <sup>3</sup>	\$ 6.4											
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	PRIMARY PROCEDURE	36415 90832		\$ 1	71.01	see footnote <sup>3</sup>	\$ 8.5			not contracted						not contracted		
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90834		\$ 1	71.01	see footnote <sup>3</sup>	\$ 171.0	1 not contracted	\$ 196.66	not contracted	\$ 171.01	l not contracted	\$ 171.0			not contracted	\$ 307.82	2 \$ 171.01
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT FAMILY	PRIMARY PROCEDURE	90837		\$ 1	71.01	see footnote <sup>3</sup>	\$ 171.0	1 not contracted	\$ 196.66	not contracted	\$ 171.01	L not contracted	\$ 171.0	1 not contracted	\$ 307.82	not contracted	\$ 307.82	2 \$ 171.01
90846	PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	PRIMARY PROCEDURE	90846		\$ 1	71.01	see footnote <sup>3</sup>	\$ 171.0	1 not contracted	\$ 196.66	not contracted	\$ 171.01	l not contracted	\$ 171.0	1 not contracted	\$ 307.82	not contracted	\$ 307.82	2 \$ 171.01
	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY)						3												
90847	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMI	PRIMARY PROCEDURE PRIMARY PROCEDURE	90847		servio		see footnote <sup>3</sup>	\$ 171.0	t service not	service not	service not	service no	t service not	service no	t service not	service not	service not	service no	t service not
	ELECTROCARDIOGRA M, ROUTINE ECG		90853		•	ovided	provided	provide		provided	provided	provided		provide	·			provided	
93000	WITH AT LEAST 12 LE	PRIMARY PROCEDURE  OFFICE OR OTHER  OUTPATIENT VISIT	93000		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$	- not contracted	-	not contracted	\$	- \$ -
		FOR THE EVALUATIO WEIGHT RECORDED (PAG)	99214 2001F		\$ \$	-	see footnote <sup>3</sup>	\$	not contracted not contracted	·	not contracted		not contracted	\$	- not contracted		not contracted not contracted	\$	- \$ -
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LE	93005		*	67.46	see footnote <sup>3</sup>	Ť	not contracted					Y	6 not contracted			<u> </u>	<u> </u>

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

					BLUE SHIEL (Medicare A		KAI (Medicare	SER Advantage)	MOI (Medicare			CARE Advantage)	L.A. (Cover	CARE ed CA)	MO (Cover	LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code N	lote	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	LEFT HEART CATHETERIZATION INCLUDING																	
93452	INTRAPROCEDUR POLYSOMNOGRAPHY;	PRIMARY PROCEDURE	93452		\$ 3,472.34	see footnote <sup>3</sup>	\$ 3,472.34	not contracted	\$ 3,993.19	not contracted	\$ 3,472.34	not contracted	\$ 3,472.34	not contracted	\$ 6,250.21	not contracted	\$ 6,250.21	\$ 3,472.34
95810	AGE 6 YEARS OR OLDER, SLEEP STAGI THERAPEUTIC	PRIMARY PROCEDURE	95810		\$ 1,096.68	see footnote <sup>3</sup>	\$ 1,096.68	not contracted	\$ 1,261.18	not contracted	\$ 1,096.68	not contracted	\$ 1,096.68	not contracted	\$ 1,974.02	not contracted	\$ 1,974.02	\$ 1,096.68
07110	PROCEDURE, 1 OR MORE AREAS, EACH	DDIMAADY DDOCEDUDE	07440		<u>,</u>		•				<b>^</b>		<b>^</b>		<b>^</b>		<b>^</b>	
9/110	15 MI	PRIMARY PROCEDURE OFFICE OR OTHER	97110		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
	OFFICE OR OTHER OUTPATIENT VISIT																	
99203	FOR THE EVALUATIO	PRIMARY PROCEDURE	99203		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99204		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
	OFFICE OR OTHER OUTPATIENT VISIT																	
99205	FOR THE EVALUATIO OFFICE OR OTHER	PRIMARY PROCEDURE	99205		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
99243	OUTPATIENT CONSULTATION FOR A NEW	PRIMARY PROCEDURE	99243		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR																	
99244	A NEW	PRIMARY PROCEDURE	99244		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
	INITIAL COMPREHENSIVE PREVENTIVE																	
99385	MEDICINE EVALUATI	PRIMARY PROCEDURE	99385		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
	INITIAL COMPREHENSIVE PREVENTIVE																	
99386	MEDICINE EVALUATI	PRIMARY PROCEDURE	99386		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
00212	OFFICE OR OTHER OUTPATIENT VISIT		00040			, a							_					
99213	FUR THE EVALUATIO	PRIMARY PROCEDURE	99213	ļ	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						LD TRIWEST Advantage)		ISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	OFFICE OR OTHER OUTPATIENT VISIT																	
99212	FOR THE EVALUATIO TELEPHONE	PRIMARY PROCEDURE	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$	- \$ -								
99442	EVALUATION AND MANAGEMENT	PRIMARY PROCEDURE	99442		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ .	- \$ -								
	HOSPITAL OUTPATIENT CLINIC VISIT FOR								·									
G0463	ASSESSMENT AN	PRIMARY PROCEDURE	G0463		\$ 141.85	see footnote <sup>3</sup>	\$ 141.85	not contracted	\$ 163.13	not contracted	\$ 141.85	not contracted	\$ 141.85	not contracted	\$ 255.33	not contracted	\$ 255.33	3 \$ 141.85
99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A P	PRIMARY PROCEDURE	99441		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ .	- \$ -								
	OFFICE OR OTHER OUTPATIENT VISIT						·		·				,				·	,
99214		PRIMARY PROCEDURE	99214		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ .	- \$ -								
00.440	TELEPHONE EVALUATION AND MANAGEMENT		00.440			3			•									
99443	SERVICE BY A P	PRIMARY PROCEDURE	99443		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ .	- \$ -								
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND	PRIMARY PROCEDURE	92012		\$ 141.85	see footnote <sup>3</sup>	\$ 141.85	not contracted	\$ 163.13	not contracted	\$ 141.85	not contracted	\$ 141.85	not contracted	\$ 255.33	not contracted	\$ 255.33	3 \$ 141.85
	OFFICE OR OTHER OUTPATIENT VISIT																	
99211	FOR THE EVALUATIO	PRIMARY PROCEDURE	99211		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$	- \$ -								
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	PRIMARY PROCEDURE	99202		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ .	- \$ -								
33202	OFFICE OR OTHER OUTPATIENT VISIT	TRIMARTINGEBORE	33202		<del>,</del>	3cc lootilote	<del>,</del>	not contracted	,	not contracted	Ą	not contracted	, v	not contracted	,	not contracted	7	,
99215	FOR THE EVALUATIO	PRIMARY PROCEDURE	99215		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	PRIMARY PROCEDURE	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
	IMMUNIZATION ADMINISTRATION (INCLUDES																	
90471	PERCUTANEOUS	PRIMARY PROCEDURE	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	4 \$ 79.19

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

					.D TRIWEST Advantage)	KA (Medicare	ISER Advantage)	MO (Medicare	LINA Advantage)		CARE Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		OFFICE OR OTHER OUTPATIENT VISIT			3												
	PERIODIC COMPREHENSIVE	FOR THE EVALUATIO	99213	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
99392	PREVENTIVE MEDICINE REEVALU	PRIMARY PROCEDURE	99392	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
33332	PERIODIC COMPREHENSIVE PREVENTIVE	THIN IN THOCEDONE	33332	Ÿ	See Tookhoke	Υ	not contracted	Ÿ	not contracted	Υ	not contracted	7	not contracted	Ψ	not contracted	~	, , , , , , , , , , , , , , , , , , ,
99391	MEDICINE REEVALU	PRIMARY PROCEDURE	99391	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$	- \$ -								
	INTRAVITREAL INJECTION OF A PHARMACOLOGIC				. 2												
67028	AGENT (S POSTOPERATIVE FOLLOW-UP VISIT,	PRIMARY PROCEDURE	67028	\$ 390.40	see footnote <sup>3</sup>	\$ 390.40	not contracted	\$ 448.96	not contracted	\$ 390.40	not contracted	\$ 390.40	not contracted	\$ 702.72	not contracted	\$ 702.72	2 \$ 390.40
	NORMALLY INCLUDED				2												
99024	1	PRIMARY PROCEDURE	99024	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND	PRIMARY PROCEDURE	92014	\$ 141.85	see footnote <sup>3</sup>	\$ 141.85	not contracted	\$ 163.13	not contracted	\$ 141.85	not contracted	\$ 141.85	not contracted	\$ 255.33	not contracted	\$ 255.33	3 \$ 141.85
32014	EX IIIII THE TOTAL	INTRAVITREAL INJECTION OF A PHARMACOLOGIC															
	PERIODIC COMPREHENSIVE	AGENT (S	67028	\$ 390.40	see footnote <sup>3</sup>	\$ 390.40	not contracted	\$ 448.96	not contracted	\$ 390.40	not contracted	\$ 390.40	not contracted	\$ 702.72	not contracted	\$ 702.72	2 \$ 390.40
99393	PREVENTIVE MEDICINE REEVALU	PRIMARY PROCEDURE	99393	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ ·	- \$ -								
	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT							•									
D7140	(ELEVATI	PRIMARY PROCEDURE	D7140	\$ 2,021.62	see footnote <sup>3</sup>	\$ 2,021.62	not contracted	\$ 2,324.86	not contracted	\$ 2,021.62	not contracted	\$ 2,021.62	not contracted	\$ 3,638.92	not contracted	\$ 3,638.92	2 \$ 2,021.62
		LIMITED ORAL EVALUATION -															
		PROBLEM FOCUSED	D0140	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	-	not contracted	\$ -	not contracted		not contracted	\$ -	- \$ -
		PANORAMIC FILM	D0330	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted		not contracted	\$ -	not contracted		not contracted	\$ -	- \$ -
	TELEPHONE ASSESSMENT AND	LOCAL ANESTHESIA	D9215	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$	- \$ -								
98966	MANAGEMENT SERVICE PROVID	PRIMARY PROCEDURE	98966	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ .	- \$ -								
	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR																
49083	THERAPEUTIC)	PRIMARY PROCEDURE	49083	\$ 968.90	see footnote <sup>3</sup>	\$ 968.90	not contracted	\$ 1,114.24	not contracted	\$ 968.90	not contracted	\$ 968.90	not contracted	\$ 1,744.02	not contracted	\$ 1,744.02	2 \$ 968.90

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							TRIWEST dvantage)		AISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility	y <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$		see footnote <sup>3</sup>	\$	- not contracted	4	not contracted	\$ -	not contracted	Ś	not contracted	\$ -	not contracted	\$ -	\$ -
00304	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	PRIMARY PROCEDURE	99394		\$		see footnote <sup>3</sup>	\$	- not contracted		not contracted		not contracted		not contracted		not contracted		\$ -
99394	INITIAL COMPREHENSIVE PREVENTIVE	PRIMARY PROCEDURE	99394		Ÿ		see rootmote	<b>,</b>	- not contracted	, -	not contracted	, <u> </u>	not contracted	,	- not contracted	,	not contracted	, -	, -
99381	MEDICINE EVALUATI	PRIMARY PROCEDURE	99381		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	\$ -
90653	INACTIVATED (IIV), SUBUNIT, ADJ	PRIMARY PROCEDURE IMMUNIZATION ADMINISTRATION	90653		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	\$ -
		(INCLUDES PERCUTANEOUS	90471		\$	79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	\$ -
98967	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVID	PRIMARY PROCEDURE	98967		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	\$ -
96/13	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION	PRIMARY PROCEDURE	96413		\$ 3	390.40	see footnote <sup>3</sup>	\$ 390.40	not contracted	\$ 448.96	not contracted	\$ 390.40	not contracted	\$ 390.40	not contracted	\$ 702.72	not contracted	\$ 702.72	\$ 390.40
30413	in colon	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS			•					,									
		DIPHENHYDRAMINE HYDROCHLORIDE, 50	96415		\$	79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		MG, ORAL, FDA AP INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR,	Q0163		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	\$ -
		INFLECTRA INFUSION, NORMAL SALINE SOLUTION,	Q5103		\$	29.11	see footnote <sup>3</sup>	\$ 29.13	not contracted	\$ 33.48	not contracted	\$ 29.11	not contracted	\$ 29.11	not contracted	\$ 52.40	not contracted	\$ 52.40	\$ 29.11
		250 CC	J7050		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	\$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							D TRIWEST Advantage)		AISER • Advantage)		LINA Advantage)		CARE Advantage)		. CARE red CA)		OLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Faci	ility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>						
98968	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVID THERAPEUTIC,	PRIMARY PROCEDURE	98968		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ .	not contracted	\$ .	- \$ -
96372	PROPHYLACTIC, OR DIAGNOSTIC INJECTION	PRIMARY PROCEDURE	96372		\$	79.19	see footnote <sup>3</sup>	\$ 79.1	9 not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	4 \$ 79.19
		INJECTION, MEDROXYPROGESTER ONE ACETATE, 1 MG	J1050		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	- \$ -
92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGIN	PRIMARY PROCEDURE	92134		\$	67.46	see footnote <sup>3</sup>	\$ 67.4	6 not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	3 \$ 67.46
90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUBU	DRIMARY PROCEDURE	90750		\$		see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	Ś	- not contracted	\$ -	not contracted	\$ -	- \$ -
30730	necowshiwhi, 3080	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		Ś	79.19	see footnote <sup>3</sup>	\$ 79.1											
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	_	see footnote <sup>3</sup>	\$	- not contracted		not contracted		not contracted		- not contracted		not contracted		- \$ -
52000	CYSTOURETHROSCOP Y (SEPARATE PROCEDURE) TREATMENT OF	PRIMARY PROCEDURE	52000		\$	733.96	see footnote <sup>3</sup>	\$ 733.9											3 \$ 733.96
67228	EXTENSIVE OR PROGRESSIVE RETINOPATHY	PRIMARY PROCEDURE	67228		\$	622.96	see footnote <sup>3</sup>	\$ 622.9	6 not contracted	\$ 716.40	not contracted	\$ 622.96	not contracted	\$ 622.96	not contracted	\$ 1,121.33	not contracted	\$ 1,121.33	3 \$ 622.96
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	PRIMARY PROCEDURE	D0120		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	<ul> <li>not contracted</li> </ul>	\$ .	not contracted	\$ .	- \$ -
91300	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (S	PRIMARY PROCEDURE	91300		\$	_	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	Ś	- not contracted	\$ -	not contracted	\$	- \$ -
		IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJEC	0004A		\$	48.73			3 not contracted			·	not contracted						

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

Primary Code Service Category Service Description CFT Code Note Facility <sup>2</sup> Professional Facility Facilit	Maximum Minimum Negotiated Rate Negotiated Rat
OUTPATIENT VISIT FOR THE EVALUATIO SARSCOV2 VAC BVL 30MCG/0.3ML SEVERE ACUTE RESPIRAT 91312 \$ see footnote <sup>3</sup> \$ not contracted \$ not contracte	al <sup>4</sup> Facility <sup>2</sup> Facility <sup>2</sup>
SEVERE ACUTE RESPIRAT 91312  \$ - see footnote <sup>3</sup> \$ - not contracted \$	cted \$ - \$
IMMUNIZATION ADMINIST 0124A \$ 48.73 see footnote \$ 48.73 not contracted \$ 56.04 not contracted \$ 48.73 not contracted \$ 87.71 not contrac	cted \$ - \$
UNATTENDED, SIMULTANEOUS  95806 RECORDING OF PRIMARY PROCEDURE 95806 \$ 170.69 see footnote <sup>3</sup> \$ 170.69 not contracted \$ 196.29 not contracted \$ 170.69 not contracted \$ 170.69 not contracted \$ 307.24 not contracted \$ 170.69	cted \$ 87.71 \$ 48.7
EDUCATION AND TRAINING FOR PATIENT SELF- MANAGEMENT 98960 \$ - see footnote <sup>3</sup> \$ - not contracted \$ - not con	cted \$ 307.24 \$ 170.6
PERIODIC COMPREHENSIVE PREVENTIVE	
99395 MEDICINE REEVALU PRIMARY PROCEDURE 99395 \$ - see footnote <sup>2</sup> \$ - not contracted \$ -	
INITIAL COMPREHENSIVE PREVENTIVE	cted \$ - \$
99383 MEDICINE EVALUATI PRIMARY PROCEDURE 99383 \$ - see footnote <sup>3</sup> \$ - not contracted \$	cted \$ - \$
D1110 PROPHYLAXIS-ADULT PRIMARY PROCEDURE D1110 \$ - see footnote <sup>3</sup> \$ - not contracted \$	cted \$ - \$
TREATMENT D1208 \$ - see footnote <sup>3</sup> \$ - not contracted \$ - not contrac	cted \$ - \$
INSTRUCTION D1330 \$ - see footnote <sup>3</sup> \$ - not contracted \$ - not contr	cted \$ - \$
EVALUATION - PROBLEM FOCUSED D0140 \$ - see footnote <sup>3</sup> \$ - not contracted \$ - not contrac	cted \$ - \$
MEDICATION THERAPY MANAGEMENT 99606   SERVICE(S) PROVIDED   PRIMARY PROCEDURE   99606   \$ - see footnote <sup>3</sup> \$ - not contracted	cted \$ - \$
99606   S -   see footnote <sup>2</sup>   S -   not contracted   S -   not con	

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							TRIWEST dvantage)		NISER Advantage)	MO (Medicare	LINA Advantage)		CARE Advantage)		CARE red CA)	MO (Cover	LINA ed CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facili	ity²	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCR	J2916		\$		see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	. \$ -
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-S	PRIMARY PROCEDURE	97602			211.95	see footnote <sup>3</sup>	\$ 211.95									not contracted		
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$		see footnote <sup>3</sup>	\$	- not contracted		not contracted		not contracted		not contracted		not contracted		\$ -
54702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER	PRIMARY PROCEDURE			-	136.28		·											
51702	BLADDER CATHETER	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	136.28	see footnote <sup>3</sup>	\$ 136.28 \$	not contracted not contracted		not contracted		not contracted		not contracted		not contracted	\$ 245.30	\$ 136.28
99396	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	PRIMARY PROCEDURE			\$	_	see footnote <sup>3</sup>	\$	- not contracted		not contracted		not contracted		not contracted		not contracted		. \$ -
	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR	PRIMARY PROCEDURE	20610		,	319.12	see footnote <sup>3</sup>	\$ 319.12		·	not contracted			·		·	not contracted		\$ 319.12
25010	indication, wildow	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE	J3301		\$		see footnote <sup>3</sup>	\$	not contracted		not contracted		not contracted		not contracted		not contracted	\$ -	\$ -
		INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML	S0020		,	vailable	see footnote <sup>3</sup>	not available		·	not contracted			not available		·	not contracted	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$	_	see footnote <sup>3</sup>	\$	- not contracted		not contracted		not contracted		not contracted		not contracted		. \$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$		see footnote <sup>3</sup>	\$	- not contracted	·	not contracted		not contracted	·	not contracted	·	not contracted		. \$ -
59025	FETAL NON-STRESS TEST	PRIMARY PROCEDURE	59025			209.07	see footnote <sup>3</sup>	\$ 209.07	not contracted		not contracted		not contracted	\$ 209.07	not contracted	·	not contracted		
	PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20),	PRIMARY PROCEDURE	90677		\$	-	see footnote <sup>3</sup>	\$	not contracted		not contracted		not contracted		not contracted		not contracted		. \$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							O TRIWEST dvantage)		NISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facilit	ty²	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		Ś	79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.5	4 \$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$	- not contracted		not contracted		- not contracted		not contracted		- not contracted		- \$ -
	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR				·			·											
90715	PERTUSSI	PRIMARY PROCEDURE IMMUNIZATION ADMINISTRATION (INCLUDES	90715		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$	- \$ -
		PERCUTANEOUS  OFFICE OR OTHER  OUTPATIENT VISIT	90471		\$	79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted		not contracted	\$ 79.19	not contracted		not contracted	\$ 142.54	
	INITIAL COMPREHENSIVE	FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$	- \$ -
99382	PREVENTIVE MEDICINE EVALUATI	PRIMARY PROCEDURE	99382		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$	- \$ -
		DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTO	96110		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ .	- not contracted	\$ -	not contracted	\$	- not contracted	\$	- \$ -
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND	PRIMARY PROCEDURE	92002		Ś	141.85	see footnote <sup>3</sup>	\$ 141.8	not contracted	\$ 163.13	not contracted	\$ 141.85	not contracted	\$ 141.85	not contracted	\$ 255.33	not contracted	\$ 255.33	3 \$ 141.85
	CHANGE OF CYSTOSTOMY TUBE;						3cc roothote			<del>y</del> 103.13	not contracted								
51705	SIMPLE ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT	PRIMARY PROCEDURE	51705		\$	252.19	see footnote <sup>3</sup>	\$ 252.19	not contracted	\$ 290.02	not contracted	\$ 252.19	not contracted	\$ 252.19	not contracted	\$ 453.94	not contracted	\$ 453.94	4 \$ 252.19
58100	ENDO	PRIMARY PROCEDURE	58100		\$	209.07	see footnote <sup>3</sup>	\$ 209.0	not contracted	\$ 240.43	not contracted	\$ 209.07	not contracted	\$ 209.07	not contracted	\$ 376.33	not contracted	\$ 376.3	3 \$ 209.07
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$	- \$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$	58.85	see footnote <sup>3</sup>	\$ 58.8!	not contracted	\$ 67.68	not contracted	\$ 58.85	i not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.9	3 \$ 58.85

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						IIELD TRIWEST re Advantage)		ISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	ECHOCARDIOGRAPHY, TRANSTHORACIC,																	
93306	REAL-TIME WITH IM  INITIAL  COMPREHENSIVE  PREVENTIVE	PRIMARY PROCEDURE	93306		\$ 590	52 see footnote	\$ 590.52	not contracted	\$ 679.10	not contracted	\$ 590.52	not contracted	\$ 590.52	not contracted	\$ 1,062.94	not contracted	\$ 1,062.94	\$ 590.52
99384	MEDICINE EVALUATI BLADDER IRRIGATION, SIMPLE, LAVAGE	PRIMARY PROCEDURE	99384		\$	- see footnote	\$ -	not contracted	\$ -	- \$ -								
51700	AND/OR INSTILLA	PRIMARY PROCEDURE  OFFICE OR OTHER  OUTPATIENT VISIT	51700		\$ 252	19 see footnote <sup>2</sup>	\$ 252.19	not contracted	\$ 290.02	not contracted	\$ 252.19	not contracted	\$ 252.19	not contracted	\$ 453.94	not contracted	\$ 453.94	\$ 252.19
		FOR THE EVALUATIO BCG LIVE INTRAVESICAL	99213		\$	- see footnote <sup>3</sup>	\$ -	not contracted		- \$ -								
	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH	INSTILLATION, 1 MG	J9030		\$	- see footnote	\$ -	not contracted	\$ -	- \$ -								
	IMAGE PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SER	PRIMARY PROCEDURE PRIMARY PROCEDURE			\$ 125	not service not	\$ 125.45	service not	service not	not contracted	service not	service not	service not	service not	service not	not contracted	service not	t service not
90792	IVIEDICAL SER	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99205		provid \$	ed provided	\$ -	provided not contracted	provided \$ -	provided not contracted	provided \$ -	provided not contracted	provided \$ -	provided not contracted		provided not contracted	provided \$	l provided
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/O	PRIMARY PROCEDURE			\$ 125		\$ 125.45		·	not contracted						not contracted	·	
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$	- see footnote	,	not contracted		not contracted		not contracted	,	not contracted		not contracted		- \$ -
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR	PRIMARY PROCEDURE			·	46 see footnote	\$ 67.46		·								·	
31798	, mojon	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ 67	- see footnote	\$ -	not contracted		- \$ -								

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						ELD TRIWEST e Advantage)		ISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
V	NFLUENZA VIRUS ACCINE, UADRIVALENT (IIV4),																	
90686 SI	. , ,,	PRIMARY PROCEDURE	90686		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES																
		PERCUTANEOUS	90471		\$ 79.1	9 see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	<ul> <li>not contracted</li> </ul>	\$ -	- not contracted	\$ -	not contracted	\$ -	. \$ -
							-											
92015 R	ETERMINATION OF EFRACTIVE STATE ITRAORAL-	PRIMARY PROCEDURE	92015		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	ERIAPICAL-FIRST																	1.
D0220 FI	LM	PRIMARY PROCEDURE LIMITED ORAL EVALUATION -	D0220		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		PROBLEM FOCUSED	D0140		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
EX	ISUAL FIELD XAMINATION, NILATERAL OR																	
	ILATERAL, IFLUENZA VIRUS ACCINE,	PRIMARY PROCEDURE	92083		\$ 136.2	8 see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
	UADRIVALENT	PRIMARY PROCEDURE	90694		Ś	see feetnets <sup>3</sup>	ć	not contracted	ć	not contracted	ģ .	not contracted		not contracted	\$ -	not contracted	\$ -	ć
90694 (F	AIIV4), INA	IMMUNIZATION ADMINISTRATION	90694		Ş	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	, -	not contracted	ş -	\$ -
		(INCLUDES PERCUTANEOUS	90471		\$ 79.1	9 see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT					•		,		,		,					
		FOR THE EVALUATIO	99213		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	ATIENT SCREENED OR DEPRESSION GUD)	PRIMARY PROCEDURE	1220F		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ .	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT	_															
PI	LTRASOUND, REGNANT UTERUS,	FOR THE EVALUATIO	99213		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
76811 IN	EAL TIME WITH MAGE	PRIMARY PROCEDURE	76811		\$ 274.0	8 see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						ELD TRIWEST e Advantage)		ISER Advantage)	MO (Medicare	LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED	PRIMARY PROCEDURE	D0150		\$ 2,021.	see footnote <sup>3</sup>	\$ 2,021.62	not contracted	\$ 2,324.86	not contracted	\$ 2,021.62	not contracted	\$ 2,021.62	not contracted	\$ 3,638.92	not contracted	d \$ 3,638.92	\$ 2,021.62
(	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR																	
	INTERROGATION DEVICE EVALUATION	PRIMARY PROCEDURE	99242		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ .	not contracted	\$ -	\$ -						
93288 (		OFFICE OR OTHER	93288		\$ 41.	see footnote <sup>3</sup>	\$ 41.08	not contracted	\$ 47.24	not contracted	\$ 41.08	not contracted	\$ 41.08	not contracted	\$ 73.94	not contracted	\$ 73.94	\$ 41.08
	HYSTEROSCOPY, SURGICAL; WITH	OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
58558	SAMPLING (BIOPSY) OF	PRIMARY PROCEDURE	58558		\$ 3,318.	see footnote <sup>3</sup>	\$ 3,318.57	not contracted	\$ 3,816.36	not contracted	\$ 3,318.57	not contracted	\$ 3,318.57	not contracted	\$ 5,973.43	not contracted	\$ 5,973.43	\$ 3,318.57
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	l \$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	d \$ 105.93	\$ 58.85
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,	00303		<del>,</del> 30.	366 100111016	<del>y</del> 30.03	not contracted	ÿ 07.00	not contracted	30.03	not contracted	ÿ 30.03	not contracted	Ţ 103.53	not contracted	1 9 103.33	<del>y</del> 50.05
		1 MG INJECTION, MIDAZOLAM	J1100		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		HYDROCHLORIDE, PER 1 MG INJECTION,	J2250		\$	- see footnote <sup>3</sup>	\$ -	not contracted	1 \$ -	\$ -								
		ONDANSETRON HYDROCHLORIDE, PER 1 MG INJECTION,	J2405		\$	- see footnote <sup>3</sup>	\$ -	not contracted	1 \$ -	\$ -								
		PROPOFOL, 10 MG	J2704		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		INJECTION, FENTANYL CITRATE, 0.1 MG RINGERS LACTATE	J3010		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ .	not contracted	1 \$ -	\$ -						
		INFUSION, UP TO 1000 CC ANTIBODY SCREEN,	J7120		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ .	not contracted	s -	\$ -						
		RBC, EACH SERUM TECHNIQUE BLOOD TYPING,	86850		\$ 58.	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		SEROLOGIC; RH (D)	86901		\$ 39.	see footnote <sup>3</sup>	\$ 39.86	not contracted	\$ 45.84	not contracted	\$ 39.86	not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	\$ 39.86

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

Facility <sup>2</sup> Professional <sup>4</sup> \$ 245.30 not contracted  \$ 15.43 not contracted  \$ - not contracted	\$ 15.43 \$ 8.57
5 15.43 not contracted	\$ 15.43 \$ 8.57
\$ - not contracted	\$ - \$ -
\$ - not contracted	\$ - \$ -
\$ - not contracted	\$ - \$ -
3,679.38 not contracted	\$ 3,679.38 \$ 2,044.10
\$ - not contracted	\$ - \$ -
\$ - not contracted	\$ - \$ -
\$ 307.24 not contracted	\$ 307.24 \$ 170.69
307.24 not contracted	\$ 307.24 \$ 170.69
5 - not contracted	\$ - \$ -
\$ - not contracted	\$ - \$ -
\$ - not contracted	\$ - \$ -
1 7/4 02 not contracted	\$ 1,744.02 \$ 968.90
\$ \$	3,679.38 not contracted  - not contracted  307.24 not contracted  307.24 not contracted  - not contracted  - not contracted

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						IELD TRIWEST re Advantage)		ISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;																	
67040		PRIMARY PROCEDURE	67040		\$ 4,689.	see footnote	\$ 4,689.61	not contracted	\$ 5,393.05	not contracted	\$ 4,689.61	not contracted	\$ 4,689.61	not contracted	\$ 8,441.30	not contracted	\$ 8,441.30	\$ 4,689.61
	TOPICAL FLUORIDE VARNISH; THERAPEUTIC																	
D1206	APPLICATION	PRIMARY PROCEDURE	D1206		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	. \$ -								
		PROPHYLAXIS-CHILD	D1120		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	. \$ -								
		ORAL HYGIENE	D1330		\$	son fontmate	ć	not contracted	ć	not contracted	\$ -	not contracted	ć	not contracted	ć	not contracted	\$ -	· \$ -
		INSTRUCTION ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS	D1330		,	- see footnote	\$ -	not contracted	\$ -	not contracted	, -	not contracted	\$ -	not contracted	\$ -	not contracted	, -	7
		OF	D0145		\$	- see footnote	\$ -	not contracted	\$ -	. \$ -								
	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS,																	
50435	INCLU	PRIMARY PROCEDURE CHANGE OF	50435		\$ 2,177.	07 see footnote	\$ 2,177.07	not contracted	\$ 2,503.63	not contracted	\$ 2,177.07	not contracted	\$ 2,177.07	not contracted	\$ 3,918.73	not contracted	\$ 3,918.73	\$ 2,177.07
		PERCUTANEOUS TUBE OR DRAINAGE																
		CATHETER W INJECTION,	75984		\$	- see footnote	\$ -	not contracted	\$ -	- \$ -								
		LEVOFLOXACIN, 250 MG	J1956		\$	- see footnote	\$ -	not contracted	\$ -	· \$ -								
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	31330		<u> </u>	See rootriote	7	not contracted	Ÿ	not contracted	<u> </u>	not contracted	7	not contracted	<u> </u>	not contracted	<b>*</b>	Ÿ
		1 MG	J2250		\$	- see footnote	\$ -	not contracted	\$ -	· \$ -								
		INJECTION, FENTANYL																
		CITRATE, 0.1 MG	J3010		\$	- see footnote	\$ -	not contracted	\$ -	· \$ -								
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML	J7040		\$	- see footnote	\$ -	not contracted	\$ -	. \$ -								
	COMPUTERIZED CORNEAL TOPOGRAPHY,	STERRED (SOU IVIE	37040		7	see rootriote	-	not contracted	<del>-</del>	not contracted	, -	not contracted		not contracted	, -	not contracted	, -	, -
92025	UNILATERAL OR BIL	PRIMARY PROCEDURE	92025		\$ 67.	46 see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ \$ 67.46
		OFFICE OR OTHER OUTPATIENT VISIT																
		FOR THE EVALUATIO	99213		\$	- see footnote	\$ -	not contracted	\$ -	\$ -								

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							D TRIWEST Advantage)		AISER Advantage)		LINA Advantage)		CARE Advantage)	L.A. (Cover	CARE ed CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fac	cility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	POSTERIOR TIBIAL NEUROSTIMULATION,																		
64566	PERCUTANEOUS NE	PRIMARY PROCEDURE	64566		\$	319.12	see footnote <sup>3</sup>	\$ 319.1	2 not contracted	\$ 366.99	not contracted	\$ 319.12	not contracted	\$ 319.12	not contracted	\$ 574.42	not contracted	\$ 574.42	\$ 319.12
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
20175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY		00475		4	25.54	3	4 266		4 22.50		4 25.54		4 25.54		47.00		47.00	4 25.64
88175	REPORTING	OFFICE OR OTHER OUTPATIENT VISIT	88175		\$	26.61	see footnote <sup>3</sup>	\$ 26.6	1 not contracted	\$ 30.60	not contracted	\$ 26.61	not contracted	\$ 26.61	not contracted	\$ 47.90	not contracted	\$ 47.90	\$ 26.61
		FOR THE EVALUATIO	99212		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA																	
		OR CYTOPATHOLOGY,	87624		\$	35.09	see footnote <sup>3</sup>	\$ 35.0	9 not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
		CERVICAL OR VAGINAL (ANY REPORTING	88142		\$	20.26	see footnote <sup>3</sup>	\$ 20.2	6 not contracted	\$ 23.30	not contracted	\$ 20.26	not contracted	\$ 20.26	not contracted	\$ 36.47	not contracted	\$ 36.47	\$ 20.26
	MEDICAL NUTRITION THERAPY; INITIAL						3												
97802	ASSESSMENT AND	PRIMARY PROCEDURE	97802		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	CATHETER PLACEMENT IN CORONARY ARTERY(S)						. 3												
93454	FOR CORON	PRIMARY PROCEDURE INJECTION, HEPARIN SODIUM, PER 1000	93454		\$	3,472.34	see footnote <sup>3</sup>	\$ 3,472.3	4 not contracted	\$ 3,993.19	not contracted	\$ 3,472.34	not contracted	\$ 3,472.34	not contracted	\$ 6,250.21	not contracted	\$ 6,250.21	\$ 3,472.34
		UNITS	J1644		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS																	
		INFUSION,	J2001		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	12255		•		3												
		1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						SHIELD TRIM			ISER Advantage)	MOI (Medicare	LINA Advantage)		CARE Advantage)	L.A. (Cover	CARE ed CA)	MO (Cover	LINA ed CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Prof	fessional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	SELF-CARE EDUCATION PROVIDED TO																		
4450F	PATIENT (HF)	PRIMARY PROCEDURE	4450F		\$	- see	ee footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	- see	ee footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
00153	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH M	PRIMARY PROCEDURE	88152		\$ 2	7.64 see	ee footnote <sup>3</sup>	\$ 27.64	not contracted	\$ 31.79	not contracted	\$ 27.64	not contracted	\$ 27.64	not contracted	\$ 49.75	not contracted	\$ 49.75	\$ 27.64
88152	VAGINAL, WITH IVI	OFFICE OR OTHER OUTPATIENT VISIT			·														
		FOR THE EVALUATIO CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	99212		\$	- see	ee footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		REPORTING INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA	88175		\$ 2	6.61 see	ee footnote <sup>3</sup>	\$ 26.61	not contracted	\$ 30.60	not contracted	\$ 26.61	not contracted	\$ 26.61	not contracted	\$ 47.90	not contracted	\$ 47.90	\$ 26.61
	ZOSTER (SHINGLES) VACCINE (HZV), LIVE,	OR	87624		\$ 3	5.09 see	ee footnote <sup>3</sup>	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
90736	FOR SUBCUTA	PRIMARY PROCEDURE IMMUNIZATION ADMINISTRATION	90736		\$	- see	ee footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		(INCLUDES PERCUTANEOUS	90471		\$ 7	9.19 see	ee footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	- see	ee footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
52310	CYSTOURETHROSCOP Y, WITH REMOVAL OF FOREIGN BODY, C	PRIMARY PROCEDURE	52310		\$ 2,17	7.07 see	ee footnote <sup>3</sup>	\$ 2,177.07	not contracted	\$ 2,503.63	not contracted	\$ 2,177.07	not contracted	\$ 2,177.07	not contracted	\$ 3,918.73	not contracted	\$ 3,918.73	\$ 2,177.07
	SARS-COV-2 COVID-19 AMP PRB HIGH						. 3												
U0003	THROUGHPUT TECH I	PRIMARY PROCEDURE COV-19 AMP PRB HGH THRUPUT WITHIN 2 DAYS	U0003		\$	- see	ee footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		COLLECT	U0005		\$	- see	ee footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							D TRIWEST Advantage)	(Medio	KAISER are Advantage)	(	MOL (Medicare /	-INA Advantage)		. CARE e Advantage)		L.A. C (Covere			MOI (Covere	LINA ed CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fac	cility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional	Fa	cility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Fa	cility <sup>2</sup>	Professional <sup>4</sup>	Faci	ility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY																					
88142	REPORTING	PRIMARY PROCEDURE INFECTIOUS AGENT DETECTION BY	88142		\$	20.26	see footnote <sup>3</sup>	\$ 2	0.26 not contract	ed \$	23.30	not contracted	\$ 20.2	6 not contracted	\$	20.26	not contracted	\$	36.47	not contracted	\$ 36.47	\$ 20.26
		NUCLEIC ACID (DNA OR	87624		\$	35.09	see footnote <sup>3</sup>	\$ 3	5.09 not contract	ed \$	40.35	not contracted	\$ 35.0	9 not contracted	\$	35.09	not contracted	\$	63.16	not contracted	\$ 63.16	\$ 35.09
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$		see footnote <sup>3</sup>	\$	- not contract	ed \$		not contracted	\$	- not contracted	\$		not contracted	\$		not contracted	ς .	. \$ -
105.05	INJECTION, ONABOTULINUMTOXI NA, 1 UNIT				Ś	7.42					0.53					7.42			12.20		<u> </u>	
10585	CYSTOURETHROSCOP Y, WITH URETEROSCOPY	PRIMARY PROCEDURE	J0585		\$	7.42	see footnote <sup>3</sup>	\$	7.42 not contract	ed \$	8.53	not contracted	\$ 7.4	2 not contracted	\$	7.42	not contracted	\$	13.36	not contracted	\$ 13.36	\$ 7.42
52356	AND/OR PYELOS	PRIMARY PROCEDURE FLUOROSCOPY (SEPARATE	52356		\$	5,518.95	see footnote <sup>3</sup>	\$ 5,51	3.95 not contract	ed \$	6,346.79	not contracted	\$ 5,518.9	5 not contracted	\$	5,518.95	not contracted	\$	9,934.11	not contracted	\$ 9,934.11	\$ 5,518.95
		PROCEDURE), UP TO 1 HOUR PHY	76000		\$	274.08	see footnote <sup>3</sup>	\$ 27	4.08 not contract	ed \$	315.19	not contracted	\$ 274.0	8 not contracted	\$	274.08	not contracted	\$	493.34	not contracted	\$ 493.34	\$ 274.08
		CALCULUS; INFRARED SPECTROSCOPY	82365		\$	12.90	see footnote <sup>3</sup>	\$ 1	2.90 not contract	ed \$	14.84	not contracted	\$ 12.9	0 not contracted	\$	12.90	not contracted	\$	23.22	not contracted	\$ 23.22	\$ 12.90
		LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ON	88300		Ś	29.30	see footnote <sup>3</sup>	\$ 2 <sup>1</sup>	9.30 not contract	ed \$	33.70	not contracted	\$ 29.3	0 not contracted	Ś	29.30	not contracted	Ś	52.74	not contracted	\$ 52.74	\$ 29.30
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$		see footnote <sup>3</sup>	\$	- not contract			not contracted		- not contracted			not contracted		-	not contracted	\$ -	. \$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,			,			T		7			*		,			*			<del>*</del>	,
		1 MG INJECTION, MIDAZOLAM	J1100		\$	-	see footnote <sup>3</sup>	\$	- not contract	ed \$	-	not contracted	\$	- not contracted	\$	-	not contracted	\$	-	not contracted	\$ -	. \$ -
		HYDROCHLORIDE, PER 1 MG INJECTION,	J2250		\$	-	see footnote <sup>3</sup>	\$	- not contract	ed \$	-	not contracted	\$	- not contracted	\$	-	not contracted	\$	-	not contracted	\$ -	. \$ -
		ONDANSETRON HYDROCHLORIDE, PER	12405					_		- 1 6											<b>^</b>	
		1 MG INJECTION, PROPOFOL, 10 MG	J2405 J2704		\$	-	see footnote <sup>3</sup>	\$	- not contract		-	not contracted		- not contracted		-	not contracted		-	not contracted	\$ -	. \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$	- not contract	ed \$	-	not contracted	\$	- not contracted	\$	-	not contracted	\$	-	not contracted	\$ -	. \$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

					LD TRIWEST Advantage)		ISER Advantage)	_	LINA Advantage)		CARE Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120	\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
	FLUORESCEIN ANGIOGRAPHY (INCLUDES																
92235	MULTIFRAME IMAGI TYMPANOMETRY AND REFLEX THRESHOLD	PRIMARY PROCEDURE	92235	\$ 328.71	see footnote <sup>3</sup>	\$ 328.71	not contracted	\$ 378.02	not contracted	\$ 328.71	not contracted	\$ 328.71	not contracted	\$ 591.68	not contracted	\$ 591.68	3 \$ 328.71
92550	MEASUREMENTS	PRIMARY PROCEDURE COMPREHENSIVE AUDIOMETRY	92550	\$ 170.69	see footnote <sup>3</sup>	\$ 170.69	not contracted	\$ 196.29	not contracted	\$ 170.69	not contracted	\$ 170.69	not contracted	\$ 307.24	not contracted	\$ 307.24	\$ 170.69
	ONLINE DIGITAL	THRESHOLD EVALUATION AND	92557	\$ 170.69	see footnote <sup>3</sup>	\$ 170.69	not contracted	\$ 196.29	not contracted	\$ 170.69	not contracted	\$ 170.69	not contracted	\$ 307.24	not contracted	\$ 307.24	\$ 170.69
99423	EVALUATION AND MANAGEMENT SERVICE,	PRIMARY PROCEDURE	99423	\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
Docos	CARIES RISK ASSESSMENT AND DOCUMENTATION,	DDIAAADV DDOCEDUBE	2000		6	,		_								•	- \$ -
D0603	WITH A F	PRIMARY PROCEDURE TOPICAL FLUORIDE VARNISH; THERAPEUTIC	D0603	\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		APPLICATION  PROPHYLAXIS-CHILD	D1206	\$	see footnote <sup>3</sup>	\$ -	not contracted		not contracted		not contracted		not contracted		not contracted	\$ -	- \$ - - \$ -
		ORAL HYGIENE INSTRUCTION	D1330	\$	see footnote <sup>3</sup>	\$ -	not contracted		not contracted		not contracted		not contracted		not contracted	\$ -	- \$ -
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120	\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	PRIMARY PROCEDURE	90791	service no 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	
93247	EXTERNAL ELECTROCARDIOGRAP HIC RECORDING FOR MORE T	PRIMARY PROCEDURE	93247	\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	) \$ 136.28
33247	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR	T. T	33247	7 130.26	see roomote	7 130.20	not contracted	7 130.72	not contracted	7 130.20	not contracted	7 130.20	not contracted	y 243.30	not contracted	243.30	Ų 130.26
99245	A NEW OPHTHALMOLOGICAL	PRIMARY PROCEDURE	99245	\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
92004	SERVICES: MEDICAL EXAMINATION AND	PRIMARY PROCEDURE	92004	\$ 141.85	see footnote <sup>3</sup>	\$ 141.85	not contracted	\$ 163.13	not contracted	\$ 141.85	not contracted	\$ 141.85	not contracted	\$ 255.33	not contracted	\$ 255.33	3 \$ 141.85

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

М	Service Category	Service Description				,	Advantage)	(Medicare	Advantage)	(Medicare	Advantage)	(Cove	red CA)	(Cover	red CA)	Negotiated Rate	Negotiated Rate
	1EDICATION		CPT Code Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
М	HERAPY IANAGEMENT																
PE SC PL	ERIODONTAL CALING AND ROOT LANING - FOUR OR	PRIMARY PROCEDURE	99605	\$	see footnote <sup>3</sup>	\$ -	not contracted		not contracted		not contracted		not contracted		not contracted		\$ -
D4341 M	10R	PRIMARY PROCEDURE ORAL HYGIENE INSTRUCTION	D4341	\$ -	see footnote <sup>3</sup>	\$ - \$ -	not contracted		not contracted		not contracted not contracted		not contracted not contracted		not contracted		. \$ -
D0274 FII	ITEWINGS-FOUR ILMS	PRIMARY PROCEDURE	D0274	\$ 2,021.62	see footnote <sup>3</sup>	\$ 2,021.62	not contracted	\$ 2,324.86	not contracted	\$ 2,021.62	not contracted	\$ 2,021.62	not contracted	\$ 3,638.92	not contracted	\$ 3,638.92	\$ 2,021.62
		PROPHYLAXIS-ADULT DENTAL PROPHYLAXIS AND TOPICAL FLUORIDE	D1110	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		TREATMENT ORAL HYGIENE INSTRUCTION	D1208	\$ -	see footnote <sup>3</sup>	\$ - \$ -	not contracted		not contracted		not contracted	\$ -	not contracted		not contracted	\$ -	. \$ - . \$ -
		PERIODIC ORAL EVALUATION -				·		•				7				*	
	YSTOURETHROSCOP , WITH INSERTION	ESTABLISHED PATIENT	D0120	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
52332 OI	F INDWELLING UR	PRIMARY PROCEDURE UROGRAPHY, RETROGRADE, WITH	52332	\$ 3,761.85	see footnote <sup>3</sup>	\$ 3,761.85	not contracted	\$ 4,326.13	not contracted	\$ 3,761.85	not contracted	\$ 3,761.85	not contracted	\$ 6,771.33	not contracted	\$ 6,771.33	\$ 3,761.85
		OR WITHOUT KUB	74420	\$ 432.43	see footnote <sup>3</sup>	\$ 432.43	not contracted	\$ 497.29	not contracted	\$ 432.43	not contracted	\$ 432.43	not contracted	\$ 778.37	not contracted	\$ 778.37	\$ 432.43
E.C.	CHOCARDIOGRAPHY,	MORPHINE SULFATE, UP TO 10 MG	J2270	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	. \$ -
FE CA	ETAL, ARDIOVASCULAR		75005		3	<b>.</b>		A 672 12						4 40000		4 000 00	4 505 53
/6825 SY	YSTEM, RE	PRIMARY PROCEDURE OFFICE OR OTHER OUTPATIENT VISIT		\$ 590.52		\$ 590.52	not contracted	\$ 679.10	not contracted		not contracted	\$ 590.52	not contracted	, ,	not contracted	\$ 1,062.94	
M (N	SOPHAGEAL 10TILITY MANOMETRIC STUDY IF THE ESOPH	FOR THE EVALUATIO PRIMARY PROCEDURE	99205	\$ 567.40	see footnote <sup>3</sup>	\$ -	not contracted		not contracted		not contracted		not contracted		not contracted		\$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						LD TRIWEST Advantage)		ISER Advantage)	_	LINA Advantage)		CARE Advantage)		CARE red CA)		OLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code N	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S),	PRIMARY PROCEDURE	20552		\$ 319.12	see footnote <sup>3</sup>	\$ 319.12	not contracted	\$ 366.99	not contracted	\$ 319.12	not contracted	\$ 319.12	not contracted	\$ 574.42	not contracted	\$ 574.42	2 \$ 319.12
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOP	76942		\$	see footnote <sup>3</sup>	\$ -	not contracted		not contracted		not contracted		not contracted		- not contracted		- \$ -
93294	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO	PRIMARY PROCEDURE	93294		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	Ś	- \$ -
		INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO	93295		\$	see footnote <sup>3</sup>	\$ -	not contracted	·	not contracted		not contracted		not contracted		not contracted		- \$ -
	PARING OR CUTTING OF BENIGN HYPERKERATOTIC																	
11055	LESION	PRIMARY PROCEDURE  OFFICE OR OTHER  OUTPATIENT VISIT  FOR THE EVALUATIO	99212		\$ 211.95	see footnote <sup>3</sup>	\$ 211.95	not contracted  not contracted		not contracted		not contracted		not contracted		not contracted		- \$ -
	ADM SARSCV2 BVL 30MCG/.3ML B IMMUNIZATION ADMINIST	PRIMARY PROCEDURE	0124A		\$ 48.73		\$ 48.73		·									
OIZ-W	70mms	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19		\$ 79.19			not contracted					,			
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	see footnote <sup>3</sup>	\$ -	not contracted		not contracted		not contracted		not contracted		not contracted		- \$ -
		SARSCOV2 VAC BVL 30MCG/0.3ML SEVERE ACUTE RESPIRAT	91312		\$	see footnote <sup>3</sup>	\$ -	not contracted		not contracted		not contracted		not contracted		not contracted		- \$ -
90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18,	PRIMARY PROCEDURE	90651		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$	- \$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	4 \$ 79.19

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							TRIWEST dvantage)		NISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facili	ty²	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	_	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
	CATHETER PLACEMENT IN CORONARY ARTERY(S)				·			·		·									
93460	FOR CORON	PRIMARY PROCEDURE INJECTION, HEPARIN SODIUM, PER 1000	93460		\$ 3	,472.34	see footnote <sup>3</sup>	\$ 3,472.34	not contracted	\$ 3,993.19	not contracted	\$ 3,472.34	not contracted	\$ 3,472.34	not contracted	\$ 6,250.21	not contracted	\$ 6,250.21	\$ 3,472.34
		UNITS INJECTION, LIDOCAINE HCL FOR INTRAVENOUS	J1644		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	- \$ -								
		INFUSION, INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	J2001		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	- \$ -								
		1 MG INJECTION, FENTANYL	J2250		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	- \$ -								
	SPIROMETRY, INCLUDING GRAPHIC	CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	- \$ -								
94010	RECORD, TOTAL AND TI	PRIMARY PROCEDURE	94010		\$	170.69	see footnote <sup>3</sup>	\$ 170.69	not contracted	\$ 196.29	not contracted	\$ 170.69	not contracted	\$ 170.69	not contracted	\$ 307.24	not contracted	\$ 307.24	\$ 170.69
		PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES	94726		\$	328.71	see footnote <sup>3</sup>	\$ 328.73	not contracted	\$ 378.02	not contracted	\$ 328.71	not contracted	\$ 328.71	not contracted	\$ 591.68	not contracted	\$ 591.68	3 \$ 328.71
		DIFFUSING CAPACITY (EG, CARBON MONOXIDE,	94729		\$			<b>A</b>		•				•					- \$ -
		MEMBRANE)  MAXIMUM BREATHING CAPACITY, MAXIMAL	94729		<b>&gt;</b>	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	- \$ -								
		VOLUNTARY VENT	94200		\$	67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	3 \$ 67.46
92133	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGIN	PRIMARY PROCEDURE	92133		\$	67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	3 \$ 67.46
D0210	INTRAORAL- COMPLETE SERIES (INCLUDING BITEWINGS)	PRIMARY PROCEDURE	D0210		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						HIELD TRIWEST are Advantage)		ISER Advantage)		LINA Advantage)		CARE Advantage)	L.A. (Cover	CARE ed CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code N	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		ORAL HYGIENE INSTRUCTION	D1330		\$	- see footnote	\$ -	not contracted	\$ -	\$ -								
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		\$	- see footnote	\$ -	not contracted		not contracted		not contracted		not contracted	,	not contracted	*	\$ -
	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC,				·		Ÿ		·		*						*	*
45330	INCLUDING COL	PRIMARY PROCEDURE INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	45330		\$ 975		\$ 975.39		. ,						, ,			
		1 MG	J2250		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
	CATHETER PLACEMENT IN CORONARY ARTERY(S)																	
93456	FOR CORON	PRIMARY PROCEDURE GASES, BLOOD, ANY	93456		\$ 3,472	.34 see footnote <sup>3</sup>	\$ 3,472.34	not contracted	\$ 3,993.19	not contracted	\$ 3,472.34	not contracted	\$ 3,472.34	not contracted	\$ 6,250.21	not contracted	\$ 6,250.21	\$ 3,472.34
		COMBINATION OF PH, PCO2, PO2, CO	82803		\$ 26	.07 see footnote	\$ 26.07	not contracted	\$ 29.98	not contracted	\$ 26.07	not contracted	\$ 26.07	not contracted	\$ 46.93	not contracted	\$ 46.93	\$ 26.07
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$	- see footnote	\$ -	not contracted	\$ -	\$ -								
	INJECTION(S); SINGLE OR MULTIPLE																	
20553	TRIGGER POINT(S),	PRIMARY PROCEDURE  ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT	20553		\$ 319	.12 see footnote	\$ 319.12	not contracted	\$ 366.99	not contracted	\$ 319.12	not contracted	\$ 319.12	not contracted	\$ 574.42	not contracted	\$ 574.42	\$ 319.12
		(EG, BIOP	76942		\$	- see footnote	\$ -	not contracted	\$ -	\$ -								
CACAA	CHEMODENERVATION OF ONE EXTREMITY; 5	5	64644		ć 750	26	Å 750.20		ć 000 <del>7</del> 0		ć 750.20		Å 756.36		£ 4.264.27		ć 4.264.27	¢ 756.26
64644	OR MORE MUSCL	PRIMARY PROCEDURE INJECTION, ONABOTULINUMTOXI	64644		\$ 756		\$ 756.26			not contracted	-							
	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS	NA, 1 UNIT	J0585		\$ 7	.42 see footnote	\$ 7.42	not contracted	\$ 8.53	not contracted	\$ 7.42	not contracted	\$ 7.42	not contracted	\$ 13.36	not contracted	\$ 13.36	\$ 7.42
90723		PRIMARY PROCEDURE	90723		\$	- see footnote	\$ -	not contracted	\$ -	\$ -								

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						.D TRIWEST Advantage)		ISER Advantage)	MOI (Medicare	LINA Advantage)		CARE Advantage)	L.A. (Cover	CARE ed CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS				3												
		OF AG	90460		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T	90648		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS	00454			3			\$ -				•		•		ς _	
		OF AG	90461		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13),	90670		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		ROTAVIRUS VACCINE, PENTAVALENT (RVS), 3 DOSE SCHED	90680		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL	90473		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	ć 01.07	not contracted	6 70.10	not contracted	\$ 79.19		Ć 443.54		6 143.54	\$ 79.19
		PERIODIC COMPREHENSIVE PREVENTIVE	90473		\$ 79.19	see roothote	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		MEDICINE REEVALU	99391		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
	RESIN-BASED COMPOSITE - ONE																	
D2391	SURFACE, POSTERIOR	PRIMARY PROCEDURE ORAL HYGIENE	D2391		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		INSTRUCTION LIMITED ORAL	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		EVALUATION - PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
	CATHETER PLACEMENT IN CORONARY ARTERY(S)	)																
93458	FOR CORON	PRIMARY PROCEDURE	93458		\$ 3,472.34	see footnote <sup>3</sup>	\$ 3,472.34	not contracted	\$ 3,993.19	not contracted	\$ 3,472.34	not contracted	\$ 3,472.34	not contracted	\$ 6,250.21	not contracted	\$ 6,250.21	\$ 3,472.34
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS																
		INFUSION,	J2001		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						HIELD TRIWEST are Advantage)		ISER Advantage)		LINA Advantage)		CARE Advantage)		. CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER																
		1 MG	J2250		\$	- see footnote	3 \$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
	ORAL HYGIENE	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	- see footnote	³ \$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	. \$ -
D1330	INSTRUCTION	PRIMARY PROCEDURE	D1330		\$	see footnote	s -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	. \$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$	- see footnote	3 \$ -	not contracted		not contracted		not contracted	\$	- not contracted		not contracted		. \$ -
	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC																	
78452	(SPECT)	PRIMARY PROCEDURE	78452		\$ 1,557	see footnote	\$ 1,557.82	not contracted	\$ 1,791.49	not contracted	\$ 1,557.82	not contracted	\$ 1,557.82	not contracted	\$ 2,804.08	not contracted	\$ 2,804.08	\$ 1,557.82
		INJECTION, REGADENOSON, 0.1 MG	J2785		\$	- see footnote	3 \$ -	not contracted	\$ -	not contracted	\$ -	not contracted	Ś	- not contracted	\$ -	not contracted	\$ -	. \$ -
	THORACENTESIS, NEEDLE OR CATHETER,		32765		<u> </u>	500.1000.1000	Ÿ	not contracted	<u> </u>	not contracted	<u> </u>	not contracted	<u> </u>	not continuetes	·	- Not contracted	<u> </u>	<b>*</b>
32555	ASPIRATION OF T	PRIMARY PROCEDURE	32555		\$ 678	see footnote	<sup>3</sup> \$ 678.99	not contracted	\$ 780.84	not contracted	\$ 678.99	not contracted	\$ 678.99	not contracted	\$ 1,222.18	not contracted	\$ 1,222.18	\$ \$ 678.99
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$	- see footnote	3 s -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	. \$ -
	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF				7				•		*		*		*		•	*
58661	ADNEXAL STR	PRIMARY PROCEDURE	58661		\$ 6,117	'.50 see footnote	\$ 6,117.50	not contracted	\$ 7,035.13	not contracted	\$ 6,117.50	not contracted	\$ 6,117.50	not contracted	\$ 11,011.50	not contracted	\$ 11,011.50	\$ 6,117.50
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88302		\$ 29	0.30 see footnote	<sup>3</sup> \$ 29.30	not contracted	\$ 33.70	not contracted	\$ 29.30	not contracted	\$ 29.30	not contracted	\$ 52.74	not contracted	\$ 52.74	\$ 29.30
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,	0000						*		,		,		,			7
		1 MG	J1100		\$	- see footnote	3 \$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$	- see footnote	³ \$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	. \$ -
		INJECTION, KETOROLAC TROMETHAMINE, PER																
		15 MG	J1885		\$	<ul> <li>see footnote</li> </ul>	³ \$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	- \$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						SHIELD TRIWEST dicare Advantage)			ISER Advantage)	-	LINA Advantage)		L.A. CARE are Advanta	ge)		CARE red CA)		DLINA red CA)	_	imum ted Rate Ne	Minimum gotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facilit	y <sup>2</sup> Professio	nal	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Profes	ssional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Fac	ility²	Facility <sup>2</sup>
Couc	Service eutegory	INJECTION,	ci i couc	14010	rueme	110103310	101	rucinty	Troressionar	racincy	Troressionar	racincy	11010	Jordina	racincy	Troressionar	rucincy	1101033101141	Tuc	cy	rucincy
		MIDAZOLAM																			
		HYDROCHLORIDE, PER					2														
		1 MG	J2250		\$	- see foot	note	\$ -	not contracted	\$ -	not contracted	\$	- not c	ontracted	\$ -	not contracted	\$ -	not contracted	\$	- \$	<del>-</del>
		INJECTION, ONDANSETRON																			
		HYDROCHLORIDE, PER																			
		1 MG	J2405		\$	- see foot	note <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not c	ontracted	\$ -	not contracted	\$ -	not contracted	\$	- \$	
		INJECTION,					2														
		PROPOFOL, 10 MG	J2704		\$	- see foot	note³	\$ -	not contracted	\$ -	not contracted	\$	- not c	ontracted	\$ -	not contracted	\$ -	not contracted	\$	- \$	-
		INJECTION, NEOSTIGMINE																			
		METHYLSULFATE, UP																			
		TO 0.5 MG	J2710		\$	- see foot	note <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not c	ontracted	\$ -	not contracted	\$ -	not contracted	\$	- \$	; -
		INJECTION, FENTANYL			_		. 3					_			_						
		CITRATE, 0.1 MG GLYCOPYRROLATE,	J3010		\$	- see foot	note	\$ -	not contracted	\$ -	not contracted	\$	- not c	ontracted	\$ -	not contracted	\$ -	not contracted	\$	- \$	· -
		INHALATION																			
		SOLUTION,																			
		COMPOUNDED PR	J7642		\$	- see foot	note <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not c	ontracted	\$ -	not contracted	\$ -	not contracted	\$	- \$	; -
	ESIN-BASED																				
	DMPOSITE - TWO JRFACES,																				
D2392 PC	•	PRIMARY PROCEDURE	D2392		\$	- see foot	note <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not c	ontracted	\$ -	not contracted	\$ -	not contracted	ı ś	- 3	_
52552 . 0	5512611	ORAL HYGIENE	52552		, ,	300.100		Ψ	not contracted	Ť	1101 0011111111111111111111111111111111	Ť		ontracteu.	<u> </u>		Ψ	1101 001111 00100	Ť	,	
		INSTRUCTION	D1330		\$	- see foot	note <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not c	ontracted	\$ -	not contracted	\$ -	not contracted	\$	- \$	-
		LIMITED ORAL																			
		EVALUATION -	D0140		,	6	3	ć		_		<u>,</u>			<u> </u>		ć				
LIN	NLISTED	PROBLEM FOCUSED	D0140		\$	- see foot	note	\$ -	not contracted	\$ -	not contracted	\$	- not c	ontracted	\$ -	not contracted	\$ -	not contracted	\$	- \$	, -
	ROCEDURE,																				
	ENTOALVEOLAR																				
	RUCTURES	PRIMARY PROCEDURE	41899		\$	243.93 see foot	note <sup>3</sup>	\$ 243.93	not contracted	\$ 280.52	not contracted	\$ 24	3.93 not c	ontracted	\$ 243.93	not contracted	\$ 439.07	not contracted	\$	439.07 \$	243.93
	EPAIR OF COMPLEX																				
	ETINAL ETACHMENT (EG,																				
67113 PR		PRIMARY PROCEDURE	67113		\$ 4,	589.61 see foot	note <sup>3</sup>	\$ 4,689.61	not contracted	\$ 5,393.05	not contracted	\$ 4,68	9.61 not c	ontracted	\$ 4,689.61	not contracted	\$ 8,441.30	not contracted	ı \$	8,441.30 \$	4,689.61
			Ī		1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, ,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				i i		,
		ANESTHESIA FOR																			
		PROCEDURES ON EYE;	004.45		,		n a t - 3	ć	not occitized.	ć	not occition.	,			ć	not 00-1	ć		ي ا		
		VITREORETINAL SU INJECTION,	00145		\$	- see foot	note	\$ -	not contracted	\$ -	not contracted	\$	- not c	ontracted	\$ -	not contracted	\$ -	not contracted	\$	- \$	-
		MIDAZOLAM																			
		HYDROCHLORIDE, PER																			
		1 MG	J2250		\$	- see foot	note <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not c	ontracted	\$ -	not contracted	\$ -	not contracted	\$	- \$	-
		INJECTION SENTAL																			
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		خ	see feet	noto <sup>3</sup>	ė	not contracted	خ	not contracted	\$	not o	ontracted	ė	not contracted	\$ -	not contractor	ı ś		
		CITRATE, U.1 IVIG	13010		۶	- see foot	note	\$ -	not contracted	\$ -	not contracted	Ş	- not c	ontracted	\$ -	not contracted	· ,	not contracted	ı ş	-  ;	-

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						BLUE SHIELI Medicare A			AISER Advantage)		LINA Advantage)		CARE Advantage)		. CARE red CA)		OLINA ered CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary																			
Code	Service Category	Service Description	CPT Code	Note	Fac	cility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		RINGERS LACTATE INFUSION, UP TO					3												
	PROFESSIONAL	1000 CC	J7120		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$	not contracted	\$	- not contracted	\$	- \$ -
	SERVICES FOR ALLERGEN																		
95125	IMMUNOTHERAPY I	PRIMARY PROCEDURE	95125		\$	-	see footnote <sup>3</sup>	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$	not contracted	\$	not contracted	\$	<ul> <li>not contracted</li> </ul>	\$	- \$ -
		INJECTION, OMALIZUMAB, 5 MG	J2357		\$	44.83	see footnote <sup>3</sup>	\$ 44.8	3 not contracted	\$ 51.55	not contracted	\$ 44.83	not contracted	\$ 44.83	not contracted	\$ 80.69	not contracted	1 \$ 80.69	9 \$ 44.83
	OPHTHALMIC BIOMETRY BY ULTRASOUND																		
76519	ECHOGRAPHY, A-SC	PRIMARY PROCEDURE	76519		\$	125.45	see footnote <sup>3</sup>	\$ 125.4	not contracted	\$ 144.27	not contracted	\$ 125.45	not contracted	\$ 125.45	not contracted	\$ 225.83	not contracted	\$ 225.8	1 \$ 125.45
		COMPUTERIZED CORNEAL TOPOGRAPHY,																	
		UNILATERAL OR BIL	92025		\$	67.46	see footnote <sup>3</sup>	\$ 67.4	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	3 \$ 67.46
		OFFICE OR OTHER OUTPATIENT VISIT																	
	DICUTUEART	FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$	not contracted	\$	not contracted	\$	- not contracted	1 \$	- \$ -
	RIGHT HEART CATHETERIZATION INCLUDING																		
93451	MEASUREMENT(	PRIMARY PROCEDURE	93451		\$	3,472.34	see footnote <sup>3</sup>	\$ 3,472.3	not contracted	\$ 3,993.19	not contracted	\$ 3,472.34	not contracted	\$ 3,472.34	not contracted	\$ 6,250.23	not contracted	\$ 6,250.2	1 \$ 3,472.34
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		Ś	8.46	see footnote <sup>3</sup>	\$ 8.4	not contracted	\$ 9.73	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	H \$ 15.23	3 \$ 8.46
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB,																	
		HCT,	85027		\$	6.47	see footnote <sup>3</sup>	\$ 6.4	not contracted	\$ 7.44	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 11.69	not contracted	\$ 11.69	5 \$ 6.47
		PROTHROMBIN TIME; COLLECTION OF	85610		\$	4.29	see footnote <sup>3</sup>	\$ 4.2	not contracted	\$ 4.93	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 7.72	2 not contracted	\$ 7.72	2 \$ 4.29
		VENOUS BLOOD BY VENIPUNCTURE	36415		\$	8.57	see footnote <sup>3</sup>	\$ 8.5	7 not contracted	\$ 9.86	not contracted	\$ 8.57	' not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	H \$ 15.4:	3 \$ 8.57
	SLEEP STUDY,																		
	UNATTENDED, SIMULTANEOUS																		
95800	RECORDING; H	PRIMARY PROCEDURE	95800		\$	170.69	see footnote <sup>3</sup>	\$ 170.6	not contracted	\$ 196.29	not contracted	\$ 170.69	not contracted	\$ 170.69	not contracted	\$ 307.24	not contracted	\$ 307.24	\$ 170.69
		EDUCATION AND TRAINING FOR PATIENT SELF-																	
		MANAGEMENT	98960		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$	not contracted	\$	not contracted	\$	- \$ -
		SLEEP STUDY, UNATTENDED, SIMULTANEOUS																	
		RECORDING OF	95806		\$	170.69	see footnote <sup>3</sup>	\$ 170.6	not contracted	\$ 196.29	not contracted	\$ 170.69	not contracted	\$ 170.69	not contracted	\$ 307.24	not contracted	\$ 307.24	\$ 170.69

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							D TRIWEST Advantage)		NISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fac	ility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
D0330	PANORAMIC FILM	PRIMARY PROCEDURE	D0330		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ .	- \$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCE	PRIMARY PROCEDURE	11102		\$	211.95	see footnote <sup>3</sup>	\$ 211.95	not contracted	\$ 243.74	not contracted	\$ 211.95	not contracted	\$ 211.95	not contracted	\$ 381.51	not contracted	\$ 381.51	\$ 211.95
		OFFICE OR OTHER OUTPATIENT VISIT						,		,		, 555.0		,		, ,		, , , ,	,
		FOR THE EVALUATIO  LEVEL IV - SURGICAL  PATHOLOGY, GROSS	99202		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
		AND MICROSCOP	88305		\$	58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
	HEPATITIS B VACCINE (HEPB), CPG-																		
90/39	ADJUVANTED, ADULT	PRIMARY PROCEDURE IMMUNIZATION ADMINISTRATION (INCLUDES	90739		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
		PERCUTANEOUS	90471		\$	79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ .	- \$ -						
	CYTOPATHOLOGY, SLIDES, CERVICAL OR																		
88150	VAGINAL; MANUAL	OFFICE OR OTHER	88150		\$	17.31	see footnote <sup>3</sup>	\$ 17.33	not contracted	\$ 19.91	not contracted	\$ 17.31	not contracted	\$ 17.31	not contracted	\$ 31.16	not contracted	\$ 31.16	5 \$ 17.31
		OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA																	
		OR CYTOPATHOLOGY, CERVICAL OR	87624		\$	35.09	see footnote <sup>3</sup>	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	5 \$ 35.09
		VAGINAL (ANY REPORTING	88142		\$	20.26	see footnote <sup>3</sup>	\$ 20.26	not contracted	\$ 23.30	not contracted	\$ 20.26	not contracted	\$ 20.26	not contracted	\$ 36.47	not contracted	\$ 36.47	\$ 20.26
94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 9	PRIMARY PROCEDURE	94060		\$	328.71	see footnote <sup>3</sup>	\$ 328.72	l not contracted	\$ 378.02	not contracted	\$ 328.71	not contracted	\$ 328.71	not contracted	\$ 591.68	not contracted	\$ 591.68	3 \$ 328.71

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						SHIELD TI			ISER Advantage)		LINA Advantage)		. CARE e Advantage)		CARE red CA)		LINA red CA)	Maxim Negotiate		Minimum egotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	<sup>2</sup> P	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facilit	ty²	Facility <sup>2</sup>								
		PLETHYSMOGRAPHY FOR DETERMINATION																		
		OF LUNG VOLUMES	94726		\$ 32	28.71	see footnote <sup>3</sup>	\$ 328.71	not contracted	\$ 378.02	not contracted	\$ 328.7	1 not contracted	\$ 328.71	not contracted	\$ 591.68	not contracted	\$	591.68 \$	328.71
		DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE)	94729		Ś		see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	ı s	- not contracted	\$ .	not contracted	\$ -	not contracted	Ś		\$ -
		SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND			·															
		MAXIMUM BREATHING	94010		\$ 17	70.69	see footnote <sup>3</sup>	\$ 170.69	not contracted	\$ 196.29	not contracted	\$ 170.6	9 not contracted	\$ 170.69	not contracted	\$ 307.24	not contracted	\$	307.24 \$	5 170.69
		CAPACITY, MAXIMAL VOLUNTARY VENT	94200		\$ 6	67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	l \$ 67.4	6 not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$	121.43 \$	67.46
		PRESSURIZED OR NONPRESSURIZED INHALATION																		
	NSERTION OF	TREATMENT	94640		\$ 22	24.76	see footnote <sup>3</sup>	\$ 224.76	not contracted	\$ 258.47	not contracted	\$ 224.7	6 not contracted	\$ 224.76	not contracted	\$ 404.57	not contracted	\$	404.57 \$	224.76
	NTRAUTERINE DEVICE (IUD)	PRIMARY PROCEDURE	58300		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	-	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$		see footnote <sup>3</sup>	\$ -	not contracted	Ś -	not contracted	ı s	- not contracted	\$ .	not contracted	\$ -	not contracted	Ś		\$ -
		LEVONORGESTREL- RELEASING INTRAUTERINE	33213		Ÿ		See roothote	Ÿ	not contracted	Ÿ	not contracted	7	not contracted	<b>Y</b>	not contracted	<b>Y</b>	not contracted	, , , , , , , , , , , , , , , , , , ,		
,	DECIONAL BLOCK	CONTRACEPTIV	J7297		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	-	\$ -
	REGIONAL BLOCK ANESTHESIA	PRIMARY PROCEDURE RESIN-BASED	D9211		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	-	\$ -
		COMPOSITE - TWO SURFACES,					3													
		POSTERIOR ORAL HYGIENE	D2392		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	-	\$ -
		INSTRUCTION LIMITED ORAL	D1330		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	-	\$ -
		EVALUATION - PROBLEM FOCUSED	D0140		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	-	\$ -
ı	REMOVAL OF MPLANT; DEEP (EG, BURIED WIRE, PIN, SC	PRIMARY PROCEDURE	20680		\$ 3,03	31.96	see footnote <sup>3</sup>	\$ 3,031.96	not contracted	\$ 3,486.75	not contracted	3,031.9	6 not contracted	\$ 3,031.96	not contracted	\$ 5,457.53	not contracted	\$ 5,	,457.53 \$	3,031.96

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							TRIWEST dvantage)		ISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility	y <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional⁴	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, CEFAZOLIN SODIUM,					. 2												
		500 MG INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	J0690		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		1 MG INJECTION,	J2250		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		PROPOFOL, 10 MG	J2704		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT	PRIMARY PROCEDURE	57454		\$ 3	342.67	see footnote <sup>3</sup>	\$ 342.67	not contracted	\$ 394.07	not contracted	\$ 342.67	not contracted	\$ 342.67	not contracted	\$ 616.81	not contracted	\$ 616.81	1 \$ 342.67
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	_	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	Ś -	- \$ <i>-</i>
		LEVEL IV - SURGICAL PATHOLOGY, GROSS	88305		*	58.85		•										,	
		AND MICROSCOP  IMMUNOHISTOCHEMI  STRY OR  IMMUNOCYTOCHEMI			,		see footnote <sup>3</sup>	\$ 58.85											
	BRONCHOSCOPY, RIGID OR FLEXIBLE,	STRY, PER S	88342		\$ 1	184.56	see footnote <sup>3</sup>	\$ 184.56	not contracted	\$ 212.24	not contracted	\$ 184.56	not contracted	\$ 184.56	not contracted	\$ 332.21	not contracted	\$ 332.21	1 \$ 184.56
31624		PRIMARY PROCEDURE	31624		\$ 1,8	376.23	see footnote <sup>3</sup>	\$ 1,876.23	not contracted	\$ 2,157.66	not contracted	\$ 1,876.23	not contracted	\$ 1,876.23	not contracted	\$ 3,377.21	not contracted	\$ 3,377.21	1 \$ 1,876.23
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$	58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	3 \$ 58.85
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND	88108		Ś	39.86	see footnote <sup>3</sup>	\$ 39.86	not contract - 1	\$ 45.84	not contract - 1	\$ 39.86	not contract.	\$ 39.86	not continue.	¢ 74.75	not contract	\$ 71.75	5 \$ 39.86
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA	80108			39.80	see rootriote	\$ 39.86	not contracted	÷ 45.84	not contracted	÷ 39.86	not contracted	39.86	not contracted	\$ 71.75	not contracted	ş /1./5	ς 39.80
		OR OR	87801		\$	70.20	see footnote <sup>3</sup>	\$ 70.20	not contracted	\$ 80.73	not contracted	\$ 70.20	not contracted	\$ 70.20	not contracted	\$ 126.36	not contracted	\$ 126.36	5 \$ 70.20
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORE	87281		\$	11.98	see footnote <sup>3</sup>	\$ 11.98	not contracted	\$ 13.78	not contracted	\$ 11.98	not contracted	\$ 11.98	not contracted	\$ 21.56	not contracted	\$ 21.56	5 \$ 11.98

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							O TRIWEST advantage)		NISER Advantage)		LINA Advantage)		CARE Advantage)	L.A. (Cover	CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facilit	ty <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY	87305		Ś	11.98	see footnote <sup>3</sup>	\$ 11.98	not contracted	\$ 13.78	not contracted	\$ 11.98	not contracted	\$ 11.98	not contracted	\$ 21.56	not contracted	\$ 21.56	\$ 11.98
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		7	101.97	see footnote	\$ 101.97											
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG,	87116		Ś	10.80	see footnote <sup>3</sup>	\$ 10.80		-		-							
		SPECIAL STAIN INCLUDING INTERPRETATION AND			7													·	
		CULTURE, FUNGI (MOLD OR YEAST)	88312		\$	58.85	see footnote <sup>3</sup>	\$ 58.85											
		ISOLATION, WITH PRE INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	87102 J2250		\$	8.41	see footnote <sup>3</sup>	\$ 8.41	not contracted  not contracted		not contracted not contracted		not contracted		not contracted		not contracted		\$ 8.41
		INJECTION, FENTANYL CITRATE, 0.1 MG ALBUTEROL,	J3010		\$	-	see footnote <sup>3</sup>	\$	not contracted	·	not contracted		not contracted		not contracted	·	not contracted		\$ -
		INHALATION SOLUTION, FDA- APPROVED FINAL	J7613		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; FLUORES	87206		\$	5.39	see footnote <sup>3</sup>	\$ 5.39	not contracted	\$ 6.20	not contracted	\$ 5.39	not contracted	\$ 5.39	not contracted	\$ 9.70	not contracted	\$ 9.70	\$ 5.39
		CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE,	87070		\$	8.62	see footnote <sup>3</sup>	\$ 8.62	not contracted	\$ 9.91	not contracted	\$ 8.62	not contracted	\$ 8.62	not contracted	\$ 15.52	not contracted	\$ 15.52	\$ 8.62
	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC																		
92504	PROCEDUR	PRIMARY PROCEDURE OFFICE OR OTHER	92504		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	. \$ -

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							TRIWEST dvantage)		KAISER re Advantage)		DLINA Advantage)		. CARE e Advantage)		. CARE ered CA)		OLINA ered CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility	2	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
	ELECTROCARDIOGRA M, ROUTINE ECG																		
	EDUCATION AND TRAINING FOR	PRIMARY PROCEDURE	93005		\$	67.46	see footnote <sup>3</sup>	\$ 67	46 not contracted	\$ 77.58	not contracted	\$ 67.40	6 not contracted	\$ 67.4	6 not contracted	i \$ 121.43	not contracted	i \$ 121.4	3 \$ 67.46
98960	PATIENT SELF- MANAGEMENT REMOVAL OF	PRIMARY PROCEDURE	98960		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$	not contracted	\$	- not contracted	i \$	- not contracted	i \$	- not contracted	\$	- \$ -
	TUNNELED CENTRAL VENOUS CATHETER, WITHO	PRIMARY PROCEDURE	36589		\$ 6	78.99	see footnote <sup>3</sup>	\$ 678	99 not contracte	l \$ 780.8 <sup>4</sup>	1 not contracted	\$ 678.99	9 not contracted	i \$ 678.9	not contracted	I \$ 1,222.18	not contracted	i \$ 1,222.1	8 \$ 678.99
30309	WITHO	REMOVAL OF TUNNELED INTRAPERITONEAL	30369		<del>\$</del> 0	76.99	see loothote	\$ 676	99 Hot contracte	700.04	iot contracted	\$ 076.9:	not contracted	, 076.9	not contracted	1 3 1,222.10	s not contracted	1 3 1,222.1	0 3 076.33
		CATHETER	49422		\$ 3,4	96.42	see footnote <sup>3</sup>	\$ 3,496	42 not contracted	\$ 4,020.88	not contracted	\$ 3,496.42	2 not contracted	\$ 3,496.4	2 not contracted	\$ 6,293.50	6 not contracted	\$ 6,293.5	6 \$ 3,496.42
	REPLACEMENT OF GASTROSTOMY TUBE,	DDIMAADY DDOCEDURE	42762		<b>.</b>	53.40	3	ć 252	10	200.00		ć 252.44	0	252.4	2	452.0		453.0	4 6 25240
	SIGMOIDOSCOPY, FLEXIBLE; WITH	PRIMARY PROCEDURE	43762		\$ 2	52.19	see footnote <sup>3</sup>	\$ 252	19 not contracted	\$ 290.02	2 not contracted	\$ 252.19	9 not contracted	\$ 252.1	9 not contracted	\$ 453.94	not contracted	\$ 453.9	4 \$ 252.19
45331	BIOPSY, SINGLE OR MU	PRIMARY PROCEDURE	45331		\$ 9	75.39	see footnote <sup>3</sup>	\$ 975	39 not contracted	\$ 1,121.70	not contracted	\$ 975.39	9 not contracted	\$ 975.3	9 not contracted	1 \$ 1,755.70	not contracted	\$ 1,755.7	0 \$ 975.39
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		Ś	58.85	see footnote <sup>3</sup>	\$ 58	85 not contracte	\$ 67.68	3 not contracted	\$ 58.8!	5 not contracted	H \$ 58.8	5 not contracted	i \$ 105.93	3 not contracted	i \$ 105.9	3 \$ 58.85
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER			•		2												
		1 MG INJECTION, FENTANYL	J2250		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$	not contracted	\$	- not contracted	\$	- not contracted	l \$	not contracted	\$	- \$ -
	ESOPHAGOGASTROD UODENOSCOPY,	CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$	not contracted	\$	- not contracted	i \$	- not contracted	\$	not contracted	\$	- \$ -
	FLEXIBLE, TRANSORAL; W	PRIMARY PROCEDURE INJECTION, MIDAZOLAM	43249		\$ 2,0	44.10	see footnote <sup>3</sup>	\$ 2,044	10 not contracted	\$ 2,350.72	2 not contracted	\$ 2,044.10	0 not contracted	\$ 2,044.1	not contracted	\$ 3,679.38	not contracted	3,679.3	8 \$ 2,044.10
		HYDROCHLORIDE, PER 1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$	- not contracte	\$	- not contracted	\$	- not contracted	i \$	- not contracted	l \$	- not contracted	i \$	- \$ -
02227	IMAGING OF RETINA	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010 92227		\$ \$	39.86	see footnote <sup>3</sup>	\$	- not contracted		not contracted not contracted		- not contracted		- not contracted		not contracted		- \$ - 5 \$ 39.86

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							TRIWEST dvantage)		(AISER re Advantage)		DLINA Advantage)		A. CARE e Advantage)		. CARE ered CA)		OLINA ered CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facil	ity <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		OFFICE OR OTHER OUTPATIENT VISIT	00212		4		soo footunto <sup>3</sup>	ć	not contracted	ć	not contracted	ė	not contractor	ć	not contracted	ć	not controcto	ć	- \$ -
	HAEMOPHILUS INFLUENZAE TYPE B	FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$	not contracted	\$	- not contracted	\$	- not contracted	\$	- not contracted	\$	- \$
90648		PRIMARY PROCEDURE	90648		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ .	not contracted	\$	- not contracted	\$	- not contracted	\$	- not contracted	\$	- \$ -
		PNEUMOCOCCAL CONJUGATE VACCINE,					9												
		13 VALENT (PCV13),	90670		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ .	not contracted	\$	- not contracted	\$	- not contracted	\$	- not contracted	\$	- \$ -
		ROTAVIRUS VACCINE, PENTAVALENT (RV5),																	
		3 DOSE SCHED DIPHTHERIA, TETANUS TOXOIDS,	90680		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$	not contracted	\$	- not contracted	\$	- not contracted	\$	- not contracted	\$	- \$ -
		AND ACELLULAR PERTUSS	90700		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ .	not contracted	\$	- not contracted	\$	- not contracted	\$	- not contracted	\$	- \$ -
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS																	
		OF AG PERIODIC	90461		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ .	not contracted	\$	- not contracted	\$	- not contracted	\$	- not contracted	\$	- \$ -
		COMPREHENSIVE PREVENTIVE	00204		ć		3	<u>^</u>						<u> </u>					
	SCREENING TEST OF	MEDICINE REEVALU	99391		\$	-	see footnote	\$	- not contracted	\$	not contracted	\$	- not contracted	\$	- not contracted	\$	- not contracted	\$	- \$ -
99173	VISUAL ACUITY, QUANTITATIVE, BIL	PRIMARY PROCEDURE	99173		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ .	not contracted	\$	- not contracted	\$	- not contracted	\$	- not contracted	\$	- \$ -
		OFFICE OR OTHER OUTPATIENT VISIT					. 3												
		FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ .	not contracted	\$	- not contracted	\$	- not contracted	\$	- not contracted	\$	- \$ -
	CYSTOURETHROSCOP Y, WITH INJECTION(S)																		
52287		PRIMARY PROCEDURE INJECTION,	52287		\$ 2	2,177.07	see footnote <sup>3</sup>	\$ 2,177.	not contracted	\$ 2,503.63	not contracted	\$ 2,177.0	not contracted	\$ 2,177.0	7 not contracted	\$ 3,918.7	3 not contracted	\$ 3,918.73	3 \$ 2,177.07
		ONABOTULINUMTOXI	IOFRE		ć	7.43	and factors = 3	ć z	13 not control to	6 0.50	not control - t - d	6 7.	12 mot contu		not control to	6 43.3	C not controlled	6 42.24	C 6 7.43
		NA, 1 UNIT INJECTION, LIDOCAINE HCL FOR	J0585		\$	7.42	see footnote <sup>3</sup>	\$ 7.	12 not contracted	\$ 8.53	not contracted	\$ 7.4	not contracted	\$ 7.4	2 not contracted	\$ 13.3	6 not contracted	\$ 13.36	6 \$ 7.42
		INTRAVENOUS INFUSION,	J2001		\$	_	see footnote <sup>3</sup>	\$	- not contracted	\$ .	not contracted	\$	- not contracted	\$	- not contracted	\$	- not contracted	\$	- \$ -
	REMOVAL OF INTRAUTERINE	,												,					
58301	DEVICE (IUD)	PRIMARY PROCEDURE	58301		\$	342.67	see footnote <sup>3</sup>	\$ 342.	not contracted	\$ 394.07	not contracted	\$ 342.6	not contracted	\$ 342.6	7 not contracted	\$ 616.8	1 not contracted	\$ 616.83	1 \$ 342.6

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							O TRIWEST dvantage)		AISER Advantage)	_	LINA Advantage)		a. CARE e Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facil	lity <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$		see footnote <sup>3</sup>	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	HEPATITIS B VACCINE (HEPB), ADULT																		
90746	DOSAGE, 3 DOSE S	PRIMARY PROCEDURE IMMUNIZATION ADMINISTRATION	90746		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		(INCLUDES PERCUTANEOUS	90471		\$	79.19	see footnote <sup>3</sup>	\$ 79.1	not contracted	\$ 91.07	not contracted	\$ 79.1	.9 not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND																		
92250	REPORT COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF	PRIMARY PROCEDURE	92250		\$	136.28	see footnote <sup>3</sup>	\$ 136.2	not contracted	\$ 156.72	not contracted	\$ 136.2	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
	TUMOR(S), P	PRIMARY PROCEDURE	45384		\$ :	1,271.01	see footnote <sup>3</sup>	\$ 1,271.0	not contracted	\$ 1,461.66	not contracted	\$ 1,271.0	not contracted	\$ 1,271.01	not contracted	\$ 2,287.82	not contracted	\$ 2,287.82	\$ 1,271.01
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$	58.85	see footnote <sup>3</sup>	\$ 58.8	not contracted	\$ 67.68	not contracted	\$ 58.8	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$		see footnote <sup>3</sup>	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG			\$	_	see footnote <sup>3</sup>	\$	- not contracted		not contracted		- not contracted		not contracted	\$ -	not contracted		\$ -
	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S)				7			*		*		*		*		<del>*</del>		*	7
	INNERVATE	PRIMARY PROCEDURE OFFICE OR OTHER	64612		\$	319.12	see footnote <sup>3</sup>	\$ 319.1	not contracted	\$ 366.99	not contracted	\$ 319.1	.2 not contracted	\$ 319.12	not contracted	\$ 574.42	not contracted	\$ 574.42	\$ 319.12
		OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPH	PRIMARY PROCEDURE	36818		\$ 6	6,032.54	see footnote <sup>3</sup>	\$ 6,032.5	1 not contracted	\$ 6,937.42	not contracted	\$ 6,032.5	not contracted	\$ 6,032.54	not contracted	\$ 10,858.57	not contracted	\$ 10,858.57	\$ 6,032.54

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							D TRIWEST Advantage)		(AISER re Advantage)	-	LINA Advantage)		. CARE . Advantage)		CARE red CA)		OLINA ered CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facil	lity <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	<u> </u>	INJECTION, HEPARIN SODIUM, PER 1000				,		,		,				,		,		,	,
		UNITS	J1644		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$	- \$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER						·		7				*		•		*	
		1 MG INJECTION, ONDANSETRON	J2250		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$	- \$ -
		HYDROCHLORIDE, PER 1 MG	J2405		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$	- \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	- \$ -
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$		see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	Ś	- not contracted	\$ -	not contracted	Ś ·	not contracted	Ś	- \$ -
		COLLECTION OF VENOUS BLOOD BY						·		,				,		•			
	PROPHYLAXIS OF RETINAL DETACHMENT (EG,	VENIPUNCTURE	36415		\$	8.57	see footnote <sup>3</sup>		57 not contracted							\$ 15.43			
	RETINAL BRE INFLUENZA VIRUS VACCINE, TRIVALENT	PRIMARY PROCEDURE			\$	622.96	see footnote	•					6 not contracted						
90654	(IIV3), SPLIT V	PRIMARY PROCEDURE IMMUNIZATION ADMINISTRATION	90654		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$	- \$ -
		(INCLUDES PERCUTANEOUS	90471		\$	79.19	see footnote <sup>3</sup>	\$ 79.	19 not contracted	\$ 91.07	not contracted	\$ 79.19	9 not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	4 \$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT					3												
	EXTRACAPSULAR	FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$	- \$ -
	CATARACT REMOVAL	PRIMARY PROCEDURE	66982		\$	2,534.53	see footnote <sup>3</sup>	\$ 2,534.	53 not contracted	\$ 2,914.71	not contracted	\$ 2,534.53	3 not contracted	\$ 2,534.53	not contracted	\$ 4,562.15	not contracted	\$ 4,562.15	5 \$ 2,534.53
		POSTERIOR CHAMBER INTRAOCULAR LENS	V2632		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	- \$ -
	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR	PRIMARY PROCEDURE	99401		\$		see footnote <sup>3</sup>	\$	- not contracted	\$	not contracted	ς.	- not contracted	\$ -	not contracted	\$	- not contracted	Ś	- \$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						SLUE SHIELI Medicare A		(Me	KAI edicare A	SER Advantage)		LINA Advantage)		A. CARE re Advantage)		L.A. CA			MOL (Covere		Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fac	:ility <sup>2</sup>	Professional	Facilit	ty²	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Faci	ility <sup>2</sup>	Professional <sup>4</sup>	Fac	:ility²	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		MEDICAL GENETICS AND GENETIC COUNSELING SERVICES,	96040		\$	_	see footnote <sup>3</sup>	\$	_	not contracted	\$ -	not contracted	Ś	- not contracted	\$	_	not contracted	\$	_	not contracted	Ś -	. \$ -
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS	PRIMARY PROCEDURE			·																·	. \$ -
D0145	OF		D0145		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ <u>-</u>	not contracted		- not contracted		-	not contracted		-	not contracted	\$ -	·
		PROPHYLAXIS-CHILD TOPICAL FLUORIDE VARNISH; THERAPEUTIC	D1120		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ -	not contracted	\$	- not contracted	\$	-	not contracted	\$	-	not contracted	\$ -	- \$ -
		APPLICATION ORAL HYGIENE	D1206		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ -	not contracted	\$	- not contracted	\$	-	not contracted	\$	-	not contracted	\$ -	\$ -
	FLECTROFNCERUALO	INSTRUCTION	D1330		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ -	not contracted	\$	- not contracted	\$	-	not contracted	\$	-	not contracted	\$ -	- \$ -
95816	ELECTROENCEPHALO GRAM (EEG); INCLUDING RECORDING AW	PRIMARY PROCEDURE	95816		\$	328.71	see footnote <sup>3</sup>	\$	328.71	not contracted	\$ 378.02	not contracted	\$ 328.	71 not contracted	\$	328.71	not contracted	\$	591.68	not contracted	\$ 591.68	\$ \$ 328.71
D0215	LOCAL ANESTHESIA	PRIMARY PROCEDURE	D9215		\$		see footnote <sup>3</sup>	\$		not contracted	\$ -	not contracted	\$	- not contracted	\$		not contracted	\$		not contracted	\$ -	. \$ -
53213	EOCAL ANESTITESIA	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	55215		Ţ		300 100011000	<del>,</del>		not contracted	7	not contracted	7	not contracted	Ţ		not contracted	Ţ		not contracted	<del>,</del>	,
		(ELEVATI	D7140		\$	2,021.62	see footnote <sup>3</sup>	\$ 2,	,021.62	not contracted	\$ 2,324.86	not contracted	\$ 2,021.	not contracted	\$	2,021.62	not contracted	\$	3,638.92	not contracted	\$ 3,638.92	\$ 2,021.62
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ -	not contracted	\$	- not contracted	\$	-	not contracted	\$	-	not contracted	\$ -	. \$ -
	LAPAROSCOPY, SURGICAL, WITH TOTAL																					
58571	HYSTERECTOMY, FO	PRIMARY PROCEDURE CYSTOURETHROSCOP	58571		\$	10,665.76	see footnote <sup>3</sup>	\$ 10,	,665.76	not contracted	\$ 12,265.62	not contracted	\$ 10,665.	not contracted	\$ 1	.0,665.76	not contracted	\$ :	19,198.37	not contracted	\$ 19,198.37	\$ 10,665.76
		Y (SEPARATE PROCEDURE)	52000		\$	733.96	see footnote <sup>3</sup>	\$	733.96	not contracted	\$ 844.05	not contracted	\$ 733.	96 not contracted	\$	733.96	not contracted	\$	1,321.13	not contracted	\$ 1,321.13	\$ \$ 733.96
		LEVEL V - SURGICAL PATHOLOGY, GROSS																				
		AND MICROSCOPI INJECTION, CEFAZOLIN SODIUM,	88307		\$	380.41	see footnote <sup>3</sup>	\$	380.41	not contracted	\$ 437.47	not contracted	\$ 380.	not contracted	\$	380.41	not contracted	\$	684.74	not contracted	\$ 684.74	\$ 380.41
		500 MG	J0690		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ -	not contracted	\$	- not contracted	\$	-	not contracted	\$	-	not contracted	\$ -	. \$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,																				
		1 MG INJECTION,	J1100		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ -	not contracted	\$	- not contracted	\$	-	not contracted	\$	-	not contracted	\$ -	- \$ -
		HYDROMORPHONE, UP TO 4 MG	J1170		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ -	not contracted	\$	- not contracted	\$	-	not contracted	\$	-	not contracted	\$ -	- \$ -

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						HIELD TRIWEST are Advantage)		ISER Advantage)	-	LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		INJECTION, KETOROLAC TROMETHAMINE, PER																
		15 MG INJECTION,	J1885		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
		MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$	see footnote	\$ -	not contracted	\$ -	not contracted	Ś.	- not contracted	\$ -	not contracted	\$ -	<ul> <li>not contracted</li> </ul>	\$	- \$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER			·		·		·				·		,		,	
		1 MG	J2405		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
	COLONOSCOPY, FLEXIBLE; WITH DIRECTED																	
45381	SUBMUCOSAL IN	PRIMARY PROCEDURE	45381		\$ 1,271	.01 see footnote <sup>3</sup>	\$ 1,271.01	not contracted	\$ 1,461.66	not contracted	\$ 1,271.01	not contracted	\$ 1,271.01	not contracted	\$ 2,287.82	not contracted	\$ 2,287.83	2 \$ 1,271.01
		COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR																
		MULT	45380		\$ 1,271	.01 see footnote <sup>3</sup>	\$ 1,271.01	not contracted	\$ 1,461.66	not contracted	\$ 1,271.01	not contracted	\$ 1,271.01	not contracted	\$ 2,287.82	not contracted	\$ 2,287.82	2 \$ 1,271.01
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	00205		\$ 58	05	ć 50.05		ć 67.60		, FO 05	-	ć 50.05		ć 105.03		405.00	2 6 50.05
		INJECTION, MIDAZOLAM	88305		\$ 50	.85 see footnote <sup>4</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	3 \$ 58.85
		HYDROCHLORIDE, PER 1 MG	J2250		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE,				7		7		7		,		*		·		7	7
	TRANSORAL; W	PRIMARY PROCEDURE	43238		\$ 2,044	.10 see footnote <sup>3</sup>	\$ 2,044.10	not contracted	\$ 2,350.72	not contracted	\$ 2,044.10	not contracted	\$ 2,044.10	not contracted	\$ 3,679.38	not contracted	\$ 3,679.3	8 \$ 2,044.10
		COMBINED ENDOSCOPIC CATHETERIZATION OF																
		THE BILIARY	74330		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58	.85 see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.9	3 \$ 58.85

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

					BLUE SHIEL (Medicare A			ISER Advantage)		LINA Advantage)		CARE Advantage)		CARE ed CA)	MO (Cover	LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	,	INJECTION,			, ,		,		,		,		,		,		,	
		SUCCINYLCHOLINE CHLORIDE, UP TO 20																
		MG	J0330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		INJECTION,					-		-		-		-					
		DEXAMETHASONE SODIUM PHOSPHATE,																
		1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		INJECTION,																
		ONDANSETRON HYDROCHLORIDE, PER																
		1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	. \$ -								
		FROFOI OL, 10 WIG	32704		٠	see lootilote	7	not contracted	· ·	not contracted	, -	not contracted	, -	not contracted	- ·	not contracted	ý -	, -
		INJECTION, FENTANYL				. 3												
		CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
	LAPAROSCOPY,																	
40650	SURGICAL; REPAIR	DDIMANDY DDOCEDURE	40650		6 6 447 50		ć (117.F0		ć 7.025.42		ć 6117.F0		ć 6447.F0		ć 11.011.F0		ć 44.044.F0	6 6 117 50
49650	INITIAL INGUINAL HER	PRIMARY PROCEDURE	49650		\$ 6,117.50	see footnote <sup>3</sup>	\$ 6,117.50	not contracted	\$ 7,035.13	not contracted	\$ 6,117.50	not contracted	\$ 6,117.50	not contracted	\$ 11,011.50	not contracted	\$ 11,011.50	\$ 6,117.50
		MESH (IMPLANTABLE)	C1781		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		INJECTION, CEFAZOLIN SODIUM,																
		500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		INJECTION,																
		DEXAMETHASONE SODIUM PHOSPHATE,																
		1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		INJECTION,																
		HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		INJECTION,							·		•				·			
		MIDAZOLAM HYDROCHLORIDE, PER																
		1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		INJECTION,																
		ONDANSETRON HYDROCHLORIDE, PER																
		1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		FROPOFOL, 10 MIG	JZ/U4		ş -	see iootiiote	<del>-</del>	not contracted	<b>ў</b> -	not contracted	-	not contracted	-	not contracted	-	not contracted	ş -	<del>-</del> -
		INJECTION, FENTANYL				. 91												_
	DIPHTHERIA,	CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
	TETANUS TOXOIDS,																	
	AND ACELLULAR	DD1444 DV 55 2 255 1 15 5	00=00						<u> </u>		<b>A</b>						<b>A</b>	
90700	PERTUSS	PRIMARY PROCEDURE	90700		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						SHIELD TRIWEST care Advantage)		AISER e Advantage)	_	PLINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
	<u> </u>	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS													,			
		OF AG	90460		\$	- see footnot	e <sup>3</sup> \$	- not contracted	\$	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T	90648		\$	- see footnot	e <sup>3</sup> \$	- not contracted	1 \$	<ul> <li>not contracted</li> </ul>	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	not contracted	<b>1</b> \$	- \$ -
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90461		Ś	- see footnot	e <sup>3</sup> \$	- not contracted	1 S	- not contracted	l \$	- not contracted	\$ -	not contracted	\$ -	- not contracted	d \$	- \$ -
		PNEUMOCOCCAL CONJUGATE VACCINE,			*												·	
		13 VALENT (PCV13),	90670		\$	- see footnot	e <sup>3</sup> \$	- not contracted	\$	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
		POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SUBCUTA	90713		\$	- see footnot	e <sup>3</sup> \$	- not contracted	i \$	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
		ROTAVIRUS VACCINE, PENTAVALENT (RV5), 3 DOSE SCHED	90680		\$	- see footnot	<u>a</u> ³ \$	- not contracted	1 6	- not contracted	\$	- not contracted	\$ -	not contracted	\$	- not contracted	i ś	- \$ <i>-</i>
		IMMUNIZATION ADMINISTRATION BY	30000		<b>*</b>	See Toothor		not contracted		not contracted	7	not contracted	<b>,</b>	not contracted	7	not contracted		<b>,</b>
		INTRANASAL OR ORAL PERIODIC	90473		\$	79.19 see footnot	e <sup>3</sup> \$ 79.1	.9 not contracted	\$ 91.07	not contracted	\$ 79.1	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	4 \$ 79.19
		COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99391		\$	- see footnot	e <sup>3</sup> \$	- not contracted	i s	- not contracted	ı s	- not contracted	\$ -	not contracted	\$ -	<ul> <li>not contracted</li> </ul>	s s	- \$ -
I	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	MEDICINE NEE VILE	33031		*	500 10001100	- <del>-</del>			not contracted	<b>,</b>	not continueted	, , , , , , , , , , , , , , , , , , ,	not continueted	¥		· ·	
19301	TYLECTOMY, QU	PRIMARY PROCEDURE	19301		\$ 4,0	34.95 see footnot	e <sup>3</sup> \$ 4,034.9	not contracted	\$ 4,640.19	not contracted	\$ 4,034.9	not contracted	\$ 4,034.95	not contracted	\$ 7,262.91	not contracted	\$ 7,262.93	1 \$ 4,034.95
		ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYS	00400		\$	- see footnot	e <sup>3</sup> \$	- not contracted	1 \$	<ul> <li>not contracted</li> </ul>	\$	- not contracted	\$ -	not contracted	\$ -	- not contracted	<b>.</b> \$	- \$ -
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 3	30.41 see footnot	e <sup>3</sup> \$ 380.4	1 not contracted	i \$ 437.47	' not contracted	\$ 380.4	1 not contracted	\$ 380.41	not contracted	\$ 684.74	not contracted	i \$ 684.74	4 \$ 380.41
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$ 3	- see footnot	3	- not contracted		not contracted		- not contracted		not contracted		not contracted		- \$ -

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						LD TRIWEST Advantage)		ISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		LINA ed CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,																
		1 MG INJECTION,	J1100		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ .	- \$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER			<b>3</b>	- see roothote	, -	not contracted	, -	not contracted	, ·	not contracted	, -	not contracted	, -	not contracted	,	, , -
		1 MG	J2405		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		Ś	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	not contracted	\$ .	- \$ -
	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR	1000 00	37120		7	see rootmote	<u>,</u>	not contracted	¥	not contracted	· ·	not contracted	Υ	not contracted	Υ	not contracted	<u> </u>	Ÿ
	SUBMAX	PRIMARY PROCEDURE	93017		\$ 328.71	see footnote <sup>3</sup>	\$ 328.71	not contracted	\$ 378.02	not contracted	\$ 328.71	not contracted	\$ 328.71	not contracted	\$ 591.68	not contracted	\$ 591.68	\$ \$ 328.71
	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH A	PRIMARY PROCEDURE	93289		\$ 41.08	see footnote <sup>3</sup>	\$ 41.08	not contracted	\$ 47.24	not contracted	\$ 41.08	not contracted	\$ 41.08	not contracted	\$ 73.94	not contracted	\$ 73.94	\$ \$ 41.08
	BODY MASS INDEX (BMI), DOCUMENTED	THIVIANTTROCEDORE	33203		7 41.00	300 100011000	<del>-</del>	not contracted	<del> </del>	not contracted	<del>-</del>	not contracted	7 41.00	not contracted	<del>y</del> 73.54	not contracted	75.54	7 41.00
3008F	(PV)	PRIMARY PROCEDURE	3008F		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
	PNEUMOCOCCAL CONJUGATE VACCINE,										•							
90670	13 VALENT (PCV13),	PRIMARY PROCEDURE	90670		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		ADMINISTRATION (INCLUDES							A		A		A :-		A			
		PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T	90648		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ .	

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						LD TRIWEST Advantage)	KA (Medicare	SER Advantage)	MOI (Medicare			CARE Advantage)	L.A. (Cover	CARE red CA)	MO (Cover	LINA ed CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		IMMUNIZATION ADMINISTRATION (INCLUDES																
		PERCUTANEOUS	90472		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS																
		V	90723		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	· \$ -								
		ROTAVIRUS VACCINE, HUMAN, ATTENUATED (RV1), 2																
		DOSE	90681		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		IMMUNIZATION ADMINISTRATION BY																
		INTRANASAL OR ORAL PERIODIC COMPREHENSIVE	90473		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		PREVENTIVE MEDICINE REEVALU	99391		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
	HUMAN PAPILLOMAVIRUS VACCINE, TYPES 6, 11,				*		*		*		*		·		*		*	7
90649	16, 18,	PRIMARY PROCEDURE	90649		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		IMMUNIZATION ADMINISTRATION (INCLUDES																
	EXTERNAL ELECTROCARDIOGRAP	PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
93248	HIC RECORDING FOR MORE T	PRIMARY PROCEDURE	93248		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
332.0		EXTERNAL ELECTROCARDIOGRAP HIC RECORDING FOR			*		*		•		•		•		*		*	7
		MORE T	93247		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
	TELEHEALTH TRANSMISSION, PER MINUTE,																	
T1014	PROFESSIONAL	PRIMARY PROCEDURE	T1014		not available	see footnote <sup>3</sup>	not available	not contracted	not available	not available								
		OFFICE OR OTHER OUTPATIENT VISIT																
	HEPATITIS A VACCINE	FOR THE EVALUATIO	99213		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
	(HEPA), PEDIATRIC/ADOLESCE																	
90633	NT D	PRIMARY PROCEDURE	90633		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$								

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							TRIWEST Ivantage)		ISER Advantage)	-	LINA Advantage)		A. CARE e Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility	2	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS					. 3												
		OF AG PERIODIC COMPREHENSIVE PREVENTIVE	90460		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted		not contracted	\$ -	not contracted		\$ -
	HUMAN PAPILLOMAVIRUS	MEDICINE REEVALU	99392		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	VACCINE, TYPES 16, 18, BIVALE	PRIMARY PROCEDURE	90650		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$	79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.1	.9 not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	00211		4		see footnote <sup>3</sup>	\$ -	not contracted	Ś -	not contracted	Ś	n at anytypated	\$ -	not controcted	\$ -	not controcted	\$ -	\$ -
	INTERIM CARIES ARRESTING MEDICAMENT	FOR THE EVALUATIO	99211		\$	-	see roothote	, <u> </u>	not contracted	, -	not contracted	7	- not contracted	, -	not contracted	, <u>-</u>	not contracted	, -	, -
D1354	APPLICATION -	PRIMARY PROCEDURE	D1354		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	REMOVAL IMPACTED CERUMEN REQUIRING						. 3												
69210	INSTRUMENTATION	PRIMARY PROCEDURE HOSPITAL OUTPATIENT CLINIC VISIT FOR	69210		\$	67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.4	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
	IRIDOTOMY/IRIDECTO	ASSESSMENT AN	G0463		\$ 1	41.85	see footnote <sup>3</sup>	\$ 141.85	not contracted	\$ 163.13	not contracted	\$ 141.8	not contracted	\$ 141.85	not contracted	\$ 255.33	not contracted	\$ 255.33	\$ 141.85
	MY BY LASER SURGERY (EG, FOR	PRIMARY PROCEDURE	66761		\$ 6	22.06	soo footnoto <sup>3</sup>	¢ 622.06	n at an utvo at a	¢ 716.40	not controcted	ć 622.6		¢ 633.00	not contracted	ć 112122	n at an atro at a	6 112122	ć c22.0c
	AVULSION OF NAIL PLATE, PARTIAL OR					22.96	see footnote <sup>3</sup>										not contracted		
11730	COMPLETE, SIMPL	OFFICE OR OTHER	11730		\$ 2	11.95	see footnote <sup>3</sup>	\$ 211.95	not contracted	\$ 243.74	not contracted	\$ 211.9	95 not contracted	\$ 211.95	not contracted	\$ 381.51	not contracted	\$ 381.51	\$ 211.95
	LIDINE DDECNIANCY	OUTPATIENT VISIT FOR THE EVALUATIO	99202		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON																		
81025	М	PRIMARY PROCEDURE	81025		\$	8.61	see footnote <sup>3</sup>	\$ 8.61	not contracted	\$ 9.90	not contracted	\$ 8.6	not contracted	\$ 8.61	not contracted	\$ 15.50	not contracted	\$ 15.50	\$ 8.61

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						HIELD TRIWEST are Advantage)		NISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		OFFICE OR OTHER OUTPATIENT VISIT	00211		ć	see feetnet	3 4	not contracted d	ć	not contracted d	<u></u>	not contracted		not contracted		not contracted		- \$ -
	OPEN TREATMENT OF DISTAL RADIAL EXTRA-	FOR THE EVALUATIO	99211		\$	- see footnot		not contracted		not contracted		not contracted		not contracted		not contracted		
25607	ARTICULAR FR	PRIMARY PROCEDURE FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1	25607		\$ 7,763	see footnot	7,763.59	not contracted	\$ 8,928.13	not contracted	\$ 7,763.59	not contracted	\$ 7,763.59	not contracted	\$ 13,974.46	not contracted	\$ 13,974.46	6 \$ 7,763.59
		ANCHOR/SCREW FOR OPPOSING BONE-TO-	76000		\$ 274	see footnot	e <sup>3</sup> \$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	4 \$ 274.08
		BONE OR SOFT TIS INJECTION, CEFAZOLIN SODIUM,	C1713		\$	- see footnot	2	not contracted		- \$ -								
		500 MG INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,	J0690		\$	- see footnot	\$	not contracted	\$ -	not contracted	\$	- \$ -						
		1 MG INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	J1100		\$	- see footnot	\$	not contracted	\$ -	not contracted	\$ .	- \$ -						
		1 MG INJECTION,	J2250		\$	- see footnot		not contracted		not contracted		not contracted		not contracted		not contracted		- \$ -
		PROPOFOL, 10 MG INJECTION, ROPIVACAINE HYDROCHLORIDE, 1	J2704		\$	- see footnot	\$	not contracted	\$ -	not contracted	\$	- \$ -						
		MG INJECTION, FENTANYL	J2795		\$	- see footnot	\$	not contracted	\$ -	- \$ -								
		CITRATE, 0.1 MG RINGERS LACTATE INFUSION, UP TO	J3010		\$	- see footnot		not contracted		not contracted		not contracted		not contracted		not contracted		- \$ -
	MEDICAL GENETICS AND GENETIC COUNSELING	1000 CC	J7120		\$	- see footnot	\$	not contracted	\$ -	not contracted	\$	- \$ -						
96040	SERVICES, INFECTIOUS AGENT DETECTION BY	PRIMARY PROCEDURE	96040		\$	- see footnot	\$	not contracted	\$ -	not contracted	\$	- \$ -						
87624	NUCLEIC ACID (DNA OR	PRIMARY PROCEDURE	87624		\$ 35	see footnot	35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	6 \$ 35.09

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							O TRIWEST advantage)	(Med	KAIS licare A	ER dvantage)		LINA Advantage)		L.A. C	CARE Advantage)		L.A. C			MO (Cover	LINA ed CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fac	ility <sup>2</sup>	Professional	Facility	2	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	2	Professional <sup>4</sup>	Facil	ity <sup>2</sup>	Professional <sup>4</sup>	Fac	cility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING	88142		\$	20.26	see footnote <sup>3</sup>	\$	20.26	not contracted	\$ 23.30	not contracted	\$ 2	20.26	not contracted	\$	20.26	not contracted	\$	36.47	not contracted	\$ 36.4	7 \$ 20.26
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99396		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$	not contracted	\$	-	not contracted	\$	-	not contracted	\$	-	not contracted	\$	- \$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$	not contracted	\$	-	not contracted	\$	-	not contracted	\$	-	not contracted	\$	- \$ -
Q2035	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINIS	PRIMARY PROCEDURE	Q2035		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ .	not contracted	\$	-	not contracted	\$	-	not contracted	\$	-	not contracted	\$	- \$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$	79.19	see footnote <sup>3</sup>	\$	79.19	not contracted	\$ 91.07	not contracted	\$ 7	79.19	not contracted	\$	79.19	not contracted	\$	142.54	not contracted	\$ 142.54	1 \$ 79.19
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AN	G0463		\$	141.85	see footnote <sup>3</sup>	\$ 1	41.85	not contracted	\$ 163.13	not contracted	\$ 14	41.85	not contracted	\$	141.85	not contracted	\$	255.33	not contracted	\$ 255.3	3 \$ 141.85
99397	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	PRIMARY PROCEDURE	99397		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$	not contracted	\$	-	not contracted	\$	-	not contracted	\$	-	not contracted	\$	- \$ -
52001	CYSTOURETHROSCOP Y WITH IRRIGATION AND EVACUATION O	PRIMARY PROCEDURE	52001		\$	3,761.85	see footnote <sup>3</sup>	\$ 3,7	61.85	not contracted	\$ 4,326.13	not contracted	\$ 3,76	61.85	not contracted	\$ 3	3,761.85	not contracted	\$	6,771.33	not contracted	\$ 6,771.33	3,761.85
		CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECH	88112		Ś	58.85	see footnote <sup>3</sup>	\$	58.85	not contracted	\$ 67.68	not contracted	¢ 5	58.85	not contracted	¢	58.85	not contracted	ذ ا	105.93	not contracted	\$ 105.93	3 \$ 58.85
D8220	FIXED APPLIANCE THERAPY	PRIMARY PROCEDURE	D8220		\$	50.05	see footnote <sup>3</sup>	\$	-	not contracted	\$ 07.0c	not contracted		-	not contracted	\$	30.03	not contracted		103.55	not contracted	\$ 103.5.	- \$ -
55220		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$	-	see footnote <sup>3</sup>	\$		not contracted	\$	not contracted		_	not contracted	\$	_	not contracted	,	_	not contracted	\$	- \$ -
		ORTHODONTIC RETENTION (REMOVAL OF						·								•						·	Ť
	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA	APPLIANCES, CONS	D8680		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ ·	not contracted	\$	-	not contracted	\$	-1	not contracted	\$	-	not contracted	\$	- \$ -
43276	TOGRAPHY (ER	PRIMARY PROCEDURE	43276		\$	6,151.03	see footnote <sup>3</sup>	\$ 6,1	51.03	not contracted	\$ 7,073.68	not contracted	\$ 6,15	51.03	not contracted	\$ 6	5,151.03	not contracted	\$	11,071.85	not contracted	\$ 11,071.8	5 \$ 6,151.03

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							O TRIWEST advantage)		ISER Advantage)	MOI (Medicare			CARE Advantage)	L.A. (Cover	CARE ed CA)	MO (Cover	LINA ed CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facil	lity²	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
	ANORECTAL EXAM, SURGICAL, REQUIRING																		
45990	ANESTHESIA (GE	PRIMARY PROCEDURE SURGICAL	45990		\$	3,015.79	see footnote <sup>3</sup>	\$ 3,015.79	not contracted	\$ 3,468.16	not contracted	\$ 3,015.79	not contracted	\$ 3,015.79	not contracted	\$ 5,428.42	not contracted	\$ 5,428.42	\$ 3,015.79
		TREATMENT OF ANAL FISTULA (FISTULECTOMY/F	46280		\$	3,015.79	see footnote <sup>3</sup>	\$ 3,015.79	not contracted	\$ 3,468.16	not contracted	\$ 3,015.79	not contracted	\$ 3,015.79	not contracted	\$ 5,428.42	not contracted	\$ 5,428.42	\$ 3,015.79
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER																	
		1 MG INJECTION, ONDANSETRON	J2250		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	CIA 4DL 5	HYDROCHLORIDE, PER 1 MG	J2405		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-																		
51736	WATCH FLOW RAT	PRIMARY PROCEDURE MEASUREMENT OF POST-VOIDING	51736		\$	136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
		RESIDUAL URINE AND/OR	51798		\$	67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
96156	HEALTH BEHAVIOR ASSESSMENT, OR RE- ASSESSMENT (IE,	PRIMARY PROCEDURE	96156			rvice not	service not	service not	service not provided	service not	service not provided	service not		service not provided	service not provided		service not provided	service not	
	DIAGNOSTIC CASTS	PRIMARY PROCEDURE	D0470		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	•	not contracted	\$ -	not contracted		not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
36902	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIAL	PRIMARY PROCEDURE	36902		\$	6,121.31	see footnote <sup>3</sup>	\$ 6,121.31	not contracted	\$ 7,039.51	not contracted	\$ 6,121.31	not contracted	\$ 6,121.31	not contracted	\$ 11,018.36	not contracted	\$ 11,018.36	\$ 6,121.31
	V-II	UROGRAPHY, ANTEGRADE, RADIOLOGICAL			•	,				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		,		, , ,			
		SUPERVISION AND INJECTION, MIDAZOLAM	74425		\$	432.43	see footnote <sup>3</sup>	\$ 432.43	not contracted	\$ 497.29	not contracted	\$ 432.43	not contracted	\$ 432.43	not contracted	\$ 778.37	not contracted	\$ 778.37	\$ 432.43
		HYDROCHLORIDE, PER 1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						LUE SHIELD Medicare A	O TRIWEST dvantage)		ISER Advantage)		LINA Advantage)		. CARE e Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fac	ility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	INFLUENZA VIRUS VACCINE, QUADRIVALENT																		
90674	(CCIIV4), DE	PRIMARY PROCEDURE IMMUNIZATION ADMINISTRATION	90674		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	1 \$ -	- \$ -
		(INCLUDES PERCUTANEOUS	90471		\$	79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	9 not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT	00242		,		4	<u> </u>		_						•			
		FOR THE EVALUATIO  PATIENT SCREENED  FOR DEPRESSION	99213		\$	-	see footnote <sup>3</sup>	\$ -	not contracted		not contracted		- not contracted		not contracted		not contracted		- \$ -
	COMPREHENSIVE	(SUD)	1220F		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	i \$ -	- \$ -
	ELECTROPHYSIOLOGIC EVALUATION WITH I	PRIMARY PROCEDURE ULTRASOUND	93653		\$ 2	27,559.99	see footnote <sup>3</sup>	\$ 27,559.99	not contracted	\$ 31,693.99	not contracted	\$ 27,559.99	9 not contracted	\$ 27,559.99	not contracted	\$ 49,607.98	not contracted	\$ 49,607.98	3 \$ 27,559.99
		GUIDANCE FOR VASCULAR ACCESS REQUIRING	76937		ć		see footnote <sup>3</sup>	\$	not contracted do	ć	not controcted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	i \$ -	- \$ -
		ELECTROCARDIOGRA	70937		\$	-	see roothote	Ş .	not contracted	\$ -	not contracted	Ş	- not contracted	Ş -	not contracted	\$ -	not contracted	, , , , , , , , , , , , , , , , , , ,	Ş -
		M, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$	67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	6 not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	3 \$ 67.46
		COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST					. 3												
		INCL INJECTION, ADENOSINE, 1 MG	80053		\$	10.56	see footnote <sup>3</sup>	\$ 10.56	not contracted	\$ 12.14	not contracted	\$ 10.56	6 not contracted	\$ 10.56	not contracted	\$ 19.01	not contracted	1 \$ 19.01	1 \$ 10.56
		(NOT TO BE USED TO REPO	J0153		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	j \$ -	- \$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS																	
		INFUSION,	J2001		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$ -	not contracted		not contracted	1	- not contracted		not contracted		not contracted		- \$ -
		MAGNESIUM	83735		\$	6.70	see footnote <sup>3</sup>	\$ 6.70	not contracted	\$ 7.71	not contracted	\$ 6.70	0 not contracted	\$ 6.70	not contracted	\$ 12.06	not contracted	\$ 12.06	5 \$ 6.70
		PROTHROMBIN TIME;	85610		\$	4.29	see footnote <sup>3</sup>	\$ 4.29	not contracted	\$ 4.93	not contracted	\$ 4.29	9 not contracted	\$ 4.29	not contracted	\$ 7.72	not contracted	\$ 7.72	2 \$ 4.2

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							O TRIWEST dvantage)	(Medic	KAISER are Advantage)		OLINA • Advantage)		. CARE e Advantage)		A. CARE ered CA)		DLINA ered CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary																			
Code	Service Category	Service Description	CPT Code	Note	Faci	lity <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$	8.57	see footnote <sup>3</sup>	\$ 8	s.57 not contracte	d \$ 9.8	6 not contracted	1 \$ 8.5	7 not contracted	\$ 8.5	7 not contracted	i \$ 15.43	not contracted	i \$ 15.43	3 \$ 8.57
	FETAL BIOPHYSICAL				·							,							,
	PROFILE; WITHOUT NON-STRESS TEST	PRIMARY PROCEDURE	76819		\$	125.45	see footnote <sup>3</sup>	\$ 125	.45 not contracte	d \$ 144.2	7 not contracted	i \$ 125.4	5 not contracted	\$ 125.4	5 not contracted	i \$ 225.81	not contracted	\$ 225.81	1 \$ 125.45
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$	-	see footnote <sup>3</sup>	\$	<ul> <li>not contracte</li> </ul>	d \$	- not contracted	H \$	- not contracted	\$	- not contracted	i \$ .	- not contracted	<b>.</b> \$	- \$ -
	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND																		
38222	ASPIRATION	PRIMARY PROCEDURE IMMUNOHISTOCHEMI STRY OR	38222		\$	3,031.96	see footnote <sup>3</sup>	\$ 3,031	96 not contracte	d \$ 3,486.7	5 not contracted	\$ 3,031.9	6 not contracted	\$ 3,031.9	6 not contracted	\$ 5,457.53	not contracted	\$ 5,457.53	3 \$ 3,031.96
		IMMUNOCYTOCHEMI STRY, PER S	88341		\$	-	see footnote <sup>3</sup>	\$	- not contracte	d \$	- not contracted	\$	- not contracted	\$	- not contracted	\$ -	not contracted	\$	- \$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS					3												
		AND MICROSCOP BONE MARROW, SMEAR	88305		\$	58.85	see footnote <sup>3</sup>	\$ 58	.85 not contracte	ed \$ 67.6	8 not contracted	1 \$ 58.8	5 not contracted	\$ 58.8	not contracted	1 \$ 105.93	not contracted	\$ 105.93	3 \$ 58.85
		INTERPRETATION IMMUNOHISTOCHEMI STRY OR	85097		\$	911.39	see footnote <sup>3</sup>	\$ 912	39 not contracte	d \$ 1,048.1	0 not contracted	\$ 911.3	9 not contracted	\$ 911.3	9 not contracted	i \$ 1,640.50	not contracted	\$ 1,640.50	911.39
		IMMUNOCYTOCHEMI STRY, PER S	88342		\$	184.56	see footnote <sup>3</sup>	\$ 184	.56 not contracte	ed \$ 212.2	4 not contracted	i \$ 184.5	6 not contracted	\$ 184.5	6 not contracted	\$ 332.21	not contracted	\$ 332.23	1 \$ 184.56
		DECALCIFICATION PROCEDURE (LIST	00244		<b>.</b>		6	<u>,</u>											- \$ -
		SEPARATELY IN ADDI SPECIAL STAIN INCLUDING INTERPRETATION AND	88311		\$	-	see footnote <sup>3</sup>	\$	- not contracte	d \$	- not contracted	1 \$	- not contracted	\$	- not contracted	\$	not contracted	\$	- \$ -
		REPORT;	88313		\$	39.86	see footnote <sup>3</sup>	\$ 39	.86 not contracte	d \$ 45.8	4 not contracted	\$ 39.8	6 not contracted	\$ 39.8	6 not contracted	\$ 71.75	not contracted	\$ 71.75	5 \$ 39.86
	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WH	PRIMARY PROCEDURE	11104		\$	437.87	see footnote <sup>3</sup>	\$ 437	7.87 not contracte	ed \$ 503.5	5 not contracted	i \$ 437.8	7 not contracted	\$ 437.8	7 not contracted	i \$ 788.17	7 not contracted	d \$ 788.17	7 \$ 437.87
11104		OFFICE OR OTHER OUTPATIENT VISIT			7		222.350500	, ,,,,,		7 303.3		, .57.0		,		,		, , , , , ,	,
		FOR THE EVALUATIO	99212		\$	-	see footnote <sup>3</sup>	\$	- not contracte	d \$	- not contracted	\$	- not contracted	\$	- not contracted	\$ -	not contracted	\$	- \$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$	58.85	see footnote <sup>3</sup>	\$ 58	s.85 not contracte	d \$ 67.6	8 not contracted	l \$ 58.8	5 not contracted	\$ 58.8	5 not contracted	d \$ 105.93	not contracted	d \$ 105.93	3 \$ 58.85

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						LUE SHIELI Medicare A	O TRIWEST dvantage)		(AISER re Advantage)	_	LINA Advantage)		CARE Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fac	ility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE																		
58555	PROCEDURE)	PRIMARY PROCEDURE INJECTION,	58555		\$	3,318.57	see footnote <sup>3</sup>	\$ 3,318.	57 not contracted	\$ 3,816.36	not contracted	\$ 3,318.57	not contracted	\$ 3,318.57	not contracted	\$ 5,973.43	not contracted	\$ 5,973.43	\$ 3,318.57
		KETOROLAC TROMETHAMINE, PER					2												
		15 MG INJECTION, LIDOCAINE HCL FOR	J1885		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INTRAVENOUS INFUSION,	J2001		\$	-	see footnote <sup>3</sup>	\$	- not contracted	l \$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	. \$ -
	ECHOCARDIOGRAPHY TRANSESOPHAGEAL,	,																	
93312	REAL-TIME WITH	PRIMARY PROCEDURE DOPPLER ECHOCARDIOGRAPHY	93312		\$	590.52	see footnote <sup>3</sup>	\$ 590.	52 not contracted	\$ 679.10	not contracted	\$ 590.52	not contracted	\$ 590.52	not contracted	\$ 1,062.94	not contracted	\$ 1,062.94	\$ 590.52
		COLOR FLOW VELOCITY MAPPI	93325		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	. \$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER																	
		1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$	- not contracted	I \$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	EXTRACORPOREAL SHOCK WAVE, HIGH																		
28890	ENERGY, PERFORMED	PRIMARY PROCEDURE	28890		\$	1,683.70	see footnote <sup>3</sup>	\$ 1,683.	70 not contracted	\$ 1,936.26	not contracted	\$ 1,683.70	not contracted	\$ 1,683.70	not contracted	\$ 3,030.66	not contracted	\$ 3,030.66	\$ 1,683.70
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$	_	see footnote <sup>3</sup>	Ś	- not contracted	l \$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	. \$ -
	COLLECTION OF VENOUS BLOOD BY	TORTHE EVALUATION	33212		7		See Toothote	<del>-</del>	not contracted	, v	not contracted	7	Hot contracted	¥	not contracted	Ÿ	not contracted	7	Ţ
36415	VENIPUNCTURE	PRIMARY PROCEDURE	36415		\$	8.57	see footnote <sup>3</sup>	\$ 8.	57 not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
	CIRCUMCISION, SURGICAL EXCISION						- 2												
54161	OTHER THAN CLAMP,	OFFICE OR OTHER	54161		\$	2,177.07	see footnote <sup>3</sup>	\$ 2,177.	07 not contracted	\$ 2,503.63	not contracted	\$ 2,177.07	not contracted	\$ 2,177.07	not contracted	\$ 3,918.73	not contracted	\$ 3,918.73	\$ 2,177.07
		OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$	-	see footnote <sup>3</sup>	\$	- not contracted	l \$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS																	
		INFUSION,	J2001		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						IIELD TRIWEST re Advantage)		ISER Advantage)	-	LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
I	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA																	
	TOGRAPHY (ER	PRIMARY PROCEDURE ANESTHESIA FOR UPPER	43275		\$ 3,827	.07 see footnote <sup>3</sup>	\$ 3,827.07	not contracted	\$ 4,401.13	not contracted	\$ 3,827.07	not contracted	\$ 3,827.07	not contracted	\$ 6,888.73	not contracted	\$ 6,888.73	\$ 3,827.07
		GASTROINTESTINAL ENDOSCOPIC P ENDOSCOPIC RETROGRADE	00731		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CHOLANGIOPANCREA TOGRAPHY (ER FLUOROSCOPY	43260		\$ 3,827	.07 see footnote <sup>3</sup>	\$ 3,827.07	not contracted	\$ 4,401.13	not contracted	\$ 3,827.07	not contracted	\$ 3,827.07	not contracted	\$ 6,888.73	not contracted	\$ 6,888.73	\$ 3,827.07
		(SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 274	OS confortest	\$ 274.08	not contract.	¢ 245.40	not contract.	l \$ 274.08	not contract - d	\$ 274.08	not contracted	\$ 493.34	not contract.	\$ 493.34	\$ 274.08
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER			\$ 274	.08 see footnote	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
		1 MG INJECTION,	J2250		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PROPOFOL, 10 MG	J2704		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG RINGERS LACTATE	J3010		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, UP TO 1000 CC	J7120		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
ŀ	ECHOCARDIOGRAPHY, TRANSTHORACIC,																	
1	NEEDLE ELECTROMYOGRAPHY , EACH EXTREMITY,	PRIMARY PROCEDURE	93308		\$ 274	.08 see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
	WITH RELA	PRIMARY PROCEDURE	95886		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		NERVE CONDUCTION STUDIES; 1-2 STUDIES	95907		\$ 170	69 see footnote <sup>3</sup>	\$ 170.69	not contracted	\$ 196.29	not contracted	\$ 170.69	not contracted	\$ 170.69	not contracted	\$ 307.24	not contracted	\$ 307.24	\$ 170.69
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		Ś	- see footnote	\$ -	not contracted	\$ -	not contracted	s ·	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	PRIMARY PROCEDURE			\$ 4,689								,					

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						BLUE SHIEL (Medicare A		(M	KAIS ledicare A	SER Advantage)		LINA Advantage)		A. CARE re Advantage)		L.A. CARE Covered CA)		MOLINA vered CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fa	icility <sup>2</sup>	Professional	Facili	ity²	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
	EXTERNAL OCULAR PHOTOGRAPHY WITH																			
92285	INTERPRETATION AN	PRIMARY PROCEDURE FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND	92285		\$	67.46	see footnote <sup>3</sup>	\$	67.46	not contracted	\$ 77.5	not contracted	\$ 67.	46 not contracte	d \$	77.46 not contracte	d \$ 121	43 not contracted	d \$ 121.45	3 \$ 67.46
		REPORT  OPHTHALMOLOGICAL SERVICES: MEDICAL	92250		\$	136.28	see footnote <sup>3</sup>	\$	136.28	not contracted	\$ 156.77	not contracted	\$ 136.	28 not contracte	d \$ 1	not contracte	d \$ 245	30 not contracted	d \$ 245.30	0 \$ 136.28
	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR	EXAMINATION AND	92012		\$	141.85	see footnote <sup>3</sup>	\$	141.85	not contracted	\$ 163.13	not contracted	\$ 141.	not contracte	d \$ 1	11.85 not contracte	d \$ 255	33 not contracted	d \$ 255.33	3 \$ 141.85
96401	INTRA	PRIMARY PROCEDURE INJECTION, BORTEZOMIB (VELCADE), 0.1 MG	96401 J9041		\$	79.19 10.58			79.19 10.58	not contracted	·					79.19 not contracte	,			
64642	CHEMODENERVATION OF ONE EXTREMITY; 1 4 MUSCLE(S)		64642		\$	756.26	see footnote <sup>3</sup>	\$	756.26	not contracted	\$ 869.70	not contracted	\$ 756.	26 not contracte	d \$ 7	56.26 not contracte	d \$ 1,361	27 not contracted	d \$ 1,361.27	7 \$ 756.26
		CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL	64643		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$	not contracted	\$	- not contracte	d \$	- not contracte	d \$	- not contracted	d \$	- \$ -
	SEPTOPLASTY OR	INJECTION, ONABOTULINUMTOXI NA, 1 UNIT	J0585		\$	7.42	see footnote <sup>3</sup>	\$	7.42	not contracted	\$ 8.53	not contracted	\$ 7.	not contracte	d \$	7.42 not contracte	d \$ 13	36 not contracted	d \$ 13.36	6 \$ 7.42
30520	SUBMUCOUS RESECTION, WITH OR WITHOU	PRIMARY PROCEDURE	30520		\$	3,339.21	see footnote <sup>3</sup>	\$ 3	3,339.21	not contracted	\$ 3,840.09	not contracted	\$ 3,339.	21 not contracte	d \$ 3,3	39.21 not contracte	d \$ 6,010	58 not contracted	d \$ 6,010.58	8 \$ 3,339.21
		SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR	30140		\$	3,339.21	see footnote <sup>3</sup>	\$ 3	3,339.21	not contracted	\$ 3,840.09	not contracted	\$ 3,339.	21 not contracte	d \$ 3,3	39.21 not contracte	d \$ 6,010	.58 not contracted	d \$ 6,010.58	8 \$ 3,339.21
		INJECTION, CEFAZOLIN SODIUM, 500 MG INJECTION,	J0690		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$	not contracted	\$	- not contracte	d \$	- not contracte	d \$	- not contracted	d \$	- \$ -
		DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$	- not contracted	\$	- not contracte	d \$	- not contracte	d \$	- not contracted	d \$	- \$ -

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

Primary Code Service Category Service Description CPT Code Note Facility <sup>2</sup> Professional Facility Faci	Professional <sup>4</sup> Facility <sup>2</sup> not contracted \$  not contracted \$	Facility <sup>2</sup>
HYDROMORPHONE, UP TO 4 MG J1170 \$ - see footnote <sup>3</sup> \$ - not contracted \$ - not contracted \$ - not contracted \$ - not contracted \$ - see footnote \$ - not contracted \$		- \$ -
UP TO 4 MG J1170 \$ - see footnote <sup>3</sup> \$ - not contracted \$ - not contra		- \$ -
	not contracted \$	
MIDAZOLAM   I I I I I I I I I I I I I I I I I I	not contracted \$	
HYDROCHLORIDE, PER	not contracted \$	
1 MG J2250 \$ - see footnote <sup>3</sup> \$ - not contracted \$ - not contracted \$ - not contracted \$ -		- \$ -
INJECTION,		
ONDANSETRON HYDROCHLORIDE, PER		
1 MG J2405 \$ - see footnote <sup>3</sup> \$ - not contracted \$ - not contracted \$ - not contracted \$ -	not contracted \$	- \$ -
INJECTION,		
PROPOFOL, 10 MG J2704 \$ - see footnote <sup>3</sup> \$ - not contracted \$ - not contracted \$ - not contracted \$ -	not contracted \$	- \$ -
INJECTION, FENTANYL		
CITRATE, 0.1 MG J3010 \$ - see footnote <sup>3</sup> \$ - not contracted \$ - not contracted \$ - not contracted \$ -	not contracted \$	- \$ -
RINGERS LACTATE  WELLIGON UP TO		
INFUSION, UP TO  1000 CC J7120 \$ - see footnote <sup>3</sup> \$ - not contracted	not contracted \$	- s -
		·
INDUCED ABORTION, BY DILATION AND service not service	service not service no	ot service not
59841 EVACUATION PRIMARY PROCEDURE 59841 provided provide	provided provide	
		i i
ANESTHESIA FOR INDUCED ABORTION		
PROCEDURES 01966 \$ - see footnote <sup>3</sup> \$ - not contracted \$ - not contracted \$ - not contracted \$ -	not contracted \$	- \$ -
CHROMOSOME ANALYSIS; COUNT 15-		
20 CELLS, 2 KARYOTYP 88262 \$ 125.49 see footnote <sup>3</sup> \$ 125.49 not contracted \$ 125.49 not contracted \$ 225.88	not contracted \$ 225.8	88 \$ 125.49
IMMUNOHISTOCHEMI I I I I I I I I I I I I I I I I I I		
STRY OR IMMUNOCYTOCHEMI		
STRY, PERS 88341 \$ - not contracted \$ - not contracted \$ - not contracted \$ -	not contracted \$	- \$ -
LEVEL IV - SURGICAL PATHOLOGY, GROSS		<b> </b>
AND MICROSCOP 88305 \$ 58.85 see footnote <sup>3</sup> \$ 58.85 not contracted \$ 67.68 not contracted \$ 58.85 not contracted \$ 105.93	not contracted \$ 105.9	93 \$ 58.85
IMMUNOHISTOCHEMI		
STRY OR IMMUNOCYTOCHEMI		<b> </b>
STRY, PER S 88342 \$ 184.56 see footnote <sup>3</sup> \$ 184.56 not contracted \$ 212.24 not contracted \$ 184.56 not contracted \$ 332.21	not contracted \$ 332.2	21 \$ 184.56
INJECTION,		
SUCCINYLCHOLINE CHI ORIDE LID TO 20		<b> </b>
CHLORIDE, UP TO 20 MG J0330 \$ - see footnote <sup>3</sup> \$ - not contracted \$ - not contracted \$ - not contracted \$ -	not contracted \$	- s -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

					BLUE SHIEL (Medicare A			ISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)	_	PLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Duimanu																		
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		INJECTION,			,													
		DEXAMETHASONE																
		SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	ς .	- \$ -								
		INJECTION,	31100		, ·	see lootilote	,	not contracted	<del>-</del>	not contracted	7	not contracted	٠	not contracted	,	not contracted	ې	,
		MIDAZOLAM																
		HYDROCHLORIDE, PER 1 MG	12250		\$ -		ć		<b>^</b>		ć		4		<u>,</u>			. \$ -
		INJECTION,	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	- Ş -
		ONDANSETRON																
		HYDROCHLORIDE, PER				. 3												
		1 MG INJECTION,	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	. \$ -
	RE-EVALUATION-	CITICATE, 0.1 WIG	33010		ý.	300 100011010	,	not contracted	Ţ.	not contracted	Ÿ	not contracted	Ţ	not contracted	,	not contracted	,	7
	LIMITED, PROBLEM																	
D0170	FOCUSED (ESTABLISHE	PRIMARY PROCEDURE	D0170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	Ś -	. \$ -								
	UNSPECIFIED	PRIIVIANT PROCEDURE	D0170		· -	see loothote	· ·	not contracted	- ·	not contracted	· -	not contracted	· ·	not contracted	· -	not contracted	, ·	
	REMOVABLE																	
DE000	PROSTHODONTIC	DDIAAADY DDOCEDUDE	DE000		ć		<u></u>		<b>*</b>		<u> </u>		<u> </u>		<u>,</u>			ć
D5899	PROCEDURE, BY	PRIMARY PROCEDURE LIMITED ORAL	D5899		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		EVALUATION -																
		PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
	THERAPEUTIC, PROPHYLACTIC, OR																	
	DIAGNOSTIC																	
96374	INJECTION	PRIMARY PROCEDURE	96374		\$ 242.45	see footnote <sup>3</sup>	\$ 242.45	not contracted	\$ 278.82	not contracted	\$ 242.45	not contracted	\$ 242.45	not contracted	\$ 436.41	not contracted	\$ 436.41	\$ 242.45
		OFFICE OR OTHER																
		OUTPATIENT VISIT																
		FOR THE EVALUATIO	99211		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		INJECTION,																
		ZOLEDRONIC ACID, 1 MG	J3489		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	. \$ -
D1351	SEALANT-PER TOOTH	PRIMARY PROCEDURE	D1351		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
	MENINGOCOCCAL																	
	CONJUGATE VACCINE,																	
90734	SEROGROUPS A, C,	PRIMARY PROCEDURE	90734		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		IMMUNIZATION ADMINISTRATION																
		(INCLUDES																
		PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						ELD TRIWEST e Advantage)		NISER Advantage)		LINA Advantage)		CARE Advantage)		CARE ed CA)	MO (Cover	LINA ed CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90472		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
93295	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO	PRIMARY PROCEDURE	93295		\$	- see footnote <sup>3</sup>	\$ .	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THR	PRIMARY PROCEDURE	36832		\$ 6,032.	see footnote <sup>3</sup>	\$ 6,032.54	not contracted	\$ 6,937.42	not contracted	\$ 6,032.54	not contracted	\$ 6,032.54	not contracted	\$ 10,858.57	not contracted	\$ 10,858.57	7 \$ 6,032.54
		ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION,	01844		\$	- see footnote <sup>3</sup>	\$ .	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	- \$ -						
		INJECTION, CEFAZOLIN SODIUM, 500 MG INJECTION,	J0690		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		MIDAZOLAM HYDROCHLORIDE, PER 1 MG INJECTION,	J2250		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG INFUSION, NORMAL	J3010		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
	FINE NEEDLE ASPIRATION BIOPSY,	SALINE SOLUTION , 1000 CC	J7030		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
10005	INCLUDING ULTRASOUN	PRIMARY PROCEDURE	10005		\$ 761.	see footnote <sup>3</sup>	\$ 761.70	not contracted	\$ 875.96	not contracted	\$ 761.70	not contracted	\$ 761.70	not contracted	\$ 1,371.06	not contracted	\$ 1,371.06	5 \$ 761.70
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE;	88173		\$ 58.8	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	3 \$ 58.85

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						BLUE SHIELD TRIWEST (Medicare Advantage) (Medic			AISER e Advantage)	_	LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fac	ility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
	ESOPHAGOGASTROD	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$	58.85	see footnote <sup>3</sup>	\$ 58.8	5 not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ \$ 58.85
	UODENOSCOPY, FLEXIBLE, TRANSORAL; W	PRIMARY PROCEDURE	43247		\$	968.90	see footnote <sup>3</sup>	\$ 968.9	0 not contracted	\$ 1,114.24	not contracted	\$ 968.90	not contracted	\$ 968.90	not contracted	\$ 1,744.02	not contracted	\$ 1,744.02	2 \$ 968.90
		RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	74018		\$	101.97	see footnote <sup>3</sup>	\$ 101.9	7 not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	5 \$ 101.97
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ .	not contracted	\$ .	- \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	_	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$	not contracted	\$	- \$ -
91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CIRCUMCISION,	PRIMARY PROCEDURE	91110		\$	968.90	see footnote <sup>3</sup>	\$ 968.9	0 not contracted	\$ 1,114.24	not contracted	\$ 968.90	not contracted	\$ 968.90	not contracted	\$ 1,744.02	not contracted	\$ 1,744.02	2 \$ 968.90
54150	USING CLAMP OR OTHER DEVICE WITH	PRIMARY PROCEDURE	54150		\$	2,177.07	see footnote <sup>3</sup>	\$ 2,177.0	7 not contracted	\$ 2,503.63	not contracted	\$ 2,177.07	not contracted	\$ 2,177.07	not contracted	\$ 3,918.73	not contracted	\$ 3,918.73	3 \$ 2,177.07
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$		see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	s -	not contracted	Š .	- \$ -
	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES				·		See roothote	_ <del>v</del>	not contracted		not contracted			,	not contracted		not contracted		·
11042	EPIDERM	OFFICE OR OTHER OUTPATIENT VISIT	11042		\$	437.87	see footnote <sup>3</sup>	\$ 437.8	7 not contracted	\$ 503.55	not contracted	\$ 437.87	not contracted	\$ 437.87	not contracted	\$ 788.17	not contracted	\$ 788.17	' \$ 437.87
	DIPHTHERIA, TETANUS TOXOIDS,	FOR THE EVALUATIO	99212		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
90697	ACELLULAR PERTUSSIS V	PRIMARY PROCEDURE	90697		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$	79.19	see footnote <sup>3</sup>	\$ 79.1	9 not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	l \$ 79.19
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T	90648		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ .	not contracted	\$ .	- \$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						BLUE SHIELD TRIWEST (Medicare Advantage) (Medi			ISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fa	cility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		PNEUMOCOCCAL CONJUGATE VACCINE,																	
		13 VALENT (PCV13),  ROTAVIRUS VACCINE,	90670		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		PENTAVALENT (RV5), 3 DOSE SCHED	90680		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$	_	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
	DESTRUCTION (EG, LASER SURGERY,						2												
17110	ELECTROSURGERY, CR	OFFICE OR OTHER OUTPATIENT VISIT	17110		\$	211.95	see footnote <sup>3</sup>	\$ 211.95	not contracted	\$ 243.74	not contracted	\$ 211.95	not contracted	\$ 211.95	not contracted	\$ 381.51	not contracted	\$ 381.51	1 \$ 211.95
	INSERTION OF	FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
36561	TUNNELED CENTRALLY INSERTED CENTRAL V	PRIMARY PROCEDURE	36561		\$	3,496.42	see footnote <sup>3</sup>	\$ 3,496.42	not contracted	\$ 4,020.88	not contracted	\$ 3,496.42	not contracted	\$ 3,496.42	not contracted	\$ 6,293.56	not contracted	\$ 6,293.56	5 \$ 3,496.42
		TELETHERAPY ISODOSE PLAN; SIMPLE (1 OR 2					. 3												
		UNMODIFIE INJECTION, HEPARIN SODIUM, PER 1000 UNITS	77306 J1644		\$	421.03	see footnote <sup>3</sup>	\$ 421.03 \$	not contracted not contracted		not contracted		not contracted not contracted		not contracted		not contracted		5 \$ 421.03 - \$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	31044		۰		see loothote	,	not contracted	, <u> </u>	not contracted	,	not contracted	,	not contracted	, -	not contracted	,	, ,
		1 MG INJECTION, FENTANYL	J2250		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
	AQUEOUS SHUNT TO EXTRAOCULAR	CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
66180	EQUATORIAL PLATE RESE	PRIMARY PROCEDURE	66180		\$	4,689.61	see footnote <sup>3</sup>	\$ 4,689.61	not contracted	\$ 5,393.05	not contracted	\$ 4,689.61	not contracted	\$ 4,689.61	not contracted	\$ 8,441.30	not contracted	\$ 8,441.30	9 \$ 4,689.61
		HUMAN (INCLUDES FASCIA LATA)	C1762		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						BLUE SHIELD TRIWEST (Medicare Advantage) (Medi		ISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER																
		1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ .	- \$ -								
		INJECTION, FENTANYL CITRATE, 0.1 MG RINGERS LACTATE	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		INFUSION, UP TO				2												
		1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted		not contracted		not contracted	\$ -	not contracted		not contracted	† · ·	- \$ -
		AQUEOUS SHUNT	L8612		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ .	- \$ -								
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN DIRECT, ANY SITE	; PRIMARY PROCEDURE	36821		\$ 3,496.42	see footnote <sup>3</sup>	\$ 3,496.42	not contracted	\$ 4,020.88	not contracted	\$ 3,496.42	not contracted	\$ 3,496.42	not contracted	\$ 6,293.56	not contracted	\$ 6,293.56	5 \$ 3,496.42
		BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANE	80047		\$ 13.73	see footnote <sup>3</sup>	\$ 13.73	not contracted	\$ 15.79	not contracted	\$ 13.73	not contracted	\$ 13.73	not contracted	\$ 24.71	. not contracted	\$ 24.71	L \$ 13.73
		INJECTION, CEFAZOLIN SODIUM,																
		500 MG	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ .	- \$ -								
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER							·									
		1 MG INJECTION, ONDANSETRON	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$	- \$ -								
		HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		INJECTION, PROPOFOL, 10 MG	J2704		Ś -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	Ś -	not contracted	Ś -	not contracted	Ś.	- Ś -
		INJECTION, FENTANYL																7
		CITRATE, 0.1 MG INFUSION, NORMAL SALINE SOLUTION ,	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$	- \$ -								
		1000 CC	J7030		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57		\$ 8.57											3 \$ 8.57
	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12																	
42826	OR OVE	PRIMARY PROCEDURE	42826		\$ 3,339.21	see footnote <sup>3</sup>	\$ 3,339.21	not contracted	\$ 3,840.09	not contracted	\$ 3,339.21	not contracted	\$ 3,339.21	not contracted	\$ 6,010.58	not contracted	\$ 6,010.58	3,339.21

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

					BLUE SHIELD TRIWEST (Medicare Advantage) (Medi		ISER Advantage)	_	LINA Advantage)		CARE Advantage)		CARE red CA)	MO (Cover	LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code Note	e Facility	<sup>2</sup> Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304	Ś	58.85 see footnote	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,															
		1 MG INJECTION, HYDROMORPHONE, UP TO 4 MG	J1100 J1170	\$	- see footnote	\$ \$ -	not contracted not contracted		not contracted		not contracted	\$ - \$ -	not contracted		not contracted	\$ - \$ -	\$ - \$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG		\$		s						ć					\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER	J2250	\$	- see footnote	, ,	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	, -	,
		1 MG INJECTION, PROPOFOL, 10 MG	J2405 J2704	\$	- see footnote	\$ .	not contracted not contracted		not contracted		not contracted	\$ -	not contracted	·	not contracted		\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG RINGERS LACTATE	J3010	\$	- see footnote	\$ \$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	. \$ -
		INFUSION, UP TO 1000 CC	J7120	\$	- see footnote	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA- ARTICULAR FR	PRIMARY PROCEDURE ANESTHESIA FOR	25608	\$ 7,7	53.59 see footnote	\$ 7,763.59	not contracted	\$ 8,928.13	not contracted	\$ 7,763.59	not contracted	\$ 7,763.59	not contracted	\$ 13,974.46	not contracted	\$ 13,974.46	\$ 7,763.59
		OPEN OR SURGICAL ARTHROSCOPIC/END OS	01830	\$	- see footnote	\$ .	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY	76000	\$ 2	74.08 see footnote	\$ \$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
		ANCHOR/SCREW FOR OPPOSING BONE-TO-		\$	soo footmata		not contracted	ć	not contracted	ć	not contracted	ć	not controcted	ć	not controcted	ć	\$ -
		BONE OR SOFT TIS INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690	\$	- see footnote	\$ \$ -	not contracted not contracted		not contracted		not contracted	\$ - \$ -	not contracted	-	not contracted	\$ - \$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250	\$	- see footnote	\$ \$	not contracted	Ś -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	, s

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							TRIWEST dvantage)		ISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facili	ty²	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, PROPOFOL, 10 MG	J2704		Ś	_	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	ı ś	not contracted	\$ -	not contracted	\$ -	not contracted	l \$ -	\$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1			7		see roominete		not contracted	Ť	oc contracted	<u> </u>	not contracted	*	not contracted	Ÿ	not contracted		·
		MG	J2795		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	I \$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$		see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	ı \$ .	not contracted	\$ -	not contracted	\$ -	not contracted	l \$ -	\$ -
	ITRODUCTION OF EEDLE(S) AND/OR																		
	ATHETER(S), DIAL	PRIMARY PROCEDURE	36901		\$ 1	,746.29	see footnote <sup>3</sup>	\$ 1,746.29	not contracted	\$ 2,008.23	not contracted	\$ 1,746.29	not contracted	\$ 1,746.29	not contracted	\$ 3,143.32	not contracted	\$ 3,143.32	\$ 1,746.29
		NEEDLE(S) AND/OR CATHETER(S), DIAL	36903		\$ 12	,459.19	see footnote <sup>3</sup>	\$ 12,459.19	not contracted	\$ 14,328.07	not contracted	\$ 12,459.19	not contracted	\$ 12,459.19	not contracted	\$ 22,426.54	not contracted	\$ 22,426.54	\$ 12,459.19
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		\$		see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	I \$ -	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	not contracted	l \$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	32011		Ÿ		see rootmote	Ŷ	not contracted	Ť	mot dominated	<b>Y</b>	not contracted	Ÿ	not contracted	Y	not contracted		Ÿ
		1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML	17040		Ś		3	•								•			\$ -
DIA	IJECTION(S), IAGNOSTIC OR HERAPEUTIC AGENT,	STERILE (500 IVIL	J7040		Ş	-	see footnote	\$ <u>-</u>	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ <u>-</u>	not contracted	, -	ş -
64493 PA	·	PRIMARY PROCEDURE	64493		\$ 1	,000.20	see footnote <sup>3</sup>	\$ 1,000.20	not contracted	\$ 1,150.23	not contracted	\$ 1,000.20	not contracted	\$ 1,000.20	not contracted	\$ 1,800.36	not contracted	\$ 1,800.36	\$ 1,000.20
		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT,					2												
		PAR FLUOROSCOPY (SEPARATE	64494		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PROCEDURE), UP TO 1 HOUR PHY	76000		\$	274.08	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
DE	ISERTION, DRUG- ELIVERY IMPLANT E, BIORESORBABL	PRIMARY PROCEDURE	11981		4	136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	l \$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	l \$ 245.30	\$ 136.28

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						ELD TRIWEST e Advantage)		ISER Advantage)	MOI (Medicare	LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		Ś	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS	99212		•	- see loothote	, -	not contracted	, <u>-</u>	not contracted	, -	, -						
		INFUSION, ETONOGESTREL (CONTRACEPTIVE)	J2001		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		IMPLANT SYSTEM,	J7307		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATI	PRIMARY PROCEDURE	19125		\$ 4,034.9	see footnote <sup>3</sup>	\$ 4,034.95	not contracted	\$ 4,640.19	not contracted	\$ 4,034.95	not contracted	\$ 4,034.95	not contracted	\$ 7,262.91	not contracted	\$ 7,262.91	\$ 4,034.95
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 380.4	see footnote <sup>3</sup>	\$ 380.41	not contracted	\$ 437.47	not contracted	\$ 380.41	not contracted	\$ 380.41	not contracted	\$ 684.74	not contracted	\$ 684.74	\$ 380.41
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMI STRY, PER S			\$ 184.5	3	404.56				\$ 184.56				\$ 332.21			
		RADIOLOGICAL EXAMINATION,	88342		\$ 184.5	see footnote <sup>3</sup>	\$ 184.56	not contracted	\$ 212.24	not contracted	\$ 184.50	not contracted	\$ 184.56	not contracted	\$ 332.21	not contracted	\$ 332.21	\$ 184.56
		SURGICAL SPECIMEN INJECTION, CEFAZOLIN SODIUM,	76098		\$ 590.5	see footnote <sup>3</sup>		not contracted		not contracted	\$ 590.52	not contracted	\$ 590.52	not contracted	\$ 1,062.94	not contracted	\$ 1,062.94	
		500 MG INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,	J0690		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ <u>-</u>	not contracted	\$ -	\$ -						
		1 MG INJECTION, MIDAZOLAM	J1100		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		HYDROCHLORIDE, PER 1 MG INJECTION,	J2250		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		INJECTION, PROPOFOL, 10 MG	J2704		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							TRIWEST dvantage)		AISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facili	ty²	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$		see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	Ś.	- \$ -
	PHYSICAL THERAPY	1000 CC	37120		,		300 100011000	<u>, , , , , , , , , , , , , , , , , , , </u>	not contracted	Ţ	not contracted	7	not contracted	7	not contracted	7	not contracted	,	1
97161	EVALUATION: LOW COMPLEXITY, REQUI	PRIMARY PROCEDURE	97161		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ .	- \$ -
		OFFICE OR OTHER OUTPATIENT VISIT																	
	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH	FOR THE EVALUATIO	99212		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$	- \$ -
96409	,	PRIMARY PROCEDURE	96409		\$	242.45	see footnote <sup>3</sup>	\$ 242.4	not contracted	\$ 278.82	not contracted	\$ 242.45	not contracted	\$ 242.45	not contracted	\$ 436.41	not contracted	\$ 436.41	1 \$ 242.45
		OFFICE OR OTHER OUTPATIENT VISIT					9												
		FOR THE EVALUATIO	99211		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
		ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION	· I		\$		see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ .	- \$ -
		INJECTION,						·								·			·
		AZACITIDINE, 1 MG	J9025		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ .	- \$ -
J2357	INJECTION, OMALIZUMAB, 5 MG	PRIMARY PROCEDURE	J2357		\$	44.83	see footnote <sup>3</sup>	\$ 44.83	not contracted	\$ 51.55	not contracted	\$ 44.83	not contracted	\$ 44.83	not contracted	\$ 80.69	not contracted	\$ 80.69	9 \$ 44.83
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ .	- \$ -
	PARING OR CUTTING OF BENIGN HYPERKERATOTIC																		
11056	LESION	PRIMARY PROCEDURE	11056		\$	211.95	see footnote <sup>3</sup>	\$ 211.9	not contracted	\$ 243.74	not contracted	\$ 211.95	not contracted	\$ 211.95	not contracted	\$ 381.51	not contracted	\$ 381.51	1 \$ 211.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$		see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	Ś .	- \$ -
	INJECTION	TOR THE EVALUATIO	33213		٠	-	see monnote	. ·	not contracted	- ب	not contracted	- ب	not contracted	٠	not contracted	٠	not contracted	٠	7
54200	PROCEDURE FOR PEYRONIE DISEASE;	PRIMARY PROCEDURE	54200		\$	252.19	see footnote <sup>3</sup>	\$ 252.1	not contracted	\$ 290.02	not contracted	\$ 252.19	not contracted	\$ 252.19	not contracted	\$ 453.94	not contracted	\$ 453.94	\$ 252.19
		COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM,	J0775		\$	73.37	see footnote <sup>3</sup>	\$ 73.3	7 not contracted	\$ 84.38	not contracted	\$ 73.37	not contracted	\$ 73.37	not contracted	\$ 132.07	not contracted	\$ 132.07	7 \$ 73.37

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						BLUE SHIELD TRIWEST (Medicare Advantage) (Medi			(AISER re Advantage)	_	LINA Advantage)		CARE Advantage)		A. CARE vered CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fá	acility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
	COMPREHENSIVE MEDICATION SERVICES, PER 15									,		·							
H2010	MINUTES	PRIMARY PROCEDURE	H2010		n	ot available	see footnote <sup>3</sup>	not availal	ole not contracted	not available	not contracted	not available	not contracted	not availab	ole not contracted	not available	not contracted	not available	not available
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	PRIMARY PROCEDURE	D2750		\$		see footnote <sup>3</sup>	Ś	- not contracted	\$ -	not contracted	\$	- not contracted	\$	- not contracted	\$ .	- not contracted	\$ -	\$ -
52730	NOBEL WEINE	ORAL HYGIENE																	
		INSTRUCTION LIMITED ORAL EVALUATION -	D1330		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$	- not contracted	\$ .	not contracted	\$ -	\$ -
		PROBLEM FOCUSED	D0140		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	\$ -
	CONIZATION OF CERVIX, WITH OR WITHOUT																		
57522	FULGURATION,	PRIMARY PROCEDURE	57522		\$	3,318.57	see footnote <sup>3</sup>	\$ 3,318.	not contracted	\$ 3,816.36	not contracted	\$ 3,318.57	not contracted	\$ 3,318.	57 not contracted	\$ 5,973.43	not contracted	\$ 5,973.43	\$ 3,318.57
		ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A																	
		DILA ANESTHESIA FOR	57505		\$	825.66	see footnote <sup>3</sup>	\$ 825.	66 not contracted	\$ 949.51	not contracted	\$ 825.66	not contracted	\$ 825.	66 not contracted	\$ 1,486.19	not contracted	\$ 1,486.19	\$ 825.66
		VAGINAL PROCEDURES					2												
		(INCLUDING BIOPS	00940		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL V - SURGICAL PATHOLOGY, GROSS	00007			200.44	3	<b>.</b>		407.47		4 200 44		4 300		4 504.74		A	4 200.44
		AND MICROSCOPI	88307		\$	380.41	see footnote <sup>3</sup>	\$ 380.	41 not contracted	\$ 437.47	not contracted	\$ 380.41	not contracted	\$ 380.	41 not contracted	\$ 684.74	not contracted	\$ 684.74	\$ 380.41
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		Ś	58.85	see footnote <sup>3</sup>	\$ 58.	85 not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.	85 not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		IMMUNOHISTOCHEMI			7	30.03	See Toothote	<del>y</del> 50.	33 Hot contracted	φ 07.00	not contracted	ý 50.05	not contracted	ψ 30.	os not contracted	ý 103.33	not contracted	ý 105.55	ŷ 30.03
		STRY OR IMMUNOCYTOCHEMI STRY, PER S	88342		\$	184.56	see footnote <sup>3</sup>	\$ 184.	56 not contracted	\$ 212.24	not contracted	\$ 184.56	not contracted	\$ 184.	56 not contracted	\$ 332.21	not contracted	\$ 332.21	\$ 184.56
		BLOOD COUNT; COMPLETE (CBC),			·														
		AUTOMATED (HGB, HCT,	85025		\$	7.77	see footnote <sup>3</sup>	\$ 7.	77 not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 7.	77 not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER																	
		1 MG	J2250		\$		see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$	- not contracted	\$ .	not contracted	\$ -	\$ -
		INJECTION, FENTANYL	12.0.		Ť		222.000.000	T		·				Ŧ		<del>-</del>		T	7
		CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	\$ -

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						LD TRIWEST Advantage)		ISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)	_	LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code No	te	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
		ANTIBODY SCREEN, RBC, EACH SERUM			·				·									
		BLOOD TYPING, SEROLOGIC; RH (D)	86850 86901		\$ 58.85		\$ 58.85		·	not contracted not contracted	•				·	not contracted		
		BLOOD TYPING, SEROLOGIC; ABO COLLECTION OF	86900		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	0 \$ 136.28
		VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	3 \$ 8.57
	EXCHANGE OF BILIARY DRAINAGE CATHETER	, DDIAMARY DROCEDURE	47526		<u> </u>		6 445746		ć 4.700.72		Ć 44574C		A 4457.46		ć 7.402.00		ć 7,403.00	0 6 445746
4/530	(EG, EXTERNA	PRIMARY PROCEDURE CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE	47536		\$ 4,157.16	see footnote <sup>3</sup>	\$ 4,157.16	not contracted	\$ 4,780.73	not contracted	\$ 4,157.16	not contracted	\$ 4,157.16	not contracted	\$ 7,482.89	not contracted	\$ 7,482.89	9 \$ 4,157.16
		CATHETER W INJECTION,	75984		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
		CEFTRIAXONE SODIUM, PER 250 MG INJECTION,	J0696		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ .	- \$ -
		MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ .	- \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted		not contracted		not contracted		- \$ -
		INFUSION, NORMAL	13010		<del>,</del>	see rootriote	<u>, , -</u>	not contracted	<b>→</b> -	not contracted	<del>-</del>	not contracted	, <u>-</u>	not contracted		not contracted	,	
	BIOPSY, MUSCLE,	SALINE SOLUTION, STERILE (500 ML	J7040		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ .	- \$ -
	PERCUTANEOUS NEEDLE	PRIMARY PROCEDURE	20206		\$ 1,760.02	see footnote <sup>3</sup>	\$ 1,760.02	not contracted	\$ 2,024.02	not contracted	\$ 1,760.02	not contracted	\$ 1,760.02	not contracted	\$ 3,168.04	not contracted	\$ 3,168.04	4 \$ 1,760.02
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT																
		(EG, BIOP COMPUTED TOMOGRAPHY,	76942		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ .	- \$ -
		LOWER EXTREMITY; WITH CONTRAS	73701		\$ 211.67	see footnote <sup>3</sup>	\$ 211.67	not contracted	\$ 243.42	not contracted	\$ 211.67	not contracted	\$ 211.67	not contracted	\$ 381.01	not contracted	\$ 381.01	1 \$ 211.67

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							D TRIWEST Advantage)	(Medic	KAISER are Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facili	lity <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$	380.41	see footnote <sup>3</sup>	\$ 380	.41 not contracte	d \$ 437.47	not contracted	\$ 380.41	1 not contracted	\$ 380.41	not contracted	\$ 684.74	not contracted	\$ 684.74	\$ 380.41
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMI			·			,											
	INFLUENZA VIRUS VACCINE (IIV), SPLIT	STRY, PER S	88342		\$	184.56	see footnote <sup>3</sup>	\$ 184	.56 not contracted	d \$ 212.24	not contracted	\$ 184.56	5 not contracted	\$ 184.56	not contracted	\$ 332.21	not contracted	\$ 332.21	. \$ 184.56
90662	VIRUS, PRESER	PRIMARY PROCEDURE IMMUNIZATION ADMINISTRATION	90662		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ .	not contracted	\$	- not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
		(INCLUDES PERCUTANEOUS SEVERE ACUTE RESPIRATORY	90471		\$	79.19	see footnote <sup>3</sup>	\$ 79	.19 not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		SYNDROME CORONAVIRUS 2 (S IMMUNIZATION	91300		\$	-	see footnote <sup>3</sup>	\$	- not contracte	\$ .	not contracted	\$	- not contracted	\$	not contracted	\$ -	not contracted	\$ -	. \$ -
		ADMINISTRATION BY INTRAMUSCULAR INJEC	0004A		\$	48.73	see footnote <sup>3</sup>	\$ 48	.73 not contracted	d \$ 56.04	not contracted	\$ 48.73	3 not contracted	\$ 48.73	not contracted	\$ 87.71	not contracted	\$ 87.71	\$ 48.73
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$		see footnote <sup>3</sup>	Ś	- not contracte	d \$ -	- not contracted	\$	<ul> <li>not contracted</li> </ul>	\$	not contracted	\$ -	not contracted	Ś -	. \$ -
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		\$	-	see footnote <sup>3</sup>	\$	- not contracted	·	not contracted		- not contracted		not contracted	,	not contracted		\$ -
		SARSCOV2 VAC BVL 30MCG/0.3ML SEVERE ACUTE RESPIRAT	91312		\$		see footnote <sup>3</sup>	Ś	- not contracte	d \$ -	- not contracted	\$	<ul> <li>not contracted</li> </ul>	\$	not contracted	\$ -	not contracted	Ś -	
		ADM SARSCV2 BVL 30MCG/.3ML B IMMUNIZATION	51312			-	see roomote	7	not contracte		not contracted	, , , , , , , , , , , , , , , , , , ,	not contracted	,	not contracted		not contracted	, , , , , , , , , , , , , , , , , , ,	-
	VASCULAR EMBOLIZATION OR OCCLUSION,	ADMINIST	0124A		\$	48.73	see footnote <sup>3</sup>	\$ 48	.73 not contracted	d \$ 56.04	not contracted	\$ 48.73	not contracted	\$ 48.73	not contracted	\$ 87.71	not contracted	\$ 87.71	. \$ 48.73
37243	INCLUSIVE OF A	PRIMARY PROCEDURE TRANSCATHETER THERAPY,	37243		\$ 12	2,459.19	see footnote <sup>3</sup>	\$ 12,459	.19 not contracted	\$ 14,328.07	not contracted	\$ 12,459.19	not contracted	\$ 12,459.19	not contracted	\$ 22,426.54	not contracted	\$ 22,426.54	\$ 12,459.19
		EMBOLIZATION, ANY METHOD, R	75894		\$	-	see footnote <sup>3</sup>	\$	- not contracte	\$	not contracted	\$	not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						LUE SHIELD Medicare Ad		(Medic	KAISER care Advantage)	MO (Medicare			CARE Advantage)	L.A. (Cover	CARE ed CA)	MO (Cover	LINA ed CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Faci	ility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, CEFTRIAXONE																	
		SODIUM, PER 250 MG	J0696		\$	-	see footnote <sup>3</sup>	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	\$ -						
		INJECTION, HEPARIN																	
		SODIUM, PER 1000 UNITS	J1644		Ś		see footnote <sup>3</sup>	Ś	- not contracted	\$ -	not contracted	Ś -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION,	31044		٠		see lootilote	7	- Hot contracted	- ۲	not contracted	٠	not contracted		not contracted	· ·	not contracted		ې
		MIDAZOLAM																	
		HYDROCHLORIDE, PER					. 3												
		1 MG INJECTION,	J2250		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ONDANSETRON																	
		HYDROCHLORIDE, PER																	
		1 MG	J2405		\$	-	see footnote <sup>3</sup>	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	\$ -						
		INJECTION, FENTANYL																	
		CITRATE, 0.1 MG	J3010		\$	_	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
					-			<u> </u>		*		-		-		*		-	T
	ARTHROSCOPICALLY																		
20000	AIDED ANTERIOR	DDIAAADY DDOCEDUDE	20000		_	7 762 50	6	ć 7.763	2.50	ć 0.030.13		¢ 7.762.50		ć 7.762.50		ć 12.074.4C		ć 12.074.4C	ć 7.762.50
29888	CRUCIATE LIGAMENT	PRIMARY PROCEDURE ANESTHESIA FOR	29888		\$	7,763.59	see footnote <sup>3</sup>	\$ 7,763	3.59 not contracted	\$ 8,928.13	not contracted	\$ 7,763.59	not contracted	\$ 7,763.59	not contracted	\$ 13,974.46	not contracted	\$ 13,974.46	\$ 7,763.59
		OPEN OR SURGICAL																	
		ARTHROSCOPIC					2												
		PROCE	01400		\$	-	see footnote <sup>3</sup>	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	\$ -						
		PHYSICAL THERAPY EVALUATION: LOW																	
		COMPLEXITY, REQUI	97161		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		THERAPEUTIC																	
		PROCEDURE, 1 OR																	
		MORE AREAS, EACH 15 MI	97116		\$	_	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
					-			<u> </u>				-		7		7		- T	7
		ANCHOR/SCREW FOR																	
		OPPOSING BONE-TO-	C1713		,		soo foatmat-3	ė	not contract	¢	not contract	ė	not contract	ė	not contract	ć	not contract	ė	٠
		BONE OR SOFT TIS INJECTION,	C1713		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CEFAZOLIN SODIUM,																	
		500 MG	J0690		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION,																	
		DEXAMETHASONE SODIUM PHOSPHATE,																	
		1 MG	J1100		\$	_	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION,												-				-	
		HYDROMORPHONE,					, a						1	_		_		_	_
		UP TO 4 MG	J1170		\$	-	see footnote <sup>3</sup>	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	\$ -						

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						O TRIWEST dvantage)		ISER Advantage)	_	LINA Advantage)		. CARE e Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rat	Minimum Negotiated Rate
Primary Code Service Catego	y Service Description	CPT Code	Note	Faci	litv²	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER				,		,				,		,		,		,	
	1 MG INJECTION, ONDANSETRON	J2250		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
	HYDROCHLORIDE, PER 1 MG	J2405		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	i \$	- \$ -
	INJECTION, PROPOFOL, 10 MG INJECTION,	J2704		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
	NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		\$		see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	i \$	- \$ -
	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1																	
	MG	J2795		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
	RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	I \$	- \$ -
INJECTION, INTRALESIONAL; U TO AND INCLUDIN																		
11900 LE	PRIMARY PROCEDURE	11900		\$	211.95	see footnote <sup>3</sup>	\$ 211.95	not contracted	\$ 243.74	not contracted	\$ 211.9	5 not contracted	\$ 211.95	not contracted	\$ 381.51	not contracted	\$ 381.5	1 \$ 211.95
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$		see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	1 \$	- \$ -
FOOT EXAMINATION		33213		,		300 100011010	7	not contracted	, , , , , , , , , , , , , , , , , , ,	not contracted	Ÿ	not contracted	Ţ.	not contracted	Ÿ	not contracted	, ,	,
(INCLUDES 2028F EXAMINATION T	PRIMARY PROCEDURE	2028F		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
	OFFICE OR OTHER OUTPATIENT VISIT					6 3												
REMOVAL, NON- BIODEGRADABLE	FOR THE EVALUATIO	99212		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	1 \$	- \$ -
DRUG DELIVERY 11982 IMPLANT	PRIMARY PROCEDURE	11982		\$	443.15	see footnote <sup>3</sup>	\$ 443.15	not contracted	\$ 509.62	not contracted	\$ 443.1	5 not contracted	\$ 443.15	not contracted	\$ 797.67	not contracted	\$ 797.6	7 \$ 443.15
	OFFICE OR OTHER OUTPATIENT VISIT																	
	FOR THE EVALUATIO	99212		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	not contracted	1 \$	- \$

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						BLUE SHIELI (Medicare A			KAISER re Advantage)		IOLINA re Advantage)		. CARE e Advantage)		. CARE ered CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fa	cility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>						
	SURGICAL PROCEDURE FOR																		
D3910	ISOLATION OF TOOTH WITH RUB	PRIMARY PROCEDURE ENDODONTIC	D3910		\$	-	see footnote <sup>3</sup>	\$	- not contract	ed \$	- not contracted	\$	- not contracted	\$	- not contracted	\$ -	not contracted	\$	- \$ -
		THERAPY, MOLAR (EXCLUDING FINAL																	
		RESTORA  ORAL HYGIENE	D3330		\$	-	see footnote <sup>3</sup>	\$	- not contract		- not contracted		- not contracted		- not contracted		not contracted		- \$ -
		INSTRUCTION LIMITED ORAL EVALUATION -	D1330		\$	-	see footnote <sup>3</sup>	\$	- not contract	ed \$	- not contracted	\$	- not contracted	\$	- not contracted	\$ -	not contracted	\$ -	- \$ -
		PROBLEM FOCUSED	D0140		\$	-	see footnote <sup>3</sup>	\$	- not contract	ed \$	- not contracted	\$	- not contracted	\$	- not contracted	\$ -	not contracted	\$ -	- \$ -
93656	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUD	PRIMARY PROCEDURE	93656		\$	27,559.99	see footnote <sup>3</sup>	\$ 27,559	99 not contract	ed \$ 31,693	99 not contracted	d \$ 27,559.9	9 not contracted	\$ 27,559.9	9 not contracted	\$ 49,607.98	not contracted	\$ 49,607.98	3 \$ 27,559.99
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$	8.46	see footnote <sup>3</sup>	\$ 8	46 not contract	ed \$ 9.	73 not contracted	d \$ 8.4	6 not contracted	\$ 8.4	6 not contracted	\$ 15.23	not contracted	\$ 15.23	3 \$ 8.46
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER																	
		1 MG INJECTION,	J2250		\$	-	see footnote <sup>3</sup>	\$	- not contract	ed \$	- not contracted	\$	- not contracted	\$	- not contracted	\$ -	not contracted	\$	- \$ -
		PROPOFOL, 10 MG	J2704		\$	-	see footnote <sup>3</sup>	\$	- not contract	ed \$	- not contracted	\$	- not contracted	\$	- not contracted	\$ -	not contracted	\$ .	- \$ -
		INJECTION, PROTAMINE SULFATE, PER 10 MG	J2720		\$	-	see footnote <sup>3</sup>	\$	- not contract	ed \$	- not contracted	d \$	- not contracted	\$	- not contracted	\$ -	not contracted	Ś .	- \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$		see footnote <sup>3</sup>	\$	- not contract		- not contracted		- not contracted		- not contracted		not contracted		- \$ -
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB,	33010		7		3cc rootriote	Ÿ	not contract	, u	not contracted	, ,	not contracted	,	not contracted	Ţ.	not contracted	,	Ţ
		HCT,	85027		\$	6.47	see footnote <sup>3</sup>	\$ 6	47 not contract	ed \$ 7.	44 not contracted	\$ 6.4	7 not contracted	\$ 6.4	7 not contracted	\$ 11.65	not contracted	\$ 11.65	5 \$ 6.47
		PROTHROMBIN TIME;	85610		\$	4.29	see footnote <sup>3</sup>	\$ 4	29 not contract	ed \$ 4.	93 not contracted	\$ 4.2	9 not contracted	\$ 4.2	9 not contracted	\$ 7.72	not contracted	\$ 7.72	2 \$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$	8.57	see footnote <sup>3</sup>	\$ 8	57 not contract	ed \$ 9.	86 not contracted	d \$ 8.5	7 not contracted	\$ 8.5	7 not contracted	\$ 15.43	not contracted	\$ 15.43	3 \$ 8.57
	ARTHROCENTESIS, ASPIRATION AND/OR						. 3												
20605	INJECTION, INTER	OFFICE OR OTHER	20605		\$	319.12	see footnote <sup>3</sup>	\$ 319	12 not contract	ed \$ 366	99 not contracted	\$ 319.1	2 not contracted	\$ 319.1	2 not contracted	\$ 574.42	not contracted	\$ 574.42	2 \$ 319.12
		OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$	- not contract	ed \$	- not contracted	\$	- not contracted	\$	- not contracted	\$ -	not contracted	\$ .	- \$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

					_	SHIELD TRIWE	_		ISER Advantage)	_	LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility	r <sup>2</sup> Profes	ssional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	REMOVAL OF PERMANENT PACEMAKER PULSE							•								•			,
	GENERATOR WIT	PRIMARY PROCEDURE INSERTION OR REPLACEMENT OF	33228		\$ 12,2	.22.88 see f	ootnote <sup>3</sup>	\$ 12,122.88	not contracted	\$ 13,941.31	not contracted	\$ 12,122.88	not contracted	\$ 12,122.88	not contracted	\$ 21,821.18	not contracted	\$ 21,821.18	\$ 12,122.88
		PERMANENT SUBCUTANEOUS INJECTION,	33270		\$ 37,6	547.99 see t	ootnote <sup>3</sup>	\$ 37,647.99	not contracted	\$ 43,295.19	not contracted	\$ 37,647.99	not contracted	37,647.99	not contracted	\$ 67,766.38	not contracted	\$ 67,766.38	\$ 37,647.99
		CEFAZOLIN SODIUM, 500 MG	J0690		\$	- see t	ootnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ .	not contracted	I \$ .	not contracted	\$ .	not contracted	ı \$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS	12004				3												
		INFUSION, INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	J2001		\$	- see 1	ootnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	1 \$ -	\$ -
		1 MG	J2250		\$	- see f	ootnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	- see t	ootnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ .	not contracted	I \$ -	not contracted	\$ -	not contracted	i \$ -	\$ -
	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL	PRIMARY PROCEDURE	27792		\$ 7,5	763.59 see 1	ootnote <sup>3</sup>	\$ 7,763.59	not contracted	\$ 8,928.13	not contracted	\$ 7,763.59	not contracted	l \$ 7,763.59	not contracted	\$ 13,974.46	not contracted	d \$ 13,974.46	\$ 7,763.59
21732	TIVICIONE (BYTEIVIE	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER			7 7,	55.55	ounde	7,703.33	not contracted	φ 0,320.13	not contracted	7,703.33	not contracted	7,703.33	not contracted	Ţ 13,374.4C	, not contracted	13,374.40	7,703.33
		L FLUOROSCOPY (SEPARATE	01480		\$	- see t	ootnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$	not contracted	\$ -	\$ -
		PROCEDURE), UP TO 1 HOUR PHY RADIOLOGIC	76000		\$ 2	274.08 see 1	ootnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
		EXAMINATION, ANKLE; COMPLETE, MINIMUM O	73610		\$ 2	.01.97 see t	ootnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	l \$ 101.97	' not contracted	\$ 183.55	not contracted	i \$ 183.55	\$ 101.97
		ANCHOR/SCREW FOR OPPOSING BONE-TO-																	
		BONE OR SOFT TIS INJECTION, CEFAZOLIN SODIUM,	C1713		\$	- see t	ootnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ .	not contracted	\$ .	not contracted	\$ -	\$ -
		500 MG INJECTION,	J0690		\$	- see t	ootnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted		\$ -
		DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		Ś	500	ootnote <sup>3</sup>	\$ -	not contracted	¢	not contracted	Ś.	- not contracted	I \$ -	- not contracted	\$ -	- not contracted	d \$ -	¢

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							O TRIWEST Advantage)	(Medi	KAISER icare Adva			LINA Advantage)		CARE Advantage)		A. CARE rered CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Faci	lity <sup>2</sup>	Professional	Facility <sup>2</sup>	² Pr	rofessional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER																		
		1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$	- n	not contracted	\$ -	not contracted	\$ -	not contracted	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER																		
		1 MG	J2405		\$	-	see footnote <sup>3</sup>	\$	- n	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION,					3	_			_				_					
-		PROPOFOL, 10 MG	J2704		\$		see footnote <sup>3</sup>	\$	- n	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	=	see footnote <sup>3</sup>	\$	- n	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	. \$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$		see footnote <sup>3</sup>	Ś	- n	not contracted	\$ -	not contracted	\$ -	not contracted	Ś	- not contracted	\$ -	not contracted	\$ -	. ś -
	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS	1000 00	37120		Ŷ		See roomote	<b>Y</b>		iot contracted	·	not contracted	<del>-</del>	not contracted	7	not contracted	Ψ	not contracted	· ·	<b>*</b>
96416	INFUSION	PRIMARY PROCEDURE	96416		\$	390.40	see footnote <sup>3</sup>	\$ 39	90.40 n	not contracted	\$ 448.96	not contracted	\$ 390.40	not contracted	\$ 390.4	not contracted	\$ 702.72	not contracted	\$ 702.72	\$ 390.40
		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS																		
		INFUSION CHEMOTHERAPY	96413		\$	390.40	see footnote <sup>3</sup>	\$ 39	90.40 n	not contracted	\$ 448.96	not contracted	\$ 390.40	not contracted	\$ 390.4	not contracted	\$ 702.72	not contracted	\$ 702.72	\$ 390.40
		ADMINISTRATION, INTRAVENOUS INFUSION	96415		Ś	79.19	see footnote <sup>3</sup>	\$ 7	79.19 n	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.:	l9 not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		CHEMOTHERAPY ADMINISTRATION,	30.13		<u> </u>	73.23	Sec rootriote	,		101 001111 00100	<del>y</del> 52.07	not contracted	γ 73.23		Ψ 73	not contracted	ψ 11213 ·	not contracted	ψ 1.2.3 ·	ψ 73.13
		INTRAVENOUS INFUSION	96417		\$	79.19	see footnote <sup>3</sup>	\$ 7	79.19 n	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.:	19 not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC					•													
-		INJECTION	96375		\$	49.73	see footnote <sup>3</sup>	\$ 4	49.73 n	not contracted	\$ 57.19	not contracted	\$ 49.73	not contracted	\$ 49.	73 not contracted	\$ 89.51	not contracted	\$ 89.51	\$ 49.73
		OFFICE OR OTHER OUTPATIENT VISIT	00244					_			<u></u>		<u>,</u>				,		<b>A</b>	
		FOR THE EVALUATIO INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR,	99211		\$	-	see footnote <sup>3</sup>	\$	- n	not contracted	<u>\$</u> -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	\$ -
		(ZIRABEV)	Q5118		\$	39.55	see footnote <sup>3</sup>	\$ 3	39.55 n	not contracted	\$ 45.48	not contracted	\$ 39.55	not contracted	\$ 39.5	not contracted	\$ 71.19	not contracted	\$ 71.19	\$ 39.55
		INJECTION, ATROPINE SULFATE, 0.01 MG	J0461		\$	-	see footnote <sup>3</sup>	\$	- n	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	\$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						UE SHIELD ledicare A		(Med	KAISE			LINA Advantage)		A. CARE re Advantage)		L.A. CARE overed CA)		DLINA ered CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Faci	lity <sup>2</sup>	Professional	Facility	ty² I	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		INJECTION,																		
		LEUCOVORIN CALCIUM, PER 50 MG	J0640		\$	_	see footnote <sup>3</sup>	Ś	_	not contracted	Ś .	not contracted	\$	- not contracted	Ś	- not contracted	\$	not contracted	\$	- \$ -
		INJECTION,	300.10		Y		see rootmote	<u> </u>		not contracted	Ψ		Y	not contracted	Ť	not contracted	· · · ·		Ÿ	<u> </u>
		DEXAMETHASONE SODIUM PHOSPHATE,																		
		1 MG	J1100		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$	not contracted	\$	- not contracted	\$	- not contracted	\$	not contracted	\$	- \$ -
		INJECTION,																		
		ONDANSETRON HYDROCHLORIDE, PER																		
		1 MG	J2405		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$	not contracted	\$	- not contracted	\$	- not contracted	\$	not contracted	\$	- \$ -
		INFUSION, NORMAL SALINE SOLUTION ,																		
		1000 CC	J7030		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$	not contracted	\$	- not contracted	\$	- not contracted	\$	not contracted	\$	- \$ -
		INFUSION, NORMAL SALINE SOLUTION,																		
		250 CC	J7050		\$	-	see footnote <sup>3</sup>	\$	_	not contracted	\$	not contracted	\$	- not contracted	\$	- not contracted	\$	not contracted	\$	- \$ -
		INJECTION,																		
		FLUOROURACIL, 500 MG	J9190		\$	_	see footnote <sup>3</sup>	\$	_	not contracted	\$	not contracted	\$	- not contracted	\$	- not contracted	\$	not contracted	\$	- \$ -
		INJECTION,					_				·									·
	LARYNGOSCOPY,	IRINOTECAN, 20 MG	J9206		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$	not contracted	\$	- not contracted	\$	- not contracted	\$	not contracted	\$	- \$ -
	FLEXIBLE;																			
31575	DIAGNOSTIC	PRIMARY PROCEDURE	31575		\$	209.80	see footnote <sup>3</sup>	\$ 2	209.80	not contracted	\$ 241.27	not contracted	\$ 209.	not contracted	\$ 209	9.80 not contracted	\$ 377.64	not contracted	\$ 377.64	4 \$ 209.80
		OFFICE OR OTHER																		
		OUTPATIENT VISIT					. 2													
	PERIODONTAL	FOR THE EVALUATIO	99212		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$	not contracted	\$	- not contracted	\$	- not contracted	\$	not contracted	\$	- \$ -
D4910	MAINTENANCE	PRIMARY PROCEDURE	D4910		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$	not contracted	\$	- not contracted	\$	- not contracted	\$	not contracted	\$	- \$ -
		LIMITED ORAL EVALUATION -																		
		PROBLEM FOCUSED	D0140		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$	not contracted	\$	- not contracted	\$	- not contracted	\$	not contracted	\$	- \$ -
	RENAL BIOPSY;																			
50200	PERCUTANEOUS, BY TROCAR OR NEEDLE	PRIMARY PROCEDURE	50200		\$	1,760.02	see footnote <sup>3</sup>	\$ 1,7	760.02	not contracted	\$ 2,024.02	not contracted	\$ 1,760.	02 not contracted	\$ 1,760	0.02 not contracted	\$ 3,168.04	not contracted	\$ 3,168.04	4 \$ 1,760.02
								•			•				,					
		ULTRASONIC GUIDANCE FOR																		<b>!</b>
		NEEDLE PLACEMENT																		
		(EG, BIOP	76942		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$	not contracted	\$	- not contracted	\$	- not contracted	\$	not contracted	\$	- \$ -
		LEVEL IV - SURGICAL																		<b> </b>
		PATHOLOGY, GROSS	00205			50.05		ć	50.05		ć 67.50		ć	25		205	105.00		ć 405.00	50.05
		AND MICROSCOP	88305		\$	58.85	see footnote <sup>3</sup>	\$	58.85	not contracted	\$ 67.68	not contracted	\$ 58.	not contracted	Į \$ 58	3.85 not contracted	\$ 105.93	not contracted	\$ 105.93	3 \$ 58.85

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						BLUE SHIELI (Medicare A		(Me	KAIS edicare A	SER dvantage)		LINA Advantage)		. CARE e Advantage)		L.A. CARE (Covered CA)			DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fa	cility <sup>2</sup>	Professional	Facilit	ty²	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facilit	y <sup>2</sup> Professi	ional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		SPECIAL STAIN INCLUDING INTERPRETATION AND					2														
		REPORT; SPECIAL STAIN INCLUDING	88312		\$	58.85	see footnote <sup>3</sup>	\$	58.85	not contracted	\$ 67.68	not contracted	\$ 58.8	not contracted	\$	58.85 not cor	ntracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INTERPRETATION AND REPORT;	88313		\$	39.86	see footnote <sup>3</sup>	\$	39.86	not contracted	\$ 45.84	not contracted	\$ 39.8	not contracted	\$	39.86 not cor	ntracted	\$ 71.75	not contracted	\$ 71.75	5 \$ 39.86
	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA																				
43277	TOGRAPHY (ER	PRIMARY PROCEDURE ENDOSCOPIC RETROGRADE	43277		\$	3,827.07	see footnote <sup>3</sup>	\$ 3,	,827.07	not contracted	\$ 4,401.13	not contracted	\$ 3,827.0	not contracted	\$ 3,	827.07 not cor	ntracted	\$ 6,888.73	not contracted	\$ 6,888.73	3 \$ 3,827.07
		CHOLANGIOPANCREA TOGRAPHY (ER ENDOSCOPIC	43275		\$	3,827.07	see footnote <sup>3</sup>	\$ 3,	,827.07	not contracted	\$ 4,401.13	not contracted	\$ 3,827.0	7 not contracted	\$ 3,	827.07 not cor	ntracted	\$ 6,888.73	not contracted	\$ 6,888.73	3 \$ 3,827.07
		RETROGRADE CHOLANGIOPANCREA TOGRAPHY (ER	43260		ć	3,827.07	soo footnoto <sup>3</sup>	\$ 3.	927.07	n at an atro ato d	ć 4.401.12	not contracted	ć 2.927 <i>/</i>	not contracto	1 6 3	927.07 not sor	. t. v. o. t. o. d	ć coo 73	not contracted	\$ 6,888.73	3 \$ 3,827.07
		FLUOROSCOPY (SEPARATE	43260		\$	3,827.07	see footnote <sup>3</sup>	\$ 3,	,827.07	not contracted	\$ 4,401.13	not contracted	\$ 3,827.0	not contracted	3,	827.07 not cor	itracteu	\$ 6,888.73	not contracted	\$ 6,888.73	3,827.07
		PROCEDURE), UP TO 1 HOUR PHY	76000		\$	274.08	see footnote <sup>3</sup>	\$	274.08	not contracted	\$ 315.19	not contracted	\$ 274.0	not contracted	\$	274.08 not cor	ntracted	\$ 493.34	not contracted	\$ 493.34	4 \$ 274.08
		INJECTION, PROPOFOL, 10 MG	J2704		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ -	not contracted	\$	- not contracted	\$	- not cor	ntracted	\$ -	not contracted	\$	- \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ -	not contracted	\$	- not contracted	\$	- not cor	ntracted	\$ -	not contracted	\$	- \$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$		see footnote <sup>3</sup>	Ś		not contracted	\$ -	not contracted	\$	- not contracted	\$	- not cor	ntracted	Ś .	- not contracted	Ś	- \$ -
	OPEN TREATMENT OF BIMALLEOLAR ANKLE	2000 00	37123		<b>*</b>		300 100011010	<u> </u>		not contracted	Ψ	not contracted	<u> </u>	not contracted	Ÿ		accca	· ·	not continueted	· ·	Y
27814	FRACTURE (EG,	PRIMARY PROCEDURE ANESTHESIA FOR	27814		\$	7,763.59	see footnote <sup>3</sup>	\$ 7,	,763.59	not contracted	\$ 8,928.13	not contracted	\$ 7,763.5	not contracted	\$ 7,	763.59 not cor	ntracted	\$ 13,974.46	not contracted	\$ 13,974.4	5 \$ 7,763.59
		OPEN PROCEDURES ON BONES OF LOWER L	01480		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ -	not contracted	\$	- not contracted	l \$	- not cor	ntracted	\$ -	not contracted	\$	- \$ -
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1																			
		HOUR PHY RADIOLOGIC EXAMINATION,	76000		\$	274.08	see footnote <sup>3</sup>	\$	274.08	not contracted	\$ 315.19	not contracted	\$ 274.0	not contracted	\$	274.08 not cor	ntracted	\$ 493.34	not contracted	\$ 493.34	4 \$ 274.08
		ANKLE; COMPLETE, MINIMUM O	73610		\$	101.97	see footnote <sup>3</sup>	\$	101.97	not contracted	\$ 117.27	not contracted	\$ 101.9	not contracted	\$	101.97 not cor	ntracted	\$ 183.55	not contracted	\$ 183.5	5 \$ 101.97

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

					.D TRIWEST Advantage)		SER Advantage)		LINA Advantage)		CARE Advantage)		. CARE ered CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		ANCHOR/SCREW FOR OPPOSING BONE-TO-															
		BONE OR SOFT TIS	C1713	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
		INJECTION, CEFAZOLIN SODIUM,			2												
-		500 MG INJECTION,	J0690	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
		DEXAMETHASONE SODIUM PHOSPHATE,															
		1 MG	J1100	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
		INJECTION, HYDROMORPHONE,			3												
		UP TO 4 MG INJECTION,	J1170	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
		MIDAZOLAM HYDROCHLORIDE, PER															
		1 MG INJECTION,	J2250	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
		ONDANSETRON HYDROCHLORIDE, PER															
		1 MG	J2405	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
		INJECTION, PROPOFOL, 10 MG	J2704	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	- \$ -
		RINGERS LACTATE INFUSION, UP TO			. 2												
	INJECTION,	1000 CC	J7120	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
	TRIAMCINOLONE ACETONIDE, NOT																
J3301	OTHERWISE	PRIMARY PROCEDURE	J3301	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
		ARTHROCENTESIS, ASPIRATION AND/OR			. 2												
		INJECTION, MAJOR HOSPITAL	20610	\$ 319.12	see footnote <sup>3</sup>	\$ 319.12	not contracted	\$ 366.99	not contracted	\$ 319.12	not contracted	\$ 319.12	not contracted	\$ 574.42	not contracted	\$ 574.42	2 \$ 319.12
		OUTPATIENT CLINIC VISIT FOR															
		ASSESSMENT AN INJECTION,	G0463	\$ 141.85	see footnote <sup>3</sup>	\$ 141.85	not contracted	\$ 163.13	not contracted	\$ 141.85	not contracted	\$ 141.85	not contracted	\$ 255.33	not contracted	\$ 255.33	3 \$ 141.85
		LIDOCAINE HCL FOR INTRAVENOUS															
		INFUSION,	J2001	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
		INJECTION, BUPIVICAINE HYDROCHLORIDE, 30															
		ML	S0020	not available	see footnote <sup>3</sup>	not available	not contracted	not available	not available								

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						HIELD TRIWEST are Advantage)		ISER Advantage)	_	LINA Advantage)		CARE Advantage)		CARE red CA)	_	LINA ed CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	INITIAL COMPREHENSIVE PREVENTIVE																	
99387	MEDICINE EVALUATI ANOGENITAL EXAMINATION,	PRIMARY PROCEDURE	99387		\$	- see footnote	\$ -	not contracted	\$ -	\$ -								
99170	MAGNIFIED, IN CHILDHOOD FO	PRIMARY PROCEDURE	99170		\$ 209	.07 see footnote	\$ 209.07	not contracted	\$ 240.43	not contracted	\$ 209.07	not contracted	\$ 209.07	not contracted	\$ 376.33	not contracted	\$ 376.33	\$ 209.07
		DETECTION BY NUCLEIC ACID (DNA OR	87491		\$ 35	.09 see footnote	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA																
	INSERTION OR REPLACEMENT OF	OR	87591		\$ 35	.09 see footnote	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	\$ 35.09
33249	PERMANENT IMPLANTABLE	PRIMARY PROCEDURE	33249		\$ 37,647	.99 see footnote	\$ 37,647.99	not contracted	\$ 43,295.19	not contracted	\$ 37,647.99	not contracted	\$ 37,647.99	not contracted	\$ 67,766.38	not contracted	\$ 67,766.38	\$ 37,647.99
		ELECTROCARDIOGRA M, ROUTINE ECG	02005		\$ 67	46	S 67.46		ć 77.50		67.46		67.46		6 424.42		Å 424.42	6 67.46
		RADIOLOGIC EXAMINATION,	93005		<del>, , , , , , , , , , , , , , , , , , , </del>	.46 see footnote										not contracted		
		INJECTION, CEFAZOLIN SODIUM,	71046		\$ 101											not contracted		
		500 MG INJECTION, LIDOCAINE HCL FOR INTRAVENOUS	10690		\$	- see footnote	\$ -	not contracted	\$ -	\$ -								
		INFUSION, INJECTION, MIDAZOLAM	J2001		\$	- see footnote	\$ -	not contracted	\$ -	\$ -								
		HYDROCHLORIDE, PER 1 MG	J2250		\$	- see footnote	\$ \$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	- see footnote	\$ \$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
20010	ARTERIOVENOUS ANASTOMOSIS, OPEN;	•	2010		ć	F4	6 6000		ć 6027.42	not or	ć com 54	not or interest.	ć com 54	not or	ć 40.050.53	wat ac-time of	ć 10.050.55	ć 6000 F1
30819	BY UPPER ARM BASI	PRIMARY PROCEDURE INJECTION, CEFAZOLIN SODIUM, 500 MG	36819 J0690		\$ 6,032 \$	.54 see footnote		not contracted		not contracted		not contracted		not contracted	\$ 10,858.57	not contracted	\$ 10,858.57	\$ 6,032.54

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							TRIWEST dvantage)	(Med	KAIS licare A	ER dvantage)		LINA Advantage)		.A. CAF	.RE Ivantage)		A. CARE vered CA)	(0	MOLI Covere		Maximum Negotiated Rate	Minimum Negotiated Ra	
Primary Code	Service Category	Service Description	CPT Code	Note	Facility	y²	Professional	Facility	2	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	F	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	2	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>	
		INJECTION, HEPARIN																					
		SODIUM, PER 1000 UNITS	J1644		\$	-	see footnote <sup>3</sup>	\$	_	not contracted	\$ -	not contracted	\$	_	not contracted	\$	not contracted	\$	-	not contracted	\$	- \$	_
		INJECTION,			,			<u> </u>								<u> </u>		·				,	
		MIDAZOLAM																					
		HYDROCHLORIDE, PER 1 MG	J2250		\$		see footnote <sup>3</sup>	\$		not contracted	\$ -	not contracted	\$		not contracted	\$	not contracted	\$		not contracted	\$	- \$	
		INJECTION,	32230		۲		see rootriote	7		not contracted	ý.	not contracted	,		not contracted	7	- Hot contracted	۲		not contracted	٠	- 7	$\exists$
		PROPOFOL, 10 MG	J2704		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ -	not contracted	\$	-	not contracted	\$	- not contracted	\$	-	not contracted	\$	- \$	-
		INFUSION, NORMAL																					
		SALINE SOLUTION , 1000 CC	J7030		\$		see footnote <sup>3</sup>	\$		not contracted	\$ -	not contracted	\$		not contracted	\$	not contracted	\$		not contracted	Ś.	- \$	_
		COLLECTION OF	37030		,		ace roothote	<u>, , , , , , , , , , , , , , , , , , , </u>		not contracted	Ÿ	not contracted	7		not contracted	7	not contracted	,		not contracted	Ţ	7	
		VENOUS BLOOD BY																					
		VENIPUNCTURE	36415		\$	8.57	see footnote <sup>3</sup>	\$	8.57	not contracted	\$ 9.86	not contracted	\$ 8	.57	not contracted	\$ 8.	not contracted	\$ 1	15.43	not contracted	\$ 15.43	3 \$ 8	8.57
	REPAIR OF RETINAL																						
	DETACHMENT; WITH																						
67108	VITRECTOMY, ANY	PRIMARY PROCEDURE	67108		\$ 4,6	689.61	see footnote <sup>3</sup>	\$ 4,6	89.61	not contracted	\$ 5,393.05	not contracted	\$ 4,689	.61	not contracted	\$ 4,689.	not contracted	\$ 8,44	41.30	not contracted	\$ 8,441.30	\$ 4,689	9.61
		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SU	00145		\$	_	see footnote <sup>3</sup>	\$		not contracted	\$ -	not contracted	\$		not contracted	\$	- not contracted	\$	_	not contracted	\$	- \$	_
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LE	93005			67.46	see footnote <sup>3</sup>	\$	67.46		\$ 77.58				not contracted	\$ 67.			21.43		\$ 121.43	2 6 67	7.46
		INJECTION,	93003		ş	07.40	see roothote	ş	67.40	not contracted	ş //.5c	not contracted	\$ 67	.40	not contracted	٠, ١٥٠	+6 Hot contracted	Ş 12	21.43	not contracted	<b>3</b> 121.43	5 5 67	.40
		MIDAZOLAM																					
		HYDROCHLORIDE, PER					3											_					
		1 MG INJECTION,	J2250		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ -	not contracted	\$	-	not contracted	\$	- not contracted	\$	-	not contracted	\$	- \$	-
		PROPOFOL, 10 MG	J2704		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ -	not contracted	\$	-	not contracted	\$	- not contracted	\$	-	not contracted	\$	- \$	-
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		Ś		see footnote <sup>3</sup>	\$		not contracted	\$ -	not contracted	\$		not contracted	\$	- not contracted	\$		not contracted	\$	- \$	
		RINGERS LACTATE	33010		,	-	300 100011018	7	$\dashv$	or contracted	٠,	not contracted	7		not contracted	7	not contracted	,	$\dashv$	not contracted	7	7	$\dashv$
		INFUSION, UP TO																					
		1000 CC	J7120		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ -	not contracted	\$	-	not contracted	\$	- not contracted	\$	-	not contracted	\$	- \$	
	ACTINOTHERAPY (ULTRAVIOLET LIGHT)																						
96900	EFFECTIVE DATE:	PRIMARY PROCEDURE	96900		\$	39.86	see footnote <sup>3</sup>	\$	39.86	not contracted	\$ 45.84	not contracted	\$ 39	.86	not contracted	\$ 39.5	not contracted	\$ 7	71.75	not contracted	\$ 71.75	5 \$ 39	9.86
57450	COLPOSCOPY OF THE CERVIX INCLUDING	DDIAA DV DDOCES 1125	57452			200 07		<b>^</b>	00.07		ć 240 to		<b>.</b>	0.7		<b>.</b>	27	6 2-	76 22		A 276.00		0.07
5/452	UPPER/ADJACENT	PRIMARY PROCEDURE	57452		\$ 2	209.07	see footnote <sup>3</sup>	\$ 2	09.07	not contracted	\$ 240.43	not contracted	\$ 209	.07	not contracted	\$ 209.	not contracted	3	76.33	not contracted	\$ 376.33	3 \$ 209	J.U/

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						LD TRIWEST Advantage)		ISER Advantage)	-	LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- not contracted	\$ -	\$ -						
	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	PRIMARY PROCEDURE			<b>Y</b>													
67043	WITH		67043		\$ 4,689.61	see footnote <sup>3</sup>	\$ 4,689.61	not contracted	\$ 5,393.05	not contracted	\$ 4,689.61	not contracted	\$ 4,689.61	not contracted	\$ 8,441.30	not contracted	\$ 8,441.30	\$ 4,689.61
		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SU	00145		\$ .	see footnote <sup>3</sup>	\$ -	not contracted	\$ .	not contracted	\$ -	\$ -						
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER																
		1 MG INFUSION, NORMAL SALINE SOLUTION ,	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$	not contracted	\$ -	\$ -						
		1000 CC	J7030		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
	SLING OPERATION FOR STRESS INCONTINENCE (EG,																	
57288		PRIMARY PROCEDURE	57288		\$ 5,440.23	see footnote <sup>3</sup>	\$ 5,440.23	not contracted	\$ 6,256.26	not contracted	\$ 5,440.23	not contracted	\$ 5,440.23	not contracted	\$ 9,792.41	not contracted	\$ 9,792.41	\$ 5,440.23
		ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN																
		BLOOD COUNT; COMPLETE (CBC),	00860		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		AUTOMATED (HGB, HCT,	85025		\$ 7.77	see footnote <sup>3</sup>	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		REPAIR DEVICE, URINARY, INCONTINENCE, WITH					•						,					
		SLING G INJECTION, SUCCINYLCHOLINE	C1771		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		CHLORIDE, UP TO 20	J0330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	<b>.</b>	not contracted	Ś -	not contracted	\$ -	\$ -
		INJECTION,	10330		7	300 100011018	<del>,</del> -	not contracted	, -	not contracted	7	not contracted	· ·	not contracted	7	not contracted	7	<del>-</del>
		CEFAZOLIN SODIUM, 500 MG INJECTION,	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	,	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	<ul> <li>not contracted</li> </ul>	\$ -	\$ -
		INJECTION, HYDROMORPHONE,			,													<del>-</del>
		UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						BLUE SHIEL (Medicare /			ISER Advantage)	MO (Medicare	LINA Advantage)		CARE Advantage)	L.A. (Cover	CARE red CA)	MO (Cover	LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	F	acility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER																	
		1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML DEACTIVE	J2370		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	not contracted	\$ .	- \$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER																	
		1 MG INJECTION,	J2405		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
		PROPOFOL, 10 MG	J2704		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	not contracted	\$ .	- \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	not contracted	\$ .	- \$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ .	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	not contracted	\$ .	- \$ -
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		Ś	58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ \$ 58.85
1	EXCISION OR FRANSPOSITION OF PTERYGIUM; WITH							•		,		,				•		,	,
65426		PRIMARY PROCEDURE	65426		\$	2,481.46	see footnote <sup>3</sup>	\$ 2,481.46	not contracted	\$ 2,853.68	not contracted	\$ 2,481.46	not contracted	\$ 2,481.46	not contracted	\$ 4,466.63	not contracted	\$ 4,466.63	\$ \$ 2,481.46
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		Ś	58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	3 \$ 58.85
1	SURGICAL FREATMENT OF ANAL		88304		7	36.63	3CC TOOLHOLC	<del>-                                    </del>	not contracted	<del>-</del>	not contracted	y 50.05	not contracted	<del>y</del> 36.63	not contracted	<del>- 103.33</del>	not contracted	J 103.53	, y 30.03
	FISTULECTOMY/F	PRIMARY PROCEDURE	46270		\$	3,015.79	see footnote <sup>3</sup>	\$ 3,015.79	not contracted	\$ 3,468.16	not contracted	\$ 3,015.79	not contracted	\$ 3,015.79	not contracted	\$ 5,428.42	not contracted	\$ 5,428.42	\$ 3,015.79
		ANORECTAL PROCEDURE	00902		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ .	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	not contracted	\$ .	- \$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER																	
		1 MG INJECTION, ONDANSETRON	J2250		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
		HYDROCHLORIDE, PER 1 MG	J2405		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	not contracted	\$ .	- \$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ .	- \$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

					BLUE SHIEL (Medicare			ISER Advantage)	MO (Medicare	LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Duiman																		
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		RINGERS LACTATE					•		-									
		INFUSION, UP TO				. 3												
		1000 CC GLYCOPYRROLATE,	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	. \$ -								
		INHALATION																
		SOLUTION,																
		COMPOUNDED PR	J7642		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
	NEUROPLASTY AND/OR																	
	TRANSPOSITION;																	
64721	MEDIAN NERVE AT	PRIMARY PROCEDURE	64721		\$ 2,109.75	see footnote <sup>3</sup>	\$ 2,109.75	not contracted	\$ 2,426.21	not contracted	\$ 2,109.75	not contracted	\$ 2,109.75	not contracted	\$ 3,797.55	not contracted	\$ 3,797.55	\$ 2,109.75
		INJECTION,																
		MIDAZOLAM HYDROCHLORIDE, PER																
		1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	Ś -	not contracted	\$ .	not contracted	\$ .	. \$ -
		INJECTION,					·		•		·							
		ONDANSETRON																
		HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ .	not contracted	\$ .	- \$ -						
		INJECTION,	J2403		· -	see roothote	- ·	not contracted	· -	not contracted	· -	not contracted	· ·	not contracted	7	- Hot contracted	,	· • •
		PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	. \$ -								
		INVESTIGAL SENTANNO																
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	Ś -	not contracted	\$ .	not contracted	\$ .	- \$ -
		CITIVITE, 0.1 WIG	35010		Ÿ	See Toothote	7	not contracted	Ÿ	not contracted	<del>-</del>	not contracted	Ţ	not contracted	Ÿ	not contracted	, ,	Ÿ
	PHYSICIAN OR OTHER																	
00070	QUALIFIED HEALTH	DD1444DV DD 0 05D 11D5	20270		•	c 3									_			<u>,</u>
99078	CARE PROFESSIO	PRIMARY PROCEDURE	99078		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ .	. \$ -								
		OFFICE OR OTHER																
		OUTPATIENT VISIT																
	INITECTIONS A CENIT	FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$	not contracted	\$	- \$ -						
	INFECTIOUS AGENT DETECTION BY																	
	NUCLEIC ACID (DNA																	
87635		PRIMARY PROCEDURE	87635		\$ 51.31	see footnote <sup>3</sup>	\$ 51.31	not contracted	\$ 59.01	not contracted	\$ 51.31	not contracted	\$ 51.31	not contracted	\$ 92.36	not contracted	\$ 92.36	\$ 51.31
		CARC COV 3 COV #5 13																
		SARS-COV-2 COVID-19 AMP PRB HIGH																
		THROUGHPUT TECH I	U0003		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		COV-19 AMP PRB																
		HGH THRUPUT																
		WITHIN 2 DAYS COLLECT	U0005		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ .	not contracted	\$ .	. \$ -						
		COLLECT	00003		_ <del>-</del>	300 100011010	- ب	not contracted		not contracted	· -	not contracted		not contracted	,	not contracted	, ,	-
	ANOSCOPY;																	
	DIAGNOSTIC,																	
46600	INCLUDING	PRIMARY PROCEDURE	46600		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
46600	COLLECTION OF SPEC	PRIIVIARY PROCEDURE	46600		\$ 13b.28	see rootnote	\$ 136.28	not contracted	p 156./2	not contracted	\$ 13b.28	not contracted	ə 136.28	not contracted	ə 245.3C	not contracted	\$ 245.30	3 136.2

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						ELD TRIWEST e Advantage)		ISER Advantage)	MO (Medicare			CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		OFFICE OR OTHER OUTPATIENT VISIT	00000			3									•			
	PNEUMOCOCCAL POLYSACCHARIDE	FOR THE EVALUATIO	99203		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
90732	VACCINE, 23-VALENT (PP	PRIMARY PROCEDURE	90732		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	- not contracted	\$ -	not contracted	\$ -	not contracted	ı \$ -	- \$ -
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471		\$ 79.:	.9 see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	l \$ 142.54	l \$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT			<del>,</del> , , , , ,	See roomate	, ,3.13		7 31.07		, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , ,	not contracted	, 142.04	sommacted	y 172.37	
		FOR THE EVALUATIO	99213		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	i \$ -	- \$ -
	OPEN TREATMENT OF DISTAL RADIAL INTRA- ARTICULAR FR	PRIMARY PROCEDURE	25609		\$ 7,763.5	see footnote <sup>3</sup>	\$ 7,763.59	not contracted	\$ 8,928.13	not contracted	\$ 7,763.59	not contracted	\$ 7,763.59	not contracted	\$ 13,974.46	not contracted	\$ 13,974.46	5 \$ 7,763.59
		APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND);	29126		\$ 136.2	28 see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	3 not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	) \$ 136.28
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1																
		ANCHOR/SCREW FOR	76000		\$ 274.0	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
		OPPOSING BONE-TO- BONE OR SOFT TIS INJECTION,	C1713		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	ı \$ -	- \$ -
		CEFAZOLIN SODIUM, 500 MG	J0690		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	I \$ -	- \$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER				3									•			
		1 MG INJECTION, PROPOFOL, 10 MG	J2250 J2704		\$	<ul> <li>see footnote<sup>3</sup></li> <li>see footnote<sup>3</sup></li> </ul>	\$ - \$ -	not contracted		not contracted		not contracted not contracted		not contracted not contracted	·	not contracted		- \$ - - \$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG			\$	- see footnote	\$ -	not contracted		not contracted		- not contracted		not contracted		not contracted		- \$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							TRIWEST dvantage)		(AISER re Advantage)	-	LINA Advantage)		CARE Advantage)		. CARE ered CA)	_	DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary																			
Code	Service Category	Service Description	CPT Code No	ote	Facility	,2	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	- not contracted	\$ -	not contracted	\$	- \$ -
	DETERMINATION OF																		
		PRIMARY PROCEDURE	93770		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	not contracted	\$ -	not contracted	\$ .	- \$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99211		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	<ul> <li>not contracted</li> </ul>	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ .	- \$ -
	RETRIEVAL (REMOVAL) OF INTRAVASCULAR						3												
37193	VENA CAVA FIL	PRIMARY PROCEDURE INSERTION OF INTRAVASCULAR VENA CAVA FILTER,				96.42	see footnote <sup>3</sup>	\$ 3,496.						, ,					,
		ENDOV	37191		\$ 6,0	32.54	see footnote <sup>3</sup>	\$ 6,032.	not contracted	\$ 6,937.42	not contracted	\$ 6,032.54	not contracted	\$ 6,032.54	not contracted	\$ 10,858.57	not contracted	\$ 10,858.57	\$ 6,032.54
		LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ON	88300		\$	29.30	see footnote <sup>3</sup>	\$ 29.	30 not contracted	\$ 33.70	not contracted	\$ 29.30	not contracted	\$ 29.30	not contracted	\$ 52.74	not contracted	\$ 52.74	l\$ 29.30
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER																	
		1 MG INJECTION, FENTANYL	J2250		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$	not contracted	\$ -	not contracted	\$	- \$ -
		CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	- not contracted	\$ -	not contracted	\$	- \$ -
		INFUSION, NORMAL SALINE SOLUTION,	170.40				3	•											
	COMPLEX	STERILE (500 ML	J7040		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
	UROFLOWMETRY (EG, CALIBRATED						2												
51741	ELECTRONIC EQ	PRIMARY PROCEDURE MEASUREMENT OF POST-VOIDING RESIDUAL URINE	51741		\$ 1	70.69	see footnote <sup>3</sup>	\$ 170.	69 not contracted	\$ 196.29	not contracted	\$ 170.69	not contracted	\$ 170.69	not contracted	\$ 307.24	not contracted	\$ 307.24	\$ 170.69
		AND/OR	51798		\$	67.46	see footnote <sup>3</sup>	\$ 67.	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
		OFFICE OR OTHER OUTPATIENT VISIT																	
		FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; PREPARATI	PRIMARY PROCEDURE	88161		\$	29.30	see footnote <sup>3</sup>	\$ 29.	not contracted	\$ 33.70	not contracted	\$ 29.30	not contracted	\$ 29.30	not contracted	\$ 52.74	not contracted	\$ 52.74	\$ 29.30

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							D TRIWEST Advantage)		ISER Advantage)	MOI (Medicare	LINA Advantage)		. CARE e Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate N	Minimum legotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Faci	lity <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99396		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87624		\$	35.09	see footnote <sup>3</sup>	\$ 35.09	not contracted	\$ 40.35	not contracted	\$ 35.09	9 not contracted	\$ 35.09	not contracted	\$ 63.16	not contracted	\$ 63.16	35.09
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING	88142		Ś	20.26	see footnote <sup>3</sup>	\$ 20.26			not contracted	\$ 20.20	6 not contracted	\$ 20.26			not contracted	\$ 36.47	5 20.26
BL	RANSFUSION, LOOD OR BLOOD DMPONENTS	PRIMARY PROCEDURE	36430		\$	478.58	see footnote <sup>3</sup>	\$ 20.26			not contracted						not contracted		
		DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA AP	Q0163		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, E	P9040		\$	304.13	see footnote <sup>3</sup>	\$ 304.13	not contracted	\$ 349.75	not contracted	\$ 304.13	3 not contracted	\$ 304.13	not contracted	\$ 547.43	not contracted	\$ 547.43	\$ 304.13
TR PL	RANSCATHETER ACEMENT OF																		
92928 IN	ITRACORON	PRIMARY PROCEDURE  CATHETER PLACEMENT IN			\$ 1	2,459.19	see rootnote	\$ 12,459.19	not contracted	\$ 14,328.07	not contracted	\$ 12,459.19	9 not contracted	\$ 12,459.19	not contracted	\$ 22,426.54	not contracted	\$ 22,426.54	12,459.19
		CORONARY ARTERY(S) FOR CORON BASIC METABOLIC	93454		\$	3,472.34	see footnote <sup>3</sup>	\$ 3,472.34	not contracted	\$ 3,993.19	not contracted	\$ 3,472.34	4 not contracted	\$ 3,472.34	not contracted	\$ 6,250.21	not contracted	\$ 6,250.21	\$ 3,472.34
		PANEL (CALCIUM, TOTAL) THIS PANEL INJECTION, HEPARIN SODIUM, PER 1000	80048		\$	8.46	see footnote <sup>3</sup>	\$ 8.46	not contracted	\$ 9.73	not contracted	\$ 8.40	6 not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	8.46
		UNITS INJECTION, MIDAZOLAM	J1644		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		HYDROCHLORIDE, PER 1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						LD TRIWEST Advantage)		ISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB,																
		НСТ,	85027		\$ 6.47	see footnote <sup>3</sup>	\$ 6.47	not contracted	\$ 7.44	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 11.65	not contracted	\$ 11.65	\$ 6.47
		PROTHROMBIN TIME; COLLECTION OF	85610		\$ 4.29	see footnote <sup>3</sup>	\$ 4.29	not contracted	\$ 4.93	not contracted	\$ 4.29	not contracted	\$ 4.29	not contracted	\$ 7.72	not contracted	\$ 7.72	\$ 4.29
		VENOUS BLOOD BY VENIPUNCTURE	36415		\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
	OPEN TREATMENT OF TRIMALLEOLAR ANKLE																	
27822	FRACTURE, INC	PRIMARY PROCEDURE ANESTHESIA FOR OPEN PROCEDURES	27822		\$ 7,763.59	see footnote <sup>3</sup>	\$ 7,763.59	not contracted	\$ 8,928.13	not contracted	\$ 7,763.59	not contracted	\$ 7,763.59	not contracted	\$ 13,974.46	not contracted	\$ 13,974.46	\$ 7,763.59
		ON BONES OF LOWER	01480		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHY			\$ 274.08										•			,
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE,																
		MINIMUM O	73610		\$ 101.97	see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TIS	C1713		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		Ś -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER			7										Ť			
		1 MG INJECTION, ONDANSETRON	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted		not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG RINGERS LACTATE	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							D TRIWEST Advantage)		AISER Advantage)		LINA Advantage)		. CARE e Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Faci	lity <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
D2330	RESIN-ONE SURFACE, ANTERIOR	PRIMARY PROCEDURE	D2330		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ORAL HYGIENE INSTRUCTION LIMITED ORAL	D1330		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$	- not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	\$ -
		EVALUATION - PROBLEM FOCUSED	D0140		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
D0270	BITEWING-SINGLE FILM	PRIMARY PROCEDURE	D0270		\$	2,021.62	see footnote <sup>3</sup>	\$ 2,021.62	not contracted	\$ 2,324.86	not contracted	\$ 2,021.63	2 not contracted	\$ 2,021.62	not contracted	\$ 3,638.92	not contracted	\$ 3,638.92	\$ 2,021.62
		PERIAPICAL-FIRST FILM	D0220		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$	- not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	\$ -
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$	-	see footnote <sup>3</sup>	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$	- not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	\$ -
	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGUL						2												
66710	SARSCOV2 VAC BVL 30MCG/0.3ML	PRIMARY PROCEDURE	66710		\$	2,481.46	see footnote <sup>3</sup>	\$ 2,481.46	not contracted	\$ 2,853.68	not contracted	\$ 2,481.40	6 not contracted	\$ 2,481.46	not contracted	\$ 4,466.63	not contracted	\$ 4,466.63	\$ 2,481.46
91312	RESPIRAT	PRIMARY PROCEDURE ADM SARSCV2 BVL	91312		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		30MCG/.3ML B IMMUNIZATION ADMINIST	0124A		\$	48.73	see footnote <sup>3</sup>	\$ 48.73	not contracted	\$ 56.04	not contracted	\$ 48.73	3 not contracted	\$ 48.73	not contracted	\$ 87.71	not contracted	\$ 87.71	\$ 48.73
	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR																		
31231	BILATER	PRIMARY PROCEDURE	31231		\$	209.80	see footnote <sup>3</sup>	\$ 209.80	not contracted	\$ 241.27	not contracted	\$ 209.80	0 not contracted	\$ 209.80	not contracted	\$ 377.64	not contracted	\$ 377.64	\$ 209.80
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$	- not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	\$ -
31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	PRIMARY PROCEDURE	31652		\$	3,912.71	see footnote <sup>3</sup>	\$ 3,912.72	l not contracted	\$ 4,499.62	not contracted	\$ 3,912.7	1 not contracted	\$ 3,912.71	not contracted	\$ 7,042.88	not contracted	\$ 7,042.88	\$ 3,912.71
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	31624		Ś	1,876.23	see footnote <sup>3</sup>	\$ 1,876.23	not contracted	\$ 2,157.66	not contracted	\$ 1,876.23			not contracted	\$ 3,377.21	not contracted	\$ 3,377.21	\$ 1,876.23
		BRONCHOSCOPY, RIGID OR FLEXIBLE,	31024		٠	1,010.23	see roothote	7 1,070.23	not contracted	2,137.00	not contracted	ψ 1,0/0.23	5 Hot contracted	7 1,070.23	not contracted	ب ع,ع//.21	not contracted	ψ 3,3/7.21	7 1,070.23
		INCLUDING FLUOROS	31628		\$	3,912.71	see footnote <sup>3</sup>	\$ 3,912.71	not contracted	\$ 4,499.62	not contracted	\$ 3,912.7	1 not contracted	\$ 3,912.71	not contracted	\$ 7,042.88	not contracted	\$ 7,042.88	\$ 3,912.71

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						IELD TRIWEST re Advantage)		ISER Advantage)	_	LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	31629		\$ 3,912	71 see footnote <sup>3</sup>	\$ 3,912.71	not contracted	\$ 4,499.62	not contracted	\$ 3,912.71	not contracted	\$ 3,912.71	not contracted	\$ 7,042.88	not contracted	l \$ 7,042.88	\$ 3,912.71
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE;	88173		\$ 58		\$ 58.85											
		LEVEL IV - SURGICAL PATHOLOGY, GROSS			•													
		AND MICROSCOP CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS	88305		\$ 58	85 see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		AND INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA	88108		\$ 39													
		OR INFECTIOUS AGENT ANTIGEN DETECTION	87801		\$ 70	20 see footnote <sup>3</sup>	\$ 70.20	not contracted	\$ 80.73	not contracted	\$ 70.20	not contracted	\$ 70.20	not contracted	\$ 126.36	not contracted	1 \$ 126.36	\$ 70.20
		RADIOLOGIC EXAMINATION,	87305		\$ 11	98 see footnote <sup>3</sup>	\$ 11.98	not contracted	\$ 13.78	not contracted	\$ 11.98	not contracted	\$ 11.98	not contracted	\$ 21.56	not contracted	1 \$ 21.56	\$ 11.98
		CHEST; SINGLE VIEW CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG,	71045 87116		\$ 101	2												
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048			46 see footnote <sup>3</sup>									·			
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT;	88312		\$ 58	85 see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	i \$ 105.93	\$ 58.85
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 7	77 see footnote <sup>3</sup>	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	1 \$ 13.99	\$ 7.77
		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRE	87102		\$ 8	41 see footnote <sup>3</sup>				not contracted	\$ 8.41	not contracted	\$ 8.41	not contracted	\$ 15.14			\$ 8.41
	RESIN-TWO SURFACES, ANTERIOR	PRIMARY PROCEDURE			\$	- see footnote <sup>3</sup>	\$ -	not contracted		not contracted		not contracted			\$ -	not contracted		\$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

					BLUE SHIEL (Medicare A			ISER Advantage)	MOI (Medicare			CARE Advantage)		CARE red CA)	MO (Cover	LINA ed CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>						
		ORAL HYGIENE	54220			3	A				<b>A</b>				4			
		INSTRUCTION LIMITED ORAL	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -						
		EVALUATION -																
		PROBLEM FOCUSED	D0140		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -						
	ELECTROCARDIOGRA M, ROUTINE ECG																	
93010	WITH AT LEAST 12 LE	PRIMARY PROCEDURE	93010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -						
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -						
					,		7		- <del>-</del>		- T		- T		, , , , , , , , , , , , , , , , , , ,			, , , , , , , , , , , , , , , , , , ,
		ELECTROCARDIOGRA M, ROUTINE ECG				. 3												
		WITH AT LEAST 12 LE	93005		\$ 67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
D1120	PROPHYLAXIS-CHILD	PRIMARY PROCEDURE TOPICAL FLUORIDE	D1120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -						
		VARNISH; THERAPEUTIC	D1206				\$ -		<u> </u>		ć				\$ -		\$ -	\$ -
		APPLICATION ORAL HYGIENE	D1206		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	ş -	not contracted	\$ -	ş -						
		INSTRUCTION	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -						
		PERIODIC ORAL EVALUATION -				3									_			
	BITEWINGS-TWO	ESTABLISHED PATIENT	D0120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -						
D0272	FILMS	PRIMARY PROCEDURE	D0272		\$ 2,021.62	see footnote <sup>3</sup>	\$ 2,021.62	not contracted	\$ 2,324.86	not contracted	\$ 2,021.62	not contracted	\$ 2,021.62	not contracted	\$ 3,638.92	not contracted	\$ 3,638.92	\$ 2,021.62
		PERIODIC ORAL EVALUATION -	D0120		ć	soo footmats <sup>3</sup>	¢	not contracted	ć	not contracted	ć	ć						
		ESTABLISHED PATIENT INTRAORAL- PERIAPICAL-FIRST	D0120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -						
		FILM	D0220		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -						
		INTRAORAL- PERIAPICAL-EACH																
		ADDITIONAL FILM	D0230		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -						
		CARIES RISK ASSESSMENT AND DOCUMENTATION,					·		•									
		WITH A F	D0603		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -						
		PROPHYLAXIS-CHILD	D1120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -						

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

					BLUE SHIEL (Medicare			ISER Advantage)	MOI (Medicare	INA Advantage)		CARE Advantage)		CARE red CA)	MO (Cover	LINA ed CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	control caregory	TOPICAL FLUORIDE	0.7 0.000		. acmey	7 70 700 700 700 700 700 700 700 700 70	, a.c.,			1101000101101	: a.a,	710100000			i domey	110100000	: <b>,</b>	,
		VARNISH;																
		THERAPEUTIC																
		APPLICATION	D1206		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		ORAL HYGIENE	D4220		<u>,</u>	6	\$ -		\$ -		<b>A</b>		\$ ·		<b>A</b>		\$ -	· \$ -
	TYMPANOPLASTY	INSTRUCTION	D1330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ ·	not contracted	\$ -	not contracted	\$ -	\$ -
	WITHOUT																	
	MASTOIDECTOMY																	
69631	(INCLUDING CAN	PRIMARY PROCEDURE	69631		\$ 6,267.17	see footnote <sup>3</sup>	\$ 6,267.17	not contracted	\$ 7,207.25	not contracted	\$ 6,267.17	not contracted	\$ 6,267.17	not contracted	\$ 11,280.91	not contracted	\$ 11,280.91	\$ 6,267.17
		ANESTHESIA FOR																
		PROCEDURES ON																
		EXTERNAL, MIDDLE, AND	00120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	. \$ -								
		INJECTION,	00120		ş -	see lootilote		not contracted	÷ -	not contracted	ş -	not contracted	, ·	not contracted	- -	not contracted	ş -	· • •
		SUCCINYLCHOLINE																
		CHLORIDE, UP TO 20																
		MG	J0330		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		INJECTION,																
		CEFAZOLIN SODIUM,	10500		<u>,</u>	6	\$ -		<u> </u>		<b>A</b>		<b>*</b>		<b>A</b>		\$ -	ć
		500 MG INJECTION,	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		DEXAMETHASONE																
		SODIUM PHOSPHATE,																
		1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$								
		INJECTION,																
		MIDAZOLAM																
		HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	. \$ -
		INJECTION,	32230		7	see lootilote	· ·	not contracted	· -	not contracted	- ب	not contracted	7	not contracted	· ·	not contracted	· ·	7
		ONDANSETRON																
		HYDROCHLORIDE, PER																
		1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
		INJECTION,	12704		<u>,</u>	6	<u> </u>		<u></u>		<b>A</b>		<u> </u>		<b>A</b>		<b>*</b>	ć
<u> </u>	-	PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		INJECTION, FENTANYL																
		CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	. \$ -
		RINGERS LACTATE																
		INFUSION, UP TO				_ a												.
	ANGIOGRAPHY	1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	\$ -
	ANGIOGRAPHY, EXTREMITY,																	[
	UNILATERAL,																	
75710	RADIOLOGICAL S	PRIMARY PROCEDURE	75710		\$ 3,496.42	see footnote <sup>3</sup>	\$ 3,496.42	not contracted	\$ 4,020.88	not contracted	\$ 3,496.42	not contracted	\$ 3,496.42	not contracted	\$ 6,293.56	not contracted	\$ 6,293.56	\$ 3,496.42
							•		•		•				•		•	
		SELECTIVE CATHETER																
		PLACEMENT,																<b> </b>
		ARTERIAL SYSTEM; EAC	36245		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	<b>ć</b> .	not contracted	\$ -	not contracted	\$ -	,
<u> </u>	L	LAC	30243		- ډ	see rootriote	· -	ווטו נטוווומנופם	- ډ	חטו נטחווומנופם	- ڊ	ווטג כטוונומכנפט	٠.	ווטג בטוונומבנפם	-	חטו נטחווומנופם	-	· ·

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						BLUE SHIELD Medicare A		(Medic	KAISER are Advanta	age)		LINA Advantage)		L.A. C/ icare A	ARE Advantage)		L.A. C			MOI (Covere		Maximum Negotiated Rate	Minimum Negotiated R	
Primary Code	Service Category	Service Description	CPT Code	Note	Fa	cility <sup>2</sup>	Professional	Facility <sup>2</sup>	Profe	essional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	2	Professional <sup>4</sup>	Faci	ity <sup>2</sup>	Professional <sup>4</sup>	Fac	cility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>	
		BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANE	80047		\$	13.73	see footnote <sup>3</sup>	\$ 13	3.73 not c	contracted	\$ 15.79	not contracted	\$ 1	13.73	not contracted	\$	13.73	not contracted	\$	24.71	not contracted	\$ 24.73	1 \$ 1:	.3.73
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$		see footnote <sup>3</sup>	\$		contracted		not contracted			not contracted			not contracted			not contracted	\$	- \$	
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	10090		۶	-	see roothote	Ş	- 11000	contracteu	, ·	- not contracted	Ş	-	not contracted	<b>,</b>	-	not contracted	, <del>,</del>	-	not contracted	,	- ,	
		1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$	- not c	contracted	\$	not contracted	\$	-	not contracted	\$	-	not contracted	\$	-	not contracted	\$	- \$	
		INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML DEACTIVE	J2370		\$	-	see footnote <sup>3</sup>	\$	- not c	contracted	\$ .	- not contracted	\$	-	not contracted	\$	-	not contracted	\$	-	not contracted	\$	- \$	-
		INJECTION, PROPOFOL, 10 MG	J2704		\$	-	see footnote <sup>3</sup>	\$	- not c	contracted	\$	not contracted	\$	-	not contracted	\$	-	not contracted	\$	-	not contracted	\$	- \$	-
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$	- not c	contracted	\$ .	not contracted	\$	_	not contracted	\$	-	not contracted	\$	-	not contracted	\$	- \$	-
		INFUSION, NORMAL SALINE SOLUTION,					. 3																	
		1000 CC GLYCOPYRROLATE, INHALATION	J7030		\$	-	see footnote <sup>3</sup>	\$	- not c	contracted	\$	not contracted	\$	-	not contracted	\$	-	not contracted	\$	-	not contracted	\$	- \$	
		SOLUTION, COMPOUNDED PR	J7642		\$	-	see footnote <sup>3</sup>	\$	- not c	contracted	\$ -	not contracted	\$	-	not contracted	\$	-	not contracted	\$	-	not contracted	\$	- \$	
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$	8.57	see footnote <sup>3</sup>	\$ 8	3.57 not c	contracted	\$ 9.86	not contracted	\$	8.57	not contracted	\$	8.57	not contracted	\$	15.43	not contracted	\$ 15.43	3 \$	8.57
	UNSPECIFIED RESTORATIVE PROCEDURE, BY																							
D2999	REPORT	PRIMARY PROCEDURE	D2999		\$	2,021.62	see footnote <sup>3</sup>	\$ 2,02			\$ 2,324.86		· · · · ·	21.62			2,021.62	not contracted	<del> </del>	3,638.92	not contracted	· · · · · · · · · · · · · · · · · · ·		1.62
		LOCAL ANESTHESIA LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D9215 D0140		\$	-	see footnote <sup>3</sup>	\$		contracted	\$ .	not contracted		-	not contracted	\$	-	not contracted		-	not contracted	\$	- \$ - \$	
	COLPOSCOPY OF THE CERVIX INCLUDING	PROBLEM FOCUSED	50140		۲		see rootriote	,	- 11000	contracted	,	not contracted	٠		not contracted	<b>,</b>		not contracted	, ,	_	not contracted	<del>,</del>	,	
57455	UPPER/ADJACENT	PRIMARY PROCEDURE	57455		\$	342.67	see footnote <sup>3</sup>	\$ 342	2.67 not c	contracted	\$ 394.07	not contracted	\$ 34	42.67	not contracted	\$	342.67	not contracted	\$	616.81	not contracted	\$ 616.83	1 \$ 34	2.67
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		Ś	58.85	see footnote <sup>3</sup>	\$ 58	3.85 not c	contracted	\$ 67.68	not contracted	Ś 5	58.85	not contracted	Ś	58.85	not contracted	Ś	105.93	not contracted	\$ 105.93	3 Ś 5:	8.85
	ARTHROSCOPY, SHOULDER, SURGICAL; WITH				*											T								
29827	ROTATOR CUFF	PRIMARY PROCEDURE	29827		\$	7,763.59	see footnote <sup>3</sup>	\$ 7,763	8.59 not c	contracted	\$ 8,928.13	not contracted	\$ 7,76	53.59	not contracted	Ş	/,/63.59	not contracted	\$ :	13,974.46	not contracted	\$ 13,974.46	5 \$ 7,76	3.5

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						HIELD TRIWEST are Advantage)		AISER e Advantage)		LINA Advantage)		CARE Advantage)		. CARE ered CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC																
		PROCE	01630		\$	- see footnote	s <sup>3</sup> \$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	\$ -
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TIS	C1713		\$	- see footnote	\$ \$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$	- see footnote	3 \$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$	- see footnote		- not contracted	·	not contracted		not contracted		- not contracted	,	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER			Ş	- see roothote	÷	- not contracted		not contracted	, ·	not contracted	*	- not contracted	· ·	not contracted	<del>,</del> -	7 -
		1 MG INJECTION,	J2250		\$	- see footnote	\$ \$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	\$ -
		ONDANSETRON HYDROCHLORIDE, PER 1 MG			\$	see feetweet	3 6	not contracted	ć	not contracted	<u> </u>	not contracted	ć	not contracted	ć	not contropted	ć	\$ -
		INJECTION,	J2405			- see footnote	3 \$	- not contracted	\$ -	not contracted		not contracted	\$	- not contracted		not contracted	\$ -	
		PROPOFOL, 10 MG INJECTION, ROPIVACAINE	J2704		\$	- see footnote	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	\$ -
		HYDROCHLORIDE, 1 MG	J2795		\$	- see footnote	\$ \$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	- see footnote	s <sup>3</sup> \$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO	17120		ć	con factor - t	3 6	not contract - 1	ė	not contract - d	ė	not contract - 1	ė	not contract - 1	ė	not continuet	ć	ć
D0191	ASSESSMENT OF A PATIENT	PRIMARY PROCEDURE	J7120 D0191		\$	- see footnote		<ul><li>not contracted</li><li>not contracted</li></ul>		not contracted not contracted		not contracted not contracted	\$	- not contracted - not contracted		not contracted	\$ - \$ -	\$ -
	APPLIANCE REMOVAL																	
D7997	WHO PLACED APPLI EXCISION OF NAIL	PRIMARY PROCEDURE	D7997		\$	- see footnote	\$ \$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	\$ -
11750	AND NAIL MATRIX, PARTIAL OR COMPL	PRIMARY PROCEDURE	11750		\$ 43	7.87 see footnote	\$ 437.8	7 not contracted	\$ 503.55	not contracted	\$ 437.87	not contracted	\$ 437.87	7 not contracted	\$ 788.17	not contracted	\$ 788.17	\$ 437.87
		OFFICE OR OTHER OUTPATIENT VISIT																
		FOR THE EVALUATIO	99212		\$	- see footnote	s <sup>3</sup> \$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	\$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							TRIWEST dvantage)		AISER e Advantage)		LINA Advantage)		. CARE e Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility	2	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	ESOPHAGOGASTROD UODENOSCOPY, FLEXIBLE,																		
43259	TRANSORAL; W	PRIMARY PROCEDURE	43259		\$ 2,0	44.10	see footnote <sup>3</sup>	\$ 2,044.	.0 not contracted	\$ 2,350.72	not contracted	\$ 2,044.1	0 not contracted	\$ 2,044.10	not contracted	\$ 3,679.38	not contracted	\$ 3,679.38	\$ 2,044.10
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER					3												
		1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	LAPAROSCOPY, SURGICAL, WITH TOTAL																		
58573	HYSTERECTOMY, FO	PRIMARY PROCEDURE ANESTHESIA FOR INTRAPERITONEAL	58573		\$ 10,6	65.76	see footnote <sup>3</sup>	\$ 10,665.	6 not contracted	\$ 12,265.62	not contracted	\$ 10,665.7	6 not contracted	\$ 10,665.76	not contracted	\$ 19,198.37	not contracted	\$ 19,198.37	\$ 10,665.76
		PROCEDURES IN					6 3						1			_			
		LOWER	00840		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 3	80.41	see footnote <sup>3</sup>	\$ 380.	not contracted	\$ 437.47	not contracted	\$ 380.4	1 not contracted	\$ 380.41	not contracted	\$ 684.74	not contracted	\$ 684.74	\$ 380.41
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA						•		·						·			
		OR	87635		\$	51.31	see footnote <sup>3</sup>	\$ 51.	not contracted	\$ 59.01	not contracted	\$ 51.3	1 not contracted	\$ 51.31	not contracted	\$ 92.36	not contracted	\$ 92.36	\$ 51.31
		RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	74018		\$ 1	01.97	see footnote <sup>3</sup>	\$ 101.9	7 not contracted	\$ 117.27	not contracted	\$ 101.9	7 not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB,																	
		нст,	85025		\$	7.77	see footnote <sup>3</sup>	\$ 7.	7 not contracted	\$ 8.94	not contracted	\$ 7.7	7 not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$		see footnote <sup>3</sup>	Ś	- not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE	30030		Ÿ		see roomate	Υ	not contracted	¥	.iot contracted	,	not contracted	, v	oc contracted	<u> </u>	oc contracted	¥	*
		SODIUM PHOSPHATE, 1 MG	J1100		\$	_	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, HYDROMORPHONE, UP TO 4 MG			\$		see footnote <sup>3</sup>	ć			not contracted		- not contracted		not contracted	,		·	\$ -
		INJECTION, HEPARIN SODIUM, PER 1000	J1170		÷	-	see rootnote	\$	- not contracted	\$ -	not contracted	۶	- not contracted	\$ -	not contracted	ş -	not contracted	\$ -	, -
		UNITS	J1644		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						E SHIELD dicare Ad			ISER Advantage)	_	LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facilit	ty²	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER																	
		1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML DEACTIVE	J2370		\$		see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	I \$ -	\$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER																	
		1 MG INJECTION,	J2405		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PROPOFOL, 10 MG	J2704		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP					9												
	COLONOSCOPY	TO 0.5 MG	J2710		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
ו	THROUGH STOMA; DIAGNOSTIC,						. 3												
44388 1	INCLUDING C	PRIMARY PROCEDURE COLONOSCOPY, FLEXIBLE; DIAGNOSTIC,	44388		\$	975.39	see footnote <sup>3</sup>	\$ 975.39	not contracted	\$ 1,121.70	not contracted	\$ 975.39	9 not contracted	\$ 975.39	not contracted	\$ 1,755.70	not contracted	\$ 1,755.70	\$ 975.39
		INCLUDING COLLE INJECTION, MEPERIDINE	45378		\$	975.39	see footnote <sup>3</sup>	\$ 975.39	not contracted	\$ 1,121.70	not contracted	\$ 975.39	not contracted	\$ 975.39	not contracted	\$ 1,755.70	not contracted	\$ 1,755.70	\$ 975.39
		HYDROCHLORIDE, PER 100 MG	J2175		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	I \$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER					. 3												
F	FISTULIZATION OF	1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
9	SCLERA FOR GLAUCOMA;						3												
661/0	TRABECULECTO	PRIMARY PROCEDURE INJECTION, MIDAZOLAM			\$ 2,	,534.53	see footnote	\$ 2,534.53	not contracted	\$ 2,914.71	not contracted	\$ 2,534.53	not contracted	\$ 2,534.53	not contracted	\$ 4,562.15	not contracted	\$ 4,562.15	\$ 2,534.53
		HYDROCHLORIDE, PER 1 MG INJECTION,	J2250		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	ı \$ -	\$ -
		ONDANSETRON HYDROCHLORIDE, PER 1 MG			\$		soo fostmats <sup>3</sup>	ć	not continuet - 1	ė	not contract -	ć	not contract.	ć	not contract.	ć	not contract		\$ -
		INJECTION, FENTANYL	J2405		Ş		see footnote <sup>3</sup>	\$ -	not contracted	<del>-</del> -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	٠ -
		CITRATE, 0.1 MG	J3010		\$		see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	l \$ -	\$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						E SHIELD '			AISER : Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facilit	y²	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>						
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$	_	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
	CONIZATION OF CERVIX, WITH OR WITHOUT				ć	210.57		. 2.240 F						ć 2218 F7					2 219 57
57520	FULGURATION,	PRIMARY PROCEDURE  LEVEL V - SURGICAL  PATHOLOGY, GROSS				318.57	see footnote <sup>3</sup>												
		AND MICROSCOPI  LEVEL IV - SURGICAL PATHOLOGY, GROSS	88307		\$ :	380.41	see footnote <sup>3</sup>	\$ 380.4	1 not contracted	\$ 437.47	not contracted	\$ 380.41	not contracted	\$ 380.41	not contracted	\$ 684.74	not contracted	\$ 684.74	
		AND MICROSCOP INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	88305		\$	58.85	see footnote <sup>3</sup>	\$ 58.8	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	3 \$ 58.85
		1 MG INJECTION, ONDANSETRON HYDROCHLORIDE, PER	J2250		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
		1 MG INJECTION,	J2405		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
		PROPOFOL, 10 MG INJECTION, FENTANYL	J2704		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
	SPINAL PUNCTURE, LUMBAR,	CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$	- \$ -						
62270	DIAGNOSTIC;	PRIMARY PROCEDURE PROTEIN, TOTAL,	62270		\$	756.26	see footnote <sup>3</sup>	\$ 756.2	not contracted	\$ 869.70	not contracted	\$ 756.26	not contracted	\$ 756.26	not contracted	\$ 1,361.27	not contracted	\$ 1,361.27	7 \$ 756.26
		EXCEPT BY REFRACTOMETRY; SERUM, PL	84155		\$	3.67	see footnote <sup>3</sup>	\$ 3.6	7 not contracted	\$ 4.22	not contracted	\$ 3.67	' not contracted	\$ 3.67	not contracted	\$ 6.61	not contracted	\$ 6.61	1 \$ 3.67
		SYPHILIS TEST, NON- TREPONEMAL ANTIBODY;	05502		<b>A</b>	4.40	3	<u> </u>		ć 5.00		Ć 4.40		4.40		, , , , , , , , , , , , , , , , , , ,			140
		QUANTITATI CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG,	86593		<b>&gt;</b>	4.40	see footnote <sup>3</sup>	\$ 4.40	not contracted	\$ 5.06	not contracted	\$ 4.40	not contracted	\$ 4.40	not contracted	\$ 7.92	not contracted	φ 7.92	2 \$ 4.40
		CEREBRO GLUCOSE, BODY FLUID, OTHER THAN	89050		\$	4.72	see footnote <sup>3</sup>	\$ 4.7	2 not contracted	\$ 5.43	not contracted	\$ 4.72	not contracted	\$ 4.72	not contracted	\$ 8.50	not contracted	\$ 8.50	\$ 4.72
	INTRAORAL-	BLOOD	82945		\$	3.93	see footnote <sup>3</sup>	\$ 3.9	not contracted	\$ 4.52	not contracted	\$ 3.93	not contracted	\$ 3.93	not contracted	\$ 7.07	not contracted	\$ 7.07	7 \$ 3.93
	PERIAPICAL-EACH ADDITIONAL FILM	PRIMARY PROCEDURE	D0230		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$	- \$ -						

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

				(Medicare A	D TRIWEST Advantage)		ISER Advantage)	(Medicare	.INA Advantage)		CARE Advantage)	L.A. (Cover	-	(Cover	LINA ed CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code Note	e Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		INTRAORAL-				-										-	
		PERIAPICAL-FIRST FILM	D0220	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		LIMITED ORAL	D0220	, -	see lootilote	- ·	not contracted	- ب	not contracted	, -	, -						
		EVALUATION -	20110		3			•									
		PROBLEM FOCUSED	D0140	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
AE	REPAIR OF ANTERIOR ABDOMINAL	PRIMARY PROCEDURE	49591	\$ 4,157.16	see footnote <sup>3</sup>	\$ 4,157.16	not contracted	\$ 4,780.73	not contracted	\$ 4,157.16	not contracted	\$ 4,157.16	not contracted	\$ 7,482.89	not contracted	\$ 7,482.89	\$ 4,157.16
49391 111	TERRIA(3) (IE, EFIGAS	INJECTION,	49391	3 4,137.10	see lootilote	3 4,137.10	not contracted	3 4,780.73	not contracted	3 4,137.10	not contracted	3 4,137.10	not contracted	7,462.83	not contracted	3 7,462.63	3 4,137.10
		CEFAZOLIN SODIUM,	10000		3.	<b>A</b>		<u> </u>		<b>A</b>		<b>A</b>				<b>A</b>	
		500 MG INJECTION,	J0690	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		DEXAMETHASONE															
		SODIUM PHOSPHATE, 1 MG	J1100	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		INJECTION,	31100	, , , , , , , , , , , , , , , , , , ,	300 1000.1000	Ψ	not contracted	Y	not contracted	<del>Y</del>	not contracted	Ψ	not contracted	<b>*</b>	not contracted	<del>Y</del>	Ÿ
		HYDROMORPHONE, UP TO 4 MG	J1170	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	31170	Ţ	See Toolingte	<b>Y</b>	not contracted	Ÿ	not contracted	<del>,</del>	not contracted	<del>,</del>	not contracted	<b>Y</b>	not contracted	<del>,</del>	<b>Y</b>
		1 MG	J2250	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER															
		1 MG	J2405	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		INJECTION, PROPOFOL, 10 MG	J2704	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		CITICATE, U.I IVIO	13010	, -	see roomidle	- ب	not contracted	· -	not contracted	· -	not contracted	- ب	not contracted	, -	not contracted	- ·	7
	ALVEOLOPLASTY NOT																
	N CONJUNCTION WITH EXTRACTIONS	PRIMARY PROCEDURE	D7321	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
OI	OFFICE CONSULTATION FOR A NEW OR																
99241 ES	ESTABLISHED PATIE	PRIMARY PROCEDURE	99241	not available	see footnote <sup>3</sup>	not available	not contracted	not available	not available								
IN	UNSPECIFIED MPLANT PROCEDURE, BY																
D6199 RE		PRIMARY PROCEDURE	D6199	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140	\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	ς _								

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						LD TRIWEST Advantage)		ISER Advantage)	MO (Medicare	LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
	HINOPLASTY, RIMARY; INCLUDING																	
	,	PRIMARY PROCEDURE	30420		\$ 6,267.17	see footnote <sup>3</sup>	\$ 6,267.17	not contracted	\$ 7,207.25	not contracted	\$ 6,267.17	not contracted	\$ 6,267.17	not contracted	\$ 11,280.91	. not contracted	\$ 11,280.91	. \$ 6,267.17
		INJECTION, CEFAZOLIN SODIUM,				6 3												
		INJECTION, DEXAMETHASONE	J0690		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	ı \$ -	not contracted	\$ -	not contracted	\$ -	not contracted	I \$ -	. \$ .
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	ı \$ -	not contracted	\$ -	not contracted	\$ -	not contracted	l \$ -	. \$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER																
		1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	· \$ -
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER																
		1 MG INJECTION, PROPOFOL, 10 MG	J2405 J2704		\$ -	see footnote <sup>3</sup>	\$ - \$ -	not contracted		not contracted		not contracted not contracted	\$ - \$ -	not contracted		not contracted		. \$ -
		INJECTION, FENTANYL			,	see loothote	, <u> </u>	not contracted	, -	not contracted	, ,	not contracted	, -	not contracted	, -	not contracted	, , <u>-</u>	, , , , , , , , , , , , , , , , , , ,
		CITRATE, 0.1 MG RINGERS LACTATE INFUSION, UP TO	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	. \$ -
М	IJECTION, IIDAZOLAM YDROCHLORIDE, PER																	
J2250 1 I	MG	PRIMARY PROCEDURE	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	ı \$ -	not contracted	\$ -	not contracted	\$ -	not contracted	ı \$ -	· \$ -
VA	IFLUENZA VIRUS ACCINE, UADRIVALENT (IIV4),																	
90688 SP	PLI	PRIMARY PROCEDURE IMMUNIZATION ADMINISTRATION	90688		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	. \$ -
		(INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	   \$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	l \$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT																
		FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							D TRIWEST Advantage)	(Medi	KAISER care Adva		MO (Medicare			CARE Advantage)		L.A. CARE overed CA)		OLINA ered CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fac	cility <sup>2</sup>	Professional	Facility <sup>2</sup>	Pro	rofessional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA																			
87491	OR	PRIMARY PROCEDURE INFECTIOUS AGENT	87491		\$	35.09	see footnote <sup>3</sup>	\$ 3	35.09 no	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 3	5.09 not contracted	\$ 63.1	6 not contracted	\$ 63.16	\$ 35.09
		DETECTION BY NUCLEIC ACID (DNA OR	87661		\$	35.09	see footnote <sup>3</sup>	\$ 3	35.09 no	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 3	5.09 not contracted	l \$ 63.1	6 not contracted	\$ 63.16	\$ 35.09
		PERIODIC COMPREHENSIVE PREVENTIVE																		
		MEDICINE REEVALU	99395		\$	-	see footnote <sup>3</sup>	\$	- no	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$	- not contracted	\$ -	\$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$	- no	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	I \$	- not contracted	\$ -	\$ -
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA																		
	DIAGNOSTIC BONE	OR	87591		\$	35.09	see footnote <sup>3</sup>	\$ 3	35.09 no	not contracted	\$ 40.35	not contracted	\$ 35.09	not contracted	\$ 3	5.09 not contracted	\$ 63.1	6 not contracted	\$ 63.16	\$ 35.09
38221	MARROW; BIOPSY(IES)	PRIMARY PROCEDURE	38221		\$	1,760.02	see footnote <sup>3</sup>	\$ 1,76	50.02 no	not contracted	\$ 2,024.02	not contracted	\$ 1,760.02	not contracted	\$ 1,76	0.02 not contracted	\$ 3,168.0	4 not contracted	\$ 3,168.04	\$ 1,760.02
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		Ś	58.85	see feetwate <sup>3</sup>	Ś S	58.85 no	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	ć - F	3.85 not contracted	\$ 105.9	3 not contracted	\$ 105.93	\$ 58.85
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMI			,	36.63	see footnote <sup>3</sup>	, s	58.85	iot contracted	\$ 07.08	not contracted	\$ 36.63	not contracted	, <u> </u>	5.85 Hot contracted	3 103.9	5 Hot contracted	\$ 103.93	\$ 36.63
		STRY, PER S	88342		\$	184.56	see footnote <sup>3</sup>	\$ 18	34.56 no	not contracted	\$ 212.24	not contracted	\$ 184.56	not contracted	\$ 18	4.56 not contracted	\$ 332.2	1 not contracted	\$ 332.21	\$ 184.56
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDI	88311		\$	_	see footnote <sup>3</sup>	\$	- no	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	ı \$	- not contracted	\$ -	\$ -
		SPECIAL STAIN INCLUDING INTERPRETATION AND			,			•					•		,		·		·	
		REPORT;	88313		\$	39.86	see footnote <sup>3</sup>	\$ 3	39.86 no	not contracted	\$ 45.84	not contracted	\$ 39.86	not contracted	\$ 3	9.86 not contracted	\$ 71.7	5 not contracted	\$ 71.75	\$ 39.86
		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), P	J1642		\$	_	see footnote <sup>3</sup>	\$	- no	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$	- not contracted	\$ -	\$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS	120.12		*		222.000.000	7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r		T		7	some dated	7		T	7
		INFUSION,	J2001		\$	-	see footnote <sup>3</sup>	\$	- no	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$	- not contracted	\$ -	\$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						SHIELD TI			ISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility	2 P	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA																		
43264	TOGRAPHY (ER	PRIMARY PROCEDURE ENDOSCOPIC RETROGRADE	43264		\$ 3,8	27.07	see footnote <sup>3</sup>	\$ 3,827.07	not contracted	\$ 4,401.13	not contracted	\$ 3,827.07	not contracted	\$ 3,827.07	not contracted	\$ 6,888.73	not contracted	\$ 6,888.73	\$ 3,827.07
		CHOLANGIOPANCREA TOGRAPHY (ER INJECTION,	43275		\$ 3,8	27.07	see footnote <sup>3</sup>	\$ 3,827.07	not contracted	\$ 4,401.13	not contracted	\$ 3,827.07	not contracted	\$ 3,827.07	not contracted	\$ 6,888.73	not contracted	i \$ 6,888.73	\$ 3,827.07
		DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	11100		\$		saa faataata <sup>3</sup>	\$ -	n et en utvo etc d	ć	not contracted	ć	not contracted	\$ -	not contracted	ć	n at an atra atra	H \$ -	\$ -
		INJECTION, LEVOFLOXACIN, 250	J1100		·				not contracted				not contracted	·		·	not contracted	·	
		MG INJECTION, ONDANSETRON HYDROCHLORIDE, PER	J1956		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	1 \$ -	\$ -
		1 MG INJECTION,	J2405		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	i \$ -	\$ -
		PROPOFOL, 10 MG INJECTION, FENTANYL	J2704		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	1 \$ -	\$ -
		CITRATE, 0.1 MG RINGERS LACTATE	J3010		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	1 \$ -	\$ -
		INFUSION, UP TO 1000 CC	J7120		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	ı \$ -	\$ -
	FINE NEEDLE ASPIRATION BIOPSY, WITHOUT IMAGING																		
10021		PRIMARY PROCEDURE	10021		\$ 4	37.87	see footnote <sup>3</sup>	\$ 437.87	not contracted	\$ 503.55	not contracted	\$ 437.87	not contracted	\$ 437.87	not contracted	\$ 788.17	not contracted	\$ 788.17	\$ 437.87
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$	_	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ .	- not contracted	\$ -	not contracted	\$ -	not contracted	1 \$ -	\$ -
		CYTOPATHOLOGY, EVALUATION OF FINE					. 3												
		NEEDLE ASPIRATE;	88173		\$	58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		PATHOLOGY, GROSS AND MICROSCOP	88305		\$	58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
_	INJECTION PROCEDURE FOR SACROILIAC JOINT,																		
27096	ANESTHET	PRIMARY PROCEDURE	27096		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								

## MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						ELD TRIWEST e Advantage)		ISER Advantage)	_	LINA Advantage)		CARE Advantage)		CARE red CA)	_	LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code Not	te	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE																	
55250	PROCE	PRIMARY PROCEDURE	55250		\$ 2,177.0	7 see footnote <sup>3</sup>	\$ 2,177.07	not contracted	\$ 2,503.63	not contracted	\$ 2,177.07	not contracted	\$ 2,177.07	not contracted	\$ 3,918.73	not contracted	\$ 3,918.73	\$ 2,177.07
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOP INJECTION,	88302		\$ 29.3	0 see footnote	\$ 29.30	not contracted	\$ 33.70	not contracted	\$ 29.30	not contracted	\$ 29.30	not contracted	\$ 52.74	not contracted	\$ 52.74	\$ 29.30
		LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$	- see footnote	\$ -	not contracted	\$ -	\$ -								
65820	GONIOTOMY	PRIMARY PROCEDURE	65820		\$ 4,689.6	1 see footnote <sup>3</sup>	\$ 4,689.61	not contracted	\$ 5,393.05	not contracted	\$ 4,689.61	not contracted	\$ 4,689.61	not contracted	\$ 8,441.30	not contracted	\$ 8,441.30	\$ 4,689.61
	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	PRIMARY PROCEDURE	47000		\$ 1,760.0		\$ 1,760.02				-					not contracted		
		COMPUTED TOMOGRAPHY GUIDANCE FOR	77040															
		NEEDLE PLACEMENT	77012		\$	- see footnote	\$ -	not contracted	\$ -	\$ -								
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPI	88307		\$ 380.4	1 see footnote	\$ 380.41	not contracted	\$ 437.47	not contracted	\$ 380.41	not contracted	\$ 380.41	not contracted	\$ 684.74	not contracted	\$ 684.74	\$ 380.41
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMI STRY, PER S	88341		\$	- see footnote	Ś -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	. \$ -
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMI			•				·		·				·			
		STRY, PER S INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	88342		\$ 184.5	6 see footnote	\$ 184.56	not contracted	\$ 212.24	not contracted	\$ 184.56	not contracted	\$ 184.56	not contracted	\$ 332.21	not contracted	\$ 332.21	\$ 184.56
		1 MG	J2250		\$	- see footnote	\$ -	not contracted	\$ -	\$ -								
	LADADOSCODY	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	- see footnote	\$ -	not contracted	\$ -	\$ -								
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	PRIMARY PROCEDURE ANESTHESIA FOR	44970		\$ 6,117.5	0 see footnote <sup>3</sup>	\$ 6,117.50	not contracted	\$ 7,035.13	not contracted	\$ 6,117.50	not contracted	\$ 6,117.50	not contracted	\$ 11,011.50	not contracted	\$ 11,011.50	\$ 6,117.50
		INTRAPERITONEAL PROCEDURES IN LOWER	00840		\$	- see footnote	\$ -	not contracted	\$ -	. \$ -								

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						ELD TRIWEST e Advantage)		ISER Advantage)	-	LINA Advantage)		CARE Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELV	74174		\$ 432.4	3 see footnote <sup>3</sup>	\$ 432.43	not contracted	\$ 497.29	not contracted	\$ 432.43	not contracted	\$ 432.43	not contracted	\$ 778.37	not contracted	\$ 778.37	\$ 432.43
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88302		\$ 29.3	0 see footnote <sup>3</sup>	\$ 29.30	not contracted	\$ 33.70	not contracted	\$ 29.30	not contracted	\$ 29.30	not contracted	\$ 52.74	not contracted	\$ 52.74	\$ 29.30
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 101.9	7 see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$ 8.4		\$ 8.46						\$ 8.46			not contracted		
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$ 7.7	7 see footnote <sup>3</sup>	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	J0696		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		Ś	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		Ś	- see footnote <sup>3</sup>	·	not contracted					·		·			· \$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER			·					not contracted		not contracted	·	not contracted		not contracted		
		1 MG INJECTION, MORPHINE SULFATE,	J2250		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		UP TO 10 MG INJECTION, ONDANSETRON HYDROCHLORIDE, PER	J2270		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		1 MG INJECTION, PROPOFOL, 10 MG	J2405 J2704		\$	<ul> <li>see footnote<sup>3</sup></li> <li>see footnote<sup>3</sup></li> </ul>	\$ - \$ -	not contracted		not contracted		not contracted not contracted		not contracted		not contracted		\$ - \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						LUE SHIELE Medicare A	O TRIWEST dvantage)		ISER Advantage)		LINA Advantage)		A. CARE re Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fac	ility²	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	STRAPPING; UNNA						. 2											1.	
29580	ВООТ	PRIMARY PROCEDURE	29580		\$	171.08	see footnote <sup>3</sup>	\$ 171.08	not contracted	\$ 196.74	not contracted	\$ 171.0	08 not contracte	\$ 171.08	not contracted	\$ 307.94	not contracted	d \$ 307.94	\$ 171.08
	CHEMODENERVATION																		
	OF MUSCLE(S); NECK MUSCLE(S), EXC	PRIMARY PROCEDURE	64616		\$	319.12	see footnote <sup>3</sup>	\$ 319.12	not contracted	\$ 366.99	not contracted	\$ 319.3	12 not contracte	\$ 319.12	not contracted	\$ 574.42	not contracted	d \$ 574.42	\$ 319.12
		OFFICE OR OTHER OUTPATIENT VISIT			·					,									
		FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$	- not contracte	\$ -	not contracted	\$	not contracted	d \$ -	\$ -
	INFLUENZA VIRUS VACCINE, LIVE (LAIV), PANDEMIC FOR	PRIMARY PROCEDURE	90664		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	I \$	- not contracte	ı \$ .	not contracted	\$	<ul> <li>not contracted</li> </ul>	d \$ -	\$ -
		IMMUNIZATION ADMINISTRATION BY																	
		INTRANASAL OR ORAL	90473		\$	79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.3	19 not contracte	\$ 79.19	not contracted	\$ 142.54	not contracted	d \$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT					6 3												
		FOR THE EVALUATIO	99212		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$	- not contracte	\$ -	not contracted	\$	not contracted	d \$ -	\$ -
	CARDIOVERSION, ELECTIVE, ELECTRICAL																		
		PRIMARY PROCEDURE	92960		\$	690.30	see footnote <sup>3</sup>	\$ 690.30	not contracted	\$ 793.85	not contracted	\$ 690.3	not contracte	\$ 690.30	not contracted	\$ 1,242.54	not contracted	d \$ 1,242.54	\$ 690.30
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LE	93005		Ś	67.46	see footnote <sup>3</sup>	\$ 67.46	not contracted	\$ 77.58	not contracted	l \$ 67.4	46 not contracte	d \$ 67.46	not contracted	\$ 121.43	3 not contracted	d \$ 121.43	\$ 67.46
		BASIC METABOLIC					0001000000	7				7		, , , , , , , ,				7	
		PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$	8.46	see footnote <sup>3</sup>	\$ 8.46	not contracted	\$ 9.73	not contracted	l \$ 8.4	46 not contracte	\$ 8.46	not contracted	\$ 15.23	not contracted	d \$ 15.23	\$ 8.46
		INJECTION, PROPOFOL, 10 MG	J2704		\$		see footnote <sup>3</sup>	\$	not contracted	Ś.	not contracted	\$	- not contracte	\$ .	not contracted	Ś	not contracted	d S -	. \$ -
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB,	32704		٠		see loothote	<del>,</del>	not contracted	,	not contracted	, ,	- Hot contracte	7 2	not contracted	3	not contracted	u	,
		нст,	85027		\$	6.47	see footnote <sup>3</sup>	\$ 6.47	not contracted	\$ 7.44	not contracted	\$ 6.4	not contracte	\$ 6.47	not contracted	\$ 11.65	not contracted	d \$ 11.65	\$ 6.47
		PROTHROMBIN TIME;	85610		\$	4.29	see footnote <sup>3</sup>	\$ 4.29	not contracted	\$ 4.93	not contracted	I \$ 4.:	not contracte	\$ 4.29	not contracted	\$ 7.72	not contracted	d \$ 7.72	\$ 4.29
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		\$	8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	1 \$ 8.!	not contracte	d \$ 8.57	not contracted	\$ 15.43	not contracted	d \$ 15.43	\$ 8.57
	SURGICAL REMOVAL OF RESIDUAL TOOTH																		
D7250	ROOTS (CUTTING	PRIMARY PROCEDURE	D7250			2,021.62	see footnote <sup>3</sup>	\$ 2,021.62	not contracted	\$ 2,324.86	not contracted	\$ 2,021.0	not contracte	\$ 2,021.62	not contracted	\$ 3,638.92	not contracted	d \$ 3,638.92	\$ 2,021.62
		LOCAL ANESTHESIA	D9215		\$	-	see footnote <sup>3</sup>	\$	not contracted		not contracted		- not contracte		not contracted		not contracted		\$ -
		PANORAMIC FILM	D0330		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$ -	not contracted	\$	- not contracte	d \$ -	not contracted	\$	not contracted	d \$ -	\$

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							O TRIWEST advantage)		AISER e Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facil	lity <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>						
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	. \$ -
	PARACENTESIS OF ANTERIOR CHAMBER																		
65800	OF EYE (SEPARATE	PRIMARY PROCEDURE	65800		\$ 2	2,534.53	see footnote <sup>3</sup>	\$ 2,534.5	3 not contracted	\$ 2,914.71	not contracted	\$ 2,534.5	not contracted	\$ 2,534.53	not contracted	\$ 4,562.15	not contracted	\$ 4,562.15	\$ 2,534.53
D0460	PULP VITALITY TESTS	PRIMARY PROCEDURE	D0460		\$ 2	2,021.62	see footnote <sup>3</sup>	\$ 2,021.6	2 not contracted	\$ 2,324.86	not contracted	\$ 2,021.6	2 not contracted	\$ 2,021.62	not contracted	\$ 3,638.92	not contracted	\$ 3,638.92	\$ 2,021.62
		EVALUATION -					. 3												
	ESOPHAGOGASTROD	PROBLEM FOCUSED	D0140		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
	UODENOSCOPY, FLEXIBLE,																		
43251	TRANSORAL; W	PRIMARY PROCEDURE ESOPHAGOGASTROD	43251		\$ 2	2,044.10	see footnote <sup>3</sup>	\$ 2,044.1	0 not contracted	\$ 2,350.72	not contracted	\$ 2,044.1	not contracted	\$ 2,044.10	not contracted	\$ 3,679.38	not contracted	\$ 3,679.38	\$ 2,044.10
		UODENOSCOPY, FLEXIBLE,																	
		TRANSORAL; W ESOPHAGOGASTROD	43239		\$	968.90	see footnote <sup>3</sup>	\$ 968.9	0 not contracted	\$ 1,114.24	not contracted	\$ 968.9	not contracted	\$ 968.90	not contracted	\$ 1,744.02	not contracted	\$ 1,744.02	\$ 968.90
		UODENOSCOPY, FLEXIBLE,					3												
		TRANSORAL; W	43255		\$ 2	2,044.10	see footnote <sup>3</sup>	\$ 2,044.1	0 not contracted	\$ 2,350.72	not contracted	\$ 2,044.1	not contracted	\$ 2,044.10	not contracted	\$ 3,679.38	not contracted	\$ 3,679.38	\$ 2,044.10
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$	58.85	see footnote <sup>3</sup>	\$ 58.8	5 not contracted	\$ 67.68	not contracted	\$ 58.8	5 not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	s \$ 58.85
		INJECTION, MIDAZOLAM			Ÿ	30.03	see roomote	φ 30.0	- Hot contracted	ψ 07.00	not contracted	<del>y</del> 30.0.	not contracted	y 30.0.	not contracted	Ų 103.33	not contracted	<b>V</b> 103.33	,
		HYDROCHLORIDE, PER 1 MG	J2250		\$	_	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	not contracted	\$ -	not contracted	\$ -	. \$ -
		INJECTION, FENTANYL																	
	DIRUTUSDA	CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	not contracted	\$ -	not contracted	\$ -	· \$ -
	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS	5																	
90696	V	PRIMARY PROCEDURE	90696		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
		ADMINISTRATION																	
		THROUGH 18 YEARS OF AG	90460		\$		see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
		INFLUENZA VACCINE, INACTIVATED (IIV),			_														
		SUBUNIT, ADJ	90653		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

					SHIELD TRIWEST icare Advantage)	(Medic	KAISER are Advantage)		LINA Advantage)		CARE Advantage)		. CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code Service Category	Service Description	CPT Code	Note	Facility	<sup>2</sup> Professiona	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS					2											
	OF AG MEASLES, MUMPS, RUBELLA, AND	90461		\$	- see footno	te³ \$	- not contracted	d \$	not contracted	i \$	- not contracted	\$	not contracted	\$ -	not contracted	\$ -	. \$ -
	VARICELLA VACCINE (MM PERIODIC	90710		\$ 1	87.79 see footno	te <sup>3</sup> \$ 183	7.79 not contracted	d \$ 215.96	not contracted	\$ 187.79	not contracted	\$ 187.79	not contracted	\$ 338.02	not contracted	\$ 338.02	\$ 187.79
	COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99392		\$	- see footno	te³ \$	- not contracted	d \$	not contracted	1 \$	- not contracted	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	. \$ -
MEASLES, MUMPS AND RUBELLA VIRUS																	
90707 VACCINE (MMR), LI	PRIMARY PROCEDURE IMMUNIZATION ADMINISTRATION (INCLUDES	90707		\$	- see footno	te <sup>3</sup> \$	- not contracted	d \$	not contracted	\$	- not contracted	\$	not contracted	\$ -	not contracted	\$ -	\$ -
	PERCUTANEOUS	90471		\$	79.19 see footno	te <sup>3</sup> \$ 79	9.19 not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$	- see footno	te³ \$	- not contracted	d \$	not contracted	i \$	- not contracted	\$	not contracted	\$ -	not contracted	\$ -	- \$ -
ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH						3 4											
76817 IMAGE INJECTION,	PRIMARY PROCEDURE	76817		\$ 1	25.45 see footno	te" \$ 125	5.45 not contracted	d \$ 144.27	not contracted	1 \$ 125.4	5 not contracted	\$ 125.45	not contracted	\$ 225.81	not contracted	\$ 225.81	. \$ 125.45
MEDROXYPROGESTER J1050 ONE ACETATE, 1 MG		J1050		\$	- see footno	te <sup>3</sup> \$	- not contracted	\$	not contracted	\$	- not contracted	\$	not contracted	\$ -	not contracted	\$ -	. \$ -
	DIAGNOSTIC INJECTION	96372		\$	79.19 see footno	te <sup>3</sup> \$ 79	9.19 not contracted	d \$ 91.07	not contracted	l \$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
	OFFICE OR OTHER OUTPATIENT VISIT	00343				. 3											
VISUAL FIELD EXAMINATION, UNILATERAL OR	FOR THE EVALUATIO	99213		\$	- see footno	te <sup>3</sup> \$	- not contracted	1 2	not contracted	1 \$	- not contracted	\$	not contracted	\$ -	not contracted	\$ -	. \$ -
92082 BILATERAL, SCREENING OF A	PRIMARY PROCEDURE	92082		,	57.46 see footno	3 .	7.46 not contracted										
D0190 PATIENT  TRABECULOPLASTY B' 65855 LASER SURGERY	PRIMARY PROCEDURE  PRIMARY PROCEDURE	D0190 65855		\$ 6	- see footno	_	- not contracted		not contracted		not contracted not contracted		not contracted not contracted		not contracted		\$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

					BLUE SHIELI (Medicare A		KAI (Medicare	ISER Advantage)		LINA Advantage)		CARE Advantage)	L.A. (Cover	CARE ed CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID					, , ,												
36224	ARI	PRIMARY PROCEDURE  SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY,	36224		\$ 6,032.54											not contracted		
		3D RENDERING WITH INTERPRETATION AND REPORTING OF	76376		\$ 6,032.54	see footnote <sup>3</sup>	\$ 6,032.54	not contracted		not contracted		not contracted	\$ 6,032.54	not contracted		not contracted		\$ 6,032.54
		SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR IN INJECTION,	36223		\$ 6,032.54	see footnote <sup>3</sup>	\$ 6,032.54	not contracted	\$ 6,937.42	not contracted	\$ 6,032.54	not contracted	\$ 6,032.54	not contracted	\$ 10,858.57	not contracted	\$ 10,858.57	\$ 6,032.54
		MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
	SEVERE ACUTE RESPIRATORY	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
91310	SYNDROME CORONAVIRUS 2 (S	PRIMARY PROCEDURE	91310		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJEC PERIODIC	0104A		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		COMPREHENSIVE PREVENTIVE MEDICINE REEVALU	99396		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO SARSCOV2 VAC BVL	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		30MCG/0.3ML SEVERE ACUTE RESPIRAT	91312		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						BLUE SHIEL (Medicare	D TRIWEST Advantage)		NISER Advantage)		LINA Advantage)		A. CARE re Advantage)		CARE		PLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fá	acility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>						
		ADM SARSCV2 BVL 30MCG/.3ML B IMMUNIZATION					3												
ļ	ABLATION, 1 OR MORE LIVER TUMOR(S),	ADMINIST	0124A		\$	48.73	see footnote <sup>3</sup>	\$ 48.73	not contracted	\$ 56.04	not contracted	\$ 48	73 not contracted	i \$ 48.73	not contracted	\$ 87.71	not contracted	\$ 87.71	\$ 48.73
	PERCUTANEOUS,	PRIMARY PROCEDURE MAGNETIC RESONANCE (EG,	47382		\$	6,117.50	see footnote <sup>3</sup>	\$ 6,117.50	not contracted	\$ 7,035.13	not contracted	\$ 6,117	.50 not contracted	\$ 6,117.50	not contracted	\$ 11,011.50	not contracted	\$ 11,011.50	\$ 6,117.50
		PROTON) IMAGING, ABDOMEN;	74183		\$	432.43	see footnote <sup>3</sup>	\$ 432.43	not contracted	\$ 497.29	not contracted	\$ 432	43 not contracted	i \$ 432.43	not contracted	\$ 778.37	not contracted	\$ 778.37	\$ 432.43
		COMPUTED TOMOGRAPHY GUIDANCE FOR	77012		Ś		soo footusts <sup>3</sup>	\$	not contracted				not contracto	1 S	not contracted	\$ -	not contracted	\$ -	. \$ -
		NEEDLE PLACEMENT INJECTION, MIDAZOLAM HYDROCHLORIDE, PER			Ş	-	see footnote <sup>3</sup>	\$	not contracted	\$	not contracted	\$	- not contracted	,	not contracted	\$	not contracted	\$ -	, , , -
		1 MG INJECTION, ONDANSETRON HYDROCHLORIDE, PER	J2250		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$	not contracted	\$	- not contracted	1 \$	not contracted	\$ -	not contracted	\$ -	\$ -
		1 MG	J2405		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$	not contracted	\$	- not contracted	\$	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$	not contracted	\$	not contracted	\$	- not contracted	\$	not contracted	\$ -	not contracted	\$ -	\$ -
	ECHOCARDIOGRAPHY, TRANSTHORACIC,	,																	
93307	REAL-TIME WITH IM	PRIMARY PROCEDURE TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL	93307		\$	274.08	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274	08 not contracted	1 \$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
		CARD	93303		\$	590.52	see footnote <sup>3</sup>	\$ 590.52	not contracted	\$ 679.10	not contracted	\$ 590	52 not contracted	\$ 590.52	not contracted	\$ 1,062.94	not contracted	\$ 1,062.94	\$ 590.52
9	BIOPSY OF CERVIX, SINGLE OR MULTIPLE, OR LOCAL EXC	PRIMARY PROCEDURE	57500		\$	825.66	see footnote <sup>3</sup>	\$ 825.66	not contracted	\$ 949.51	not contracted	I \$ 825.	.66 not contracted	H \$ 825.66	not contracted	\$ 1,486.19	not contracted	\$ 1,486.19	\$ 825.66
		OFFICE OR OTHER OUTPATIENT VISIT	00304		ć		300 fortunate 3	ć										\$ -	. \$ -
		FOR THE EVALUATIO  LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	99204 88305		\$	58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted		not contracted		not contracted		not contracted not contracted		not contracted		·

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							D TRIWEST Advantage)		ISER Advantage)		LINA Advantage)		A. CARE are Advantage)		. CARE ered CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Faci	lity <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>*</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
	CYSTOURETHROSCOP																		
	Y, WITH URETERAL CATHETERIZATION,	PRIMARY PROCEDURE	52005		Ś	2,177.07	see footnote <sup>3</sup>	\$ 2,177.07	not contracted	\$ 2,503.63	not contracted	\$ 2,17	7.07 not contract	ed \$ 2,177.0	7 not contracted	\$ 3,918.73	not contracted	\$ 3,918.73	\$ 2,177.07
32003	CATTE LENGTHON,	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	74420		Ś	432.43	see footnote <sup>3</sup>					,				,			
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS	74420		Ş	432.43	see rootnote	\$ 432.43	not contracted	\$ 497.29	not contracted	\$ 43.	2.43 not contract	9 432.4	3 not contracted	\$ 778.37	not contracted	\$ 778.37	\$ 432.43
		INFUSION,	J2001		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contract	ed \$	- not contracted	\$ -	not contracted	\$ -	\$ -
	UNLISTED DIAGNOSTIC GASTROENTEROLOGY																		
	PROCEDURE	PRIMARY PROCEDURE	91299		\$	170.69	see footnote <sup>3</sup>	\$ 170.69	not contracted	\$ 196.29	not contracted	\$ 17	0.69 not contract	ed \$ 170.6	9 not contracted	\$ 307.24	not contracted	\$ 307.24	\$ 170.69
		COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR																	
		MULT	45380		\$	1,271.01	see footnote <sup>3</sup>	\$ 1,271.01	not contracted	\$ 1,461.66	not contracted	\$ 1,27	1.01 not contract	ed \$ 1,271.0	1 not contracted	\$ 2,287.82	not contracted	\$ 2,287.82	\$ 1,271.01
		LEVEL IV - SURGICAL PATHOLOGY, GROSS					2												
		AND MICROSCOP INJECTION,	88305		\$	58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 5	3.85 not contract	ed \$ 58.8	5 not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		MIDAZOLAM HYDROCHLORIDE, PER					2												
		1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contract	ed \$	- not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contract	ed \$	- not contracted	\$ -	not contracted	\$ -	\$ -
	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR																		
58120	THERAPEU	PRIMARY PROCEDURE ANESTHESIA FOR VAGINAL	58120		\$	3,318.57	see footnote <sup>3</sup>	\$ 3,318.57	not contracted	\$ 3,816.36	not contracted	\$ 3,31	3.57 not contract	ed \$ 3,318.5	7 not contracted	\$ 5,973.43	not contracted	\$ 5,973.43	\$ 3,318.57
		PROCEDURES (INCLUDING BIOPS	00940		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contract	ed \$	- not contracted	\$ -	not contracted	\$ -	\$ -
		LEVEL III - SURGICAL PATHOLOGY, GROSS					2												
		AND MICROSCO BLOOD COUNT;	88304		\$	58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58	3.85 not contract	ed \$ 58.8	5 not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		\$	7.77	see footnote <sup>3</sup>	\$ 7.77	not contracted	\$ 8.94	not contracted	\$	7.77 not contract	ed \$ 7.7	7 not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		\$	,	see footnote <sup>3</sup>	\$ -	not contracted		not contracted		- not contract		- not contracted		not contracted		,
		0. 10 7 100	111/0		٧	_	acc routhole	- ب	not contracted	- ب	not contracted	٧ -	not contract	۲ ا۳	not contracted	- ب	not contracted	- ب	- ب

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						BLUE SHIELI Medicare A			AISER Advantage)	_	LINA Advantage)		. CARE e Advantage)		. CARE ered CA)		OLINA ered CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary																			
Code	Service Category	Service Description	CPT Code	Note	Fa	cility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION,																	
		MIDAZOLAM																	
		HYDROCHLORIDE, PER	12250		,			<u> </u>		ć		<b>*</b>		<u></u>				<b>A</b>	- s -
-		1 MG INJECTION,	J2250		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	- not contracted	\$	not contracted	\$ .	- \$ -
		ONDANSETRON																	
		HYDROCHLORIDE, PER																	
		1 MG	J2405		\$	-	see footnote <sup>3</sup>	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$	- not contracted	\$	- not contracted	\$	not contracted	\$ .	- \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$		saa faatnata <sup>3</sup>	ć	not contracted	\$ -	not contracted	\$	not contracted	ć	not contracted	\$	not contracted	\$ .	- \$ -
		RINGERS LACTATE	13010		Ş	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	Ş	- not contracted	\$	- not contracted	1 \$	not contracted	\$	- > -
		INFUSION, UP TO																	
		1000 CC	J7120		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	- not contracted	\$	not contracted	\$ -	- \$ -
		ANTIBODY SCREEN,																	
		RBC, EACH SERUM	05050		_	50.05	3	<b>.</b>		6 67.60		<b>.</b>				40500		4 405.00	50.05
		TECHNIQUE BLOOD TYPING,	86850		\$	58.85	see footnote <sup>3</sup>	\$ 58.8	5 not contracted	\$ 67.68	not contracted	\$ 58.8	not contracted	\$ 58.8	5 not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		SEROLOGIC; RH (D)	86901		Ś	39.86	see footnote <sup>3</sup>	\$ 39.8	6 not contracted	\$ 45.84	not contracted	\$ 39.8	not contracted	\$ 39.8	6 not contracted	I \$ 71.75	not contracted	\$ 71.75	\$ \$ 39.86
		BLOOD TYPING,	55551		· ·	55.00	300 100011010	ψ 55.0	inot dont docted	ψ .5.0 .	not contracted	φ 55.0	inot dominated	ψ 55.0	1101 00111140100	, , , , , , , , , , ,	inot contracted	72.75	φ 33.00
		SEROLOGIC; ABO	86900		\$	136.28	see footnote <sup>3</sup>	\$ 136.2	8 not contracted	\$ 156.72	not contracted	\$ 136.2	not contracted	\$ 136.2	8 not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
		COLLECTION OF																	
		VENOUS BLOOD BY	26445		_	0.57	3	á 0.5		<b>.</b>		4 0.5				45.45		45.45	
	REMOVAL OF	VENIPUNCTURE	36415		\$	8.57	see footnote <sup>3</sup>	\$ 8.5	7 not contracted	\$ 9.86	not contracted	\$ 8.5	not contracted	\$ 8.5	7 not contracted	\$ 15.43	not contracted	\$ 15.43	8 \$ 8.57
	FOREIGN BODY,																		
	EXTERNAL EYE;																		
65222	CORNEAL, WI	PRIMARY PROCEDURE	65222		\$	136.28	see footnote <sup>3</sup>	\$ 136.2	8 not contracted	\$ 156.72	not contracted	\$ 136.2	not contracted	\$ 136.2	8 not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
		OFFICE OR OTHER																	
		OUTPATIENT VISIT FOR THE EVALUATIO	99203		\$		see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	¢	- not contracted	\$	- not contracted		not contracted	Ś .	- ś -
	REMOVAL OF	TOR THE EVALUATIO	33203		7		300 100011000	7	not contracted	ų.	not contracted	,	not contracted	,	not contracted	, ,	not contracted	7	,
	IMPACTED TOOTH-																		
D7230	PARTIALLY BONY	PRIMARY PROCEDURE	D7230		\$	2,021.62	see footnote <sup>3</sup>	\$ 2,021.6	2 not contracted	\$ 2,324.86	not contracted	\$ 2,021.6	not contracted	\$ 2,021.6	2 not contracted	\$ 3,638.92	not contracted	\$ 3,638.92	\$ 2,021.62
		LOCAL ANESTHESIA	D9215		\$	-	see footnote <sup>3</sup>	\$	<ul> <li>not contracted</li> </ul>		not contracted	\$	<ul> <li>not contracted</li> </ul>	\$	<ul> <li>not contracted</li> </ul>	\$	<ul> <li>not contracted</li> </ul>	\$ -	- \$ -
		PANORAMIC FILM	D0330		\$	-	see footnote <sup>3</sup>	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$	- not contracted	\$	- not contracted	\$	<ul> <li>not contracted</li> </ul>	\$	- \$ -
		LIMITED ORAL																	
		EVALUATION - PROBLEM FOCUSED	D0140		\$		see footnote <sup>3</sup>	Ś	- not contracted	\$ -	not contracted	\$	- not contracted	\$	- not contracted	\$	not contracted	Ś .	- \$ -
	CHEMOTHERAPY	I NOBELINI FOCUSED	50140		۶	1	see monitore	ڔ	not contracted		not contracted	ب	not contracted	7	not contracted	, , ,	not contracted	٠	7
	ADMINISTRATION,																		
	SUBCUTANEOUS OR																		
96402	INTRA	PRIMARY PROCEDURE	96402		\$	79.19	see footnote <sup>3</sup>	\$ 79.1	9 not contracted	\$ 91.07	not contracted	\$ 79.1	.9 not contracted	\$ 79.1	9 not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER																	
		OFFICE OR OTHER OUTPATIENT VISIT																	
		FOR THE EVALUATIO	99213		\$	_	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	- not contracted	ı \$	not contracted	\$ .	
								т		т		т	30	т		1 7			т

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

					BLUE SHIELD (Medicare A	-		ISER Advantage)	MOI (Medicare <i>i</i>	LINA Advantage)		CARE Advantage)	L.A. (Cover	-	MO (Cover	LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code N	ote F	acility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	J9217	\$	221.04	see footnote <sup>3</sup>	\$ 221.04	not contracted	\$ 254.20	not contracted	\$ 221.04	not contracted	\$ 221.04	not contracted	\$ 397.87	not contracted	\$ 397.87	\$ 221.04
17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF	PRIMARY PROCEDURE	17311	\$	681.86	see footnote <sup>3</sup>	\$ 681.86	not contracted	\$ 784.14	not contracted	\$ 681.86	not contracted	\$ 681.86	not contracted	\$ 1,227.35	not contracted	\$ 1,227.35	\$ 681.86
	INSERTION OR REPLACEMENT OF PERMANENT																	
33270	SUBCUTANEOUS	PRIMARY PROCEDURE FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS		·	37,647.99	see footnote <sup>3</sup>	\$ 37,647.99				\$ 37,647.99					not contracted	. ,	
		ELECTROCARDIOGRA M, ROUTINE ECG	77001	\$	-	see footnote <sup>3</sup>	\$ -	not contracted	·	not contracted	·	not contracted	·	not contracted	·	not contracted		\$ -
		WITH AT LEAST 12 LE RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	93005 71046	\$	67.46 101.97	see footnote <sup>3</sup>	\$ 67.46			not contracted				not contracted		not contracted		
		INJECTION, CEFAZOLIN SODIUM, 500 MG INJECTION,	J0690	\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		LIDOCAINE HCL FOR INTRAVENOUS INFUSION, INJECTION,	J2001	\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PROPOFOL, 10 MG INJECTION, FENTANYL	J2704	\$	-	see footnote <sup>3</sup>	\$ -	not contracted		not contracted		not contracted		not contracted		not contracted		\$ -
	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREA	CITRATE, 0.1 MG	J3010	\$	-	see footnote <sup>3</sup>	\$ -	not contracted		not contracted		not contracted		not contracted		not contracted		\$ -
43260	TOGRAPHY (ER	PRIMARY PROCEDURE  ENDOSCOPIC  CATHETERIZATION OF	43260	\$	3,827.07	see footnote <sup>3</sup>	\$ 3,827.07	not contracted	\$ 4,401.13	not contracted	\$ 3,827.07	not contracted	\$ 3,827.07	not contracted	\$ 6,888.73	not contracted	\$ 6,888.73	\$ 3,827.07
		THE BILIARY DUCTAL S INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,	74328	\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		1 MG	J1100	\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						ELD TRIWEST Advantage)		ISER Advantage)	-	LINA Advantage)		. CARE . Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER				3												
		1 MG INJECTION, ONDANSETRON HYDROCHLORIDE, PER	J2250		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	1 \$ -	\$ -
		1 MG INJECTION,	J2405		\$	- see footnote <sup>3</sup>	\$ -	not contracted		not contracted		- not contracted		not contracted	\$ -	not contracted		\$ -
		PROPOFOL, 10 MG INJECTION, FENTANYL	J2704		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	1 \$ -	\$ -
		CITRATE, 0.1 MG RINGERS LACTATE INFUSION, UP TO	J3010		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	1 \$ -	\$ -
	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR	1000 CC	J7120		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	1 \$ -	\$ -
	EXCISIO	PRIMARY PROCEDURE ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN	58662		\$ 6,117.5	o see footnote <sup>3</sup>	\$ 6,117.50	not contracted	\$ 7,035.13	not contracted	\$ 6,117.50	0 not contracted	\$ 6,117.50	not contracted	\$ 11,011.50	not contracted	\$ 11,011.50	\$ 6,117.50
		LOWER INFECTIOUS AGENT DETECTION BY	00840		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	1 \$ -	\$ -
		NUCLEIC ACID (DNA OR	87522		\$ 42.8	4 see footnote <sup>3</sup>	\$ 42.84	not contracted	\$ 49.27	not contracted	\$ 42.84	4 not contracted	\$ 42.84	not contracted	\$ 77.11	not contracted	i \$ 77.11	\$ 42.84
		LEVEL III - SURGICAL PATHOLOGY, GROSS				2												
		AND MICROSCO RADIOLOGIC EXAMINATION,	88304		\$ 58.8	5 see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	5 not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	1 \$ 105.93	\$ 58.85
		ABDOMEN; 1 VIEW  ANTIBODY; HIV-1 AND	74018		\$ 101.9	7 see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	7 not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	1 \$ 183.55	\$ 101.97
		HIV-2, SINGLE RESULT BLOOD COUNT; COMPLETE (CBC),	86703		\$ 13.7	see footnote <sup>3</sup>	\$ 13.71	not contracted	\$ 15.77	not contracted	\$ 13.72	1 not contracted	\$ 13.71	not contracted	\$ 24.68	not contracted	\$ 24.68	\$ 13.71
		AUTOMATED (HGB, HCT,	85025		\$ 7.7	7 see footnote <sup>3</sup>	\$ 7.77	not contracted	\$ 8.94	not contracted	\$ 7.77	7 not contracted	\$ 7.77	not contracted	\$ 13.99	not contracted	l \$ 13.99	\$ 7.77
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY	87340		\$ 10.3	3 see footnote <sup>3</sup>	\$ 10.33	not contracted	\$ 11.88	not contracted	\$ 10.33	3 not contracted	\$ 10.33	not contracted	\$ 18.59	not contracted	1 \$ 18.59	\$ 10.33
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	i \$ -	\$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						BLUE SHIELI (Medicare A			ISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fa	cility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,																	
		1 MG INJECTION, HYDROMORPHONE,	J1100	)	\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		UP TO 4 MG INJECTION, KETOROLAC	J1170	)	\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		TROMETHAMINE, PER 15 MG INJECTION,	J1885	5	\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER																	
		1 MG INJECTION, NEOSTIGMINE METHYLSULFATE, UP	J2405	5	\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
	INTERROGATION	TO 0.5 MG	J2710		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
	DEVICE EVALUATION(S) (REMOTE), UP TO	PRIMARY PROCEDURE	93296	5	\$	41.08	see footnote <sup>3</sup>	\$ 41.08	not contracted	\$ 47.24	not contracted	\$ 41.08	not contracted	\$ 41.08	not contracted	\$ 73.94	not contracted	\$ 73.94	41.08
	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH. REMOV	PRIMARY PROCEDURE	D9944	1	\$	2,021.62	see footnote <sup>3</sup>	\$ 2,021.62	not contracted	\$ 2,324.86	not contracted	\$ 2,021.62	not contracted	\$ 2,021.62	not contracted	\$ 3,638.92	not contracted	\$ 3,638.92	2 \$ 2,021.62
55544	TOLETIMON NEIWOV	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		Ś	-	see footnote <sup>3</sup>	\$ -	not contracted		- \$ -								
	ECHOCARDIOGRAPHY FETAL, CARDIOVASCULAR				,			·		•		•						·	·
76826	SYSTEM, RE	PRIMARY PROCEDURE OFFICE OR OTHER	76826	5	\$	274.08	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
		OUTPATIENT VISIT FOR THE EVALUATIO	99215	5	\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	PRIMARY PROCEDURE	29515	5	\$	171.08	see footnote <sup>3</sup>	\$ 171.08	not contracted	\$ 196.74	not contracted	\$ 171.08	not contracted	\$ 171.08	not contracted	\$ 307.94	not contracted	\$ 307.94	\$ 171.08
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99203	3	\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							D TRIWEST Advantage)	(Medi	KAISER care Advantage		MOI (Medicare	-INA Advantage)		L.A. C	CARE Advantage)		L.A. C			MOI (Cover	LINA ed CA)	Maximum Negotiated Rat		Minimum gotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fa	cility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professi	onal <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	1	Professional <sup>4</sup>	Faci	ility <sup>2</sup>	Professional <sup>4</sup>	Fac	cility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>		Facility <sup>2</sup>
	HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION																							
90935	BY A	PRIMARY PROCEDURE	90935		\$	740.04	see footnote <sup>3</sup>	\$ 74	0.04 not con	racted	\$ 851.05	not contracted	\$ 74	10.04	not contracted	\$	740.04	not contracted	\$	1,332.07	not contracted	\$ 1,332.0	)7 \$	740.04
		BASIC METABOLIC PANEL (CALCIUM,																						
		TOTAL) THIS PANEL	80048		\$	8.46	see footnote <sup>3</sup>	\$	8.46 not con	racted	\$ 9.73	not contracted	\$	8.46	not contracted	\$	8.46	not contracted	\$	15.23	not contracted	\$ 15.2	23 \$	8.46
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		Ś	8.57	see footnote <sup>3</sup>	Ś	8.57 not con	racted	\$ 9.86	not contracted	Ś	8.57	not contracted	Ś	8.57	not contracted	Ś	15.43	not contracted	\$ 15.4	13 \$	8.57
	REMOVAL OF SKIN TAGS, MULTIPLE				,	5.6.		*			*		,						, r			·		
11200	FIBROCUTANEOUS TAGS	PRIMARY PROCEDURE	11200		\$	211.95	see footnote <sup>3</sup>	\$ 21	1.95 not con	racted	\$ 243.74	not contracted	\$ 21	11.95	not contracted	\$	211.95	not contracted	\$	381.51	not contracted	\$ 381.	51 \$	211.95
		OFFICE OR OTHER OUTPATIENT VISIT	00242				c 3						•											
		FOR THE EVALUATIO	99212		\$	-	see footnote <sup>3</sup>	\$	- not con	racted	\$ -	not contracted	\$	-	not contracted	\$	-	not contracted	\$	-	not contracted	\$	- \$	-
	ARTHROCENTESIS, ASPIRATION AND/OR																							
20611	INJECTION, MAJOR	PRIMARY PROCEDURE	20611		\$	319.12	see footnote <sup>3</sup>	\$ 31	9.12 not con	racted	\$ 366.99	not contracted	\$ 31	19.12	not contracted	\$	319.12	not contracted	\$	574.42	not contracted	\$ 574.4	12 \$	319.12
	DENTAL PROPHYLAXIS AND TOPICAL FLUORIDE																							
D1208	TREATMENT	PRIMARY PROCEDURE	D1208		\$	-	see footnote <sup>3</sup>	\$	- not con	racted	\$ -	not contracted	\$	-	not contracted	\$	-	not contracted	\$	-	not contracted	\$	- \$	-
		ORAL HYGIENE INSTRUCTION	D1330		\$	_	see footnote <sup>3</sup>	Ś	- not con	racted	\$ -	not contracted	\$		not contracted	\$		not contracted	\$		not contracted	Ś	- s	
		LIMITED ORAL EVALUATION -	D1330		7		see roothote	Ÿ	not con	racteu	<del>,</del>	not contracted	, ,		not contracted	7		not contracted	7		not contracted	7	7	
		PROBLEM FOCUSED	D0140		\$	-	see footnote <sup>3</sup>	\$	- not con	racted	\$ -	not contracted	\$	-	not contracted	\$	-	not contracted	\$	-	not contracted	\$	- \$	-
	COLORECTAL CANCER SCREENING; COLONOSCOPY ON																							
G0121	INDIVI	PRIMARY PROCEDURE	G0121		\$	975.39	see footnote <sup>3</sup>	\$ 97	5.39 not con	racted	\$ 1,121.70	not contracted	\$ 97	75.39	not contracted	\$	975.39	not contracted	\$	1,755.70	not contracted	\$ 1,755.	70 \$	975.39
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER																						
		1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$	- not con	racted	\$ -	not contracted	\$	-	not contracted	\$	-	not contracted	\$	-	not contracted	\$	- \$	
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$	- not con	racted	\$ -	not contracted	\$	-	not contracted	\$	-	not contracted	\$	-	not contracted	\$	- \$	, -
	HYSTEROSCOPY, SURGICAL; WITH							•			•		•						,			•		
58561	REMOVAL OF LEIOMYOMAT	PRIMARY PROCEDURE	58561		\$	5,440.23	see footnote <sup>3</sup>	\$ 5,44	0.23 not con	racted	\$ 6,256.26	not contracted	\$ 5,44	10.23	not contracted	\$	5,440.23	not contracted	\$	9,792.41	not contracted	\$ 9,792.4	11 \$	5,440.23

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						UE SHIELD edicare A	TRIWEST dvantage)		ISER Advantage)	MO (Medicare	LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate N	Minimum egotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facil	ity <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	<i>5</i> ,	ANESTHESIA FOR VAGINAL PROCEDURES						·		,				,		•			
		(INCLUDING BIOPS	00952		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304		\$	58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted \$	105.93	not contracted	\$ 105.93	5 58.85
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,								·				·					
		1 MG INJECTION, HYDROMORPHONE,	J1100		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		UP TO 4 MG INJECTION, MIDAZOLAM	J1170		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		HYDROCHLORIDE, PER 1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER																	
		1 MG INJECTION,	J2405		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		PROPOFOL, 10 MG	J2704		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	\$ -								
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		Ś	58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted \$	5 105.93	not contracted	\$ 105.93	5 58.85
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		\$	39.86	see footnote <sup>3</sup>	\$ 39.86			not contracted		not contracted						
		BLOOD TYPING, SEROLOGIC; ABO COLLECTION OF	86900		\$	136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted \$	245.30	not contracted	\$ 245.30	\$ 136.28
		VENOUS BLOOD BY VENIPUNCTURE	36415		\$	8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted \$	15.43	not contracted	\$ 15.43	8.57
	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN				ser	rvice not	service not	service not	service not	service not	service not	service not	service not	service not	service not	service not	service not	service not	service not
90836	PERFOR	PRIMARY PROCEDURE	90836			provided	provided	provided	provided	provided	provided		provided	provided		provided			provided
	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S)	I I																	
64615	INNERVATE	PRIMARY PROCEDURE	64615		\$	319.12	see footnote <sup>3</sup>	\$ 319.12	not contracted	\$ 366.99	not contracted	\$ 319.12	not contracted	\$ 319.12	not contracted \$	574.42	not contracted	\$ 574.42	\$ 319.12

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							O TRIWEST dvantage)	(Med	KAIS dicare A	SER Advantage)		LINA Advantage)		.A. CARE are Advanta	age)	((	L.A. CARE Covered CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility	/ <sup>2</sup>	Professional	Facility	y <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Profe	essional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, ONABOTULINUMTOXI NA, 1 UNIT	J0585		\$	7.42	see footnote <sup>3</sup>	\$	7.42	not contracted	\$ 8.53	not contracted	\$ 7	.42 not	contracted	\$	7.42 not contracted	l \$ 13.36	not contracted	\$ 13.36	5 \$ 7.42
	CURRENT TOBACCO SMOKER (CAD, CAP,																				
1034F	COPD, PV) (DM)	PRIMARY PROCEDURE	1034F		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ -	not contracted	\$	- not	contracted	\$	- not contracted	\$ -	not contracted	\$ -	- \$ -
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ -	not contracted	\$	- not	contracted	\$	- not contracted	I \$ -	not contracted	\$ -	- \$ -
	OPEN TREATMENT OF CLAVICULAR FRACTURE, INCLUDES																				
23515	IN	PRIMARY PROCEDURE FLUOROSCOPY (SEPARATE	23515		\$ 7,7	763.59	see footnote <sup>3</sup>	\$ 7,7	763.59	not contracted	\$ 8,928.13	not contracted	\$ 7,763	.59 not	contracted	\$ 7,76	3.59 not contracted	1 \$ 13,974.46	not contracted	\$ 13,974.46	5 \$ 7,763.59
		PROCEDURE), UP TO 1 HOUR PHY	76000		\$ 2	274.08	see footnote <sup>3</sup>	\$ 2	274.08	not contracted	\$ 315.19	not contracted	\$ 274	.08 not	contracted	\$ 27	4.08 not contracted	l \$ 493.34	not contracted	\$ 493.34	\$ 274.08
		RADIOLOGIC EXAMINATION;					. 3														
		CLAVICLE, COMPLETE BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB,	73000		\$ 1	101.97	see footnote <sup>3</sup>	\$ 1	101.97	not contracted	\$ 117.27	not contracted	\$ 103	.97 not	contracted	\$ 10	1.97 not contracted	183.55	not contracted	\$ 183.55	\$ \$ 101.97
		нст,	85025		\$	7.77	see footnote <sup>3</sup>	\$	7.77	not contracted	\$ 8.94	not contracted	\$ 7	.77 not	contracted	\$	7.77 not contracted	\$ 13.99	not contracted	\$ 13.99	\$ 7.77
		ANCHOR/SCREW FOR OPPOSING BONE-TO- BONE OR SOFT TIS	C1713		\$		see footnote <sup>3</sup>	\$		not contracted	\$ -	not contracted	\$	- not	contracted	\$	- not contracted	l \$ -	not contracted	Ś -	- \$ -
		INJECTION, CEFAZOLIN SODIUM,						·			•		·			·		·			
		INJECTION, HYDROMORPHONE,	J0690		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ -	not contracted	\$	- not	contracted	\$	- not contracted	i \$ -	not contracted	\$	- \$ -
		UP TO 4 MG INJECTION, KETOROLAC TROMETHAMINE, PER	J1170		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ -	not contracted	\$	- not	contracted	\$	- not contracted	1 \$ -	not contracted	\$	- \$ -
		15 MG INJECTION,	J1885		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ -	not contracted	\$	- not	contracted	\$	- not contracted	i \$ -	not contracted	\$	- \$ -
		ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		\$		see footnote <sup>3</sup>	\$		not contracted	\$ -	not contracted	\$	- not	contracted	\$	- not contracted	I \$ -	not contracted	\$ -	- \$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$		see footnote <sup>3</sup>	Ś		not contracted	\$ -	not contracted	\$	- not	contracted	Ś	- not contracted	ı ś -	not contracted	Ś	- \$ -
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP			7		222.35050	7			۲		7	50	30000	T		7		7	7
		TO 0.5 MG	J2710		\$	-	see footnote <sup>3</sup>	\$	-	not contracted	\$ -	not contracted	\$	- not	contracted	\$	- not contracted	\$ -	not contracted	\$ -	- \$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							O TRIWEST dvantage)		AISER e Advantage)	-	LINA Advantage)		. CARE e Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facili	ity²	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, FENTANYL																	
		CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO																	
		1000 CC	J7120		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		GLYCOPYRROLATE, INHALATION SOLUTION,	17642		<u> </u>		3									•			•
		COMPOUNDED PR ANTIBODY SCREEN,	J7642		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RBC, EACH SERUM					. 2												
	UNLISTED	TECHNIQUE	86850		\$	58.85	see footnote <sup>3</sup>	\$ 58.8	5 not contracted	\$ 67.68	not contracted	\$ 58.8	5 not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
	MOLECULAR PATHOLOGY PROCEDURE	PRIMARY PROCEDURE	81479		\$	_	see footnote <sup>3</sup>	\$	- not contracted	,	not contracted	Ś	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
01473	THOCEDONE	COLLECTION OF	01475		7		See Toothlote	<u> </u>	not contracted	Ÿ	not contracted	, <del>,</del>	not contracted	Ÿ	not contracted	<u> </u>	not contracted	Ŷ	7
		VENOUS BLOOD BY	26445		Ś	0.57	s 3	\$ 85		4 0.05				\$ 857		45.40		45.43	6 0.57
	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET	VENIPUNCTURE	36415		*	8.57	see footnote <sup>3</sup>	\$ 8.5	7 not contracted	\$ 9.86	not contracted	\$ 8.5	7 not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
97597	WITH/WITHO	PRIMARY PROCEDURE	97597		\$	211.95	see footnote <sup>3</sup>	\$ 211.9	5 not contracted	\$ 243.74	not contracted	\$ 211.9	5 not contracted	\$ 211.95	not contracted	\$ 381.51	not contracted	\$ 381.51	\$ 211.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	WEDGE EXCISION OF SKIN OF NAIL FOLD																		
11765	(EG, FOR INGRO	PRIMARY PROCEDURE	11765		\$	437.87	see footnote <sup>3</sup>	\$ 437.8	7 not contracted	\$ 503.55	not contracted	\$ 437.8	7 not contracted	\$ 437.87	not contracted	\$ 788.17	not contracted	\$ 788.17	\$ 437.87
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$		coo footnoto <sup>3</sup>	ć	not contracted	\$ -	not contracted	ć	not contracted	ć	not contracted	\$ -	not contractor	\$ -	ć
		FOR THE EVALUATIO	99212		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, INCLU	PRIMARY PROCEDURE	27766		\$ 7	7,763.59	see footnote <sup>3</sup>	\$ 7,763.5	9 not contracted	\$ 8,928.13	not contracted	\$ 7,763.59	9 not contracted	\$ 7,763.59	not contracted	\$ 13,974.46	not contracted	\$ 13,974.46	\$ 7,763.59
	,	ANCHOR/SCREW FOR OPPOSING BONE-TO-				,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. 2,223120		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					,
		BONE OR SOFT TIS FLUOROSCOPY (SEPARATE	C1713		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PROCEDURE), UP TO 1 HOUR PHY	76000		\$	274.08	see footnote <sup>3</sup>	\$ 274.0	8 not contracted	\$ 315.19	not contracted	\$ 274.08	8 not contracted	\$ 274.08	not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

					BLUE SHIEL (Medicare A			ISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE,																
		MINIMUM O INJECTION,	73610		\$ 101.97	see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
		DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	. \$ -								
		INJECTION, HYDROMORPHONE,	31100		ý.	see roothote	Ţ.	not contracted	Ţ.	not contracted	Ų.	not contracted	Ÿ	not contracted	ų.	not contracted	ý.	,
		UP TO 4 MG INJECTION,	J1170		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	· \$ -								
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER	32230		,	See Toothote	<del>,</del>	not contracted	<del>V</del>	not contracted	7	not contracted	7	not contracted	7	not contracted	Ÿ	
		1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	· \$ -								
		INJECTION, PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1																
		MG	J2795		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;																	
67042	WITH	PRIMARY PROCEDURE INJECTION OF	67042		\$ 4,689.61	see footnote <sup>3</sup>	\$ 4,689.61	not contracted	\$ 5,393.05	not contracted	\$ 4,689.61	not contracted	\$ 4,689.61	not contracted	\$ 8,441.30	not contracted	\$ 8,441.30	\$ 4,689.61
		VITREOUS SUBSTITUTE, PARS				. 2												
		PLANA OR LI INJECTION, MIDAZOLAM	67025		\$ 2,534.53	see footnote <sup>3</sup>	\$ 2,534.53	not contracted	\$ 2,914.71	not contracted	\$ 2,534.53	not contracted	\$ 2,534.53	not contracted	\$ 4,562.15	not contracted	\$ 4,562.15	\$ 2,534.53
		HYDROCHLORIDE, PER 1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	. \$ -								
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER																
		1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	. \$ -								
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	. \$ -								
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	. \$ -								

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						IIELD TRIWEST re Advantage)		ISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
31629	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	PRIMARY PROCEDURE	31629		\$ 3,912	.71 see footnote	\$ 3,912.71	. not contracted	\$ 4,499.62	not contracted	\$ 3,912.7:	1 not contracted	\$ 3,912.71	not contracted	\$ 7,042.88	not contracted	d \$ 7,042.88	\$ 3,912.71
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	31624		\$ 1,876													
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROS	31654		\$	- see footnote	\$	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	<b>.</b> \$ -	\$ -
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE;	88173		\$ 58	.85 see footnote	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	5 not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	i \$ 105.93	\$ 58.85
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58	85 see footnote	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	5 not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	i \$ 105.93	\$ 58.85
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND	88108		\$ 39	86 see footnote	\$ 39.86	not contracted	\$ 45.84	not contracted	\$ 39.86	6 not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	i \$ 71.75	\$ 39.86
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR	87801		\$ 70	.20 see footnote	\$ 70.20	not contracted	\$ 80.73	not contracted	\$ 70.20	not contracted	\$ 70.20	not contracted	\$ 126.36	not contracted	i \$ 126.36	\$ 70.20
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY	87305		\$ 11	.98 see footnote <sup>3</sup>	\$ 11.98	not contracted	\$ 13.78	not contracted	\$ 11.98	B not contracted	\$ 11.98	not contracted	\$ 21.56	not contracted	i \$ 21.56	\$ 11.98
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 101	.97 see footnote <sup>3</sup>	\$ 101.97	' not contracted	\$ 117.27	not contracted	\$ 101.97	7 not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	i \$ 183.55	\$ 101.97
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, SPECIAL STAIN	87116		\$ 10	.80 see footnote <sup>3</sup>	\$ 10.80	not contracted	\$ 12.42	not contracted	\$ 10.80	not contracted	\$ 10.80	not contracted	\$ 19.44	not contracted	19.44	\$ 10.80
		INCLUDING INTERPRETATION AND REPORT;	88312		\$ 58	85 see footnote	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	5 not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRE	87102		\$ 8	41 see footnote	\$ 8.41	. not contracted	\$ 9.67	not contracted	\$ 8.4:	1 not contracted	\$ 8.41	not contracted	\$ 15.14	not contracted	i \$ 15.14	\$ 8.41

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						LUE SHIELD Medicare A	-	(Medic	KAISER are Advantage)		LINA Advantage)		. CARE e Advantage)		A. CARE vered CA)		OLINA ered CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary																			
Code	Service Category	Service Description	CPT Code	Note	Faci	lity <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION,																,	
		DEXAMETHASONE																	
		SODIUM PHOSPHATE,	11100				6	ć											ć
		1 MG INJECTION,	J1100		\$	-	see footnote <sup>3</sup>	\$	- not contracte	d \$	not contracted	\$	- not contracted	\$	- not contracted	\$	not contracted	\$	- \$ -
		ONDANSETRON																	
		HYDROCHLORIDE, PER																	
		1 MG	J2405		\$	-	see footnote <sup>3</sup>	\$	- not contracte	d \$	not contracted	\$	- not contracted	\$	- not contracted	l \$	not contracted	d \$	- \$ -
		INJECTION, PROPOFOL, 10 MG	J2704		Ś		see footnote <sup>3</sup>	Ś	- not contracte	d \$	not contracted	\$	- not contracted	Ś	- not contracted	ı s	not contracted	4 5	- \$ -
	CARDIOVASCULAR	PROPOPOL, 10 IVIG	J2704		ş		see iootilote	,	- not contracte	u ə	- Hot contracted	γ	- Hot contracted	7	- Hot contracted	i	- Hot contracted	, ,	
	STRESS TEST USING																		
	MAXIMAL OR				<b>.</b> .					1.				] .		] .		] .	
93015	SUBMAX	PRIMARY PROCEDURE	93015		\$	-	see footnote <sup>3</sup>	\$	- not contracte	d \$	not contracted	\$	- not contracted	\$	- not contracted	\$	not contracted	\$ \$	- \$ -
		CARDIOVASCULAR STRESS TEST USING																	
		MAXIMAL OR																	
		SUBMAX	93017		\$	328.71	see footnote <sup>3</sup>	\$ 32	3.71 not contracte	d \$ 378.02	not contracted	\$ 328.7	1 not contracted	\$ 328	71 not contracted	\$ 591.68	not contracted	\$ 591.6	8 \$ 328.71
	CURCION DELACUAL																		
	SURGICAL REMOVAL OF ERUPTED TOOTH																		
		PRIMARY PROCEDURE	D7210		\$	2,021.62	see footnote <sup>3</sup>	\$ 2,02	62 not contracte	d \$ 2,324.86	not contracted	\$ 2,021.6	2 not contracted	\$ 2,021	62 not contracted	\$ 3,638.92	not contracted	\$ 3,638.9	2 \$ 2,021.62
	INJECTION,				·	,-		, , , , , ,		, , , , , , , , , , , , , , , , , , , ,		, , , , ,		, , , , ,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , , , , , , , , , , , , , , , , , , ,
	ABOBOTULINUMTOXI						. 2												
J0586	NA, 5 UNITS	PRIMARY PROCEDURE	J0586		\$	10.25	see footnote <sup>3</sup>	\$ 10	0.25 not contracte	d \$ 11.79	not contracted	\$ 10.2	5 not contracted	\$ 10	25 not contracted	\$ 18.45	not contracted	\$ 18.4	5 \$ 10.25
		CHEMODENERVATION																	
		OF ONE EXTREMITY; 5																	
		OR MORE MUSCL	64644		\$	756.26	see footnote <sup>3</sup>	\$ 75	5.26 not contracte	d \$ 869.70	not contracted	\$ 756.2	6 not contracted	\$ 756	26 not contracted	\$ 1,361.27	not contracted	\$ 1,361.2	7 \$ 756.26
		OFFICE OR OTHER																	
		OFFICE OR OTHER OUTPATIENT VISIT																	
		FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$	- not contracte	d \$	not contracted	\$	- not contracted	\$	- not contracted	ı \$	not contracted	\$	- \$ -
	DEVELOPMENTAL							·				-							
	SCREENING (EG,																		
	DEVELOPMENTAL MILESTO	PRIMARY PROCEDURE	96110		\$		see footnote <sup>3</sup>	\$	not contracts	d \$	not contracts	\$	not contracted	ė	not contracted	ı s	not contracts	d Ś	- \$ -
90110	UNSPECIFIED ORAL	PRIIVIART PROCEDURE	90110		Ş	-	see rootriote	ş	- not contracte	u \$	not contracted	, ,	- not contracted	\$	- not contracted	i 3	not contracted	7 3	-
	SURGERY																		
	PROCEDURE, BY						_												
D7999	REPORT	PRIMARY PROCEDURE	D7999		\$	-	see footnote <sup>3</sup>	\$	- not contracte	d \$	not contracted	\$	- not contracted	\$	- not contracted	\$	not contracted	\$	- \$ -
		LEVEL IV - SURGICAL																	
		PATHOLOGY, GROSS																	
		AND MICROSCOP	88305		\$	58.85	see footnote <sup>3</sup>	\$ 58	not contracte	d \$ 67.68	not contracted	\$ 58.8	5 not contracted	\$ 58	85 not contracted	\$ 105.93	not contracted	d \$ 105.9	3 \$ 58.85
	OPEN TREATMENT OF				_														
	METACARPAL																		
26615	FRACTURE, SINGLE,	PRIMARY PROCEDURE	26615		\$	3,493.71	see footnote <sup>3</sup>	\$ 3,49	3.71 not contracte	d \$ 4,017.77	not contracted	\$ 3,493.7	1 not contracted	\$ 3,493	71 not contracted	\$ 6,288.68	not contracted	\$ 6,288.6	8 \$ 3,493.71
20015	IIVC	FININIANT PROCEDURE	20013		٦	3,433./1	see rootriote	. 3,49	not contracte	4,017.77 د ا	not contracted	ا/ 3,493.7	1 HOL CONTRACTED	3,493 د	/ I HOL CONTRACTED	0,288.00 ب	not contracted	0,288.00 بيد	2,493./1

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							D TRIWEST Advantage)		NISER Advantage)	MO (Medicare	LINA Advantage)		CARE Advantage)		. CARE ered CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fac	ility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
Code	Service category	ANESTHESIA FOR	Ci i code	Note	Tac	ilicy	Troressional	racinty	TTOTESSIONAL	racinty	Troressional	racincy	Troressionar	racinty	Tioressional	racinty	Trolessional	racinty	racinty
		OPEN OR SURGICAL																	
		ARTHROSCOPIC/END OS	01830		\$		see footnote <sup>3</sup>	\$ .	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	ė	not contracted	\$ -	- \$ -
		FLUOROSCOPY	01630		Ş	-	see roothote	· ·	- Hot contracted	· -	not contracted	, -	not contracted	7	- Hot contracted	· -	not contracted	· ·	
		(SEPARATE																	
		PROCEDURE), UP TO 1	76000		Ś	274.00	soo footnoto <sup>3</sup>	\$ 274.08	not contracted	ć 21F 10	nat contracted	ć 274.00	not contracted	ć 274.0	0 not contracted	402.24	not contropted	ć 402.24	274.00
		HOUR PHY	76000		>	274.08	see footnote <sup>3</sup>	\$ 274.08	not contracted	\$ 315.19	not contracted	\$ 274.08	not contracted	\$ 274.0	8 not contracted	\$ 493.34	not contracted	\$ 493.34	\$ 274.08
		ANCHOR/SCREW FOR																	
		OPPOSING BONE-TO-					. 3												
		BONE OR SOFT TIS INJECTION,	C1713		\$	-	see footnote <sup>3</sup>	\$ .	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	- \$ -
		CEFAZOLIN SODIUM,																	
		500 MG	J0690		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	- \$ -
		INJECTION,																	
		MIDAZOLAM HYDROCHLORIDE, PER																	
		1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	- \$ -
		INJECTION,																	
		PROPOFOL, 10 MG INJECTION,	J2704		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	- \$ -
		ROPIVACAINE																	
		HYDROCHLORIDE, 1					2												
		MG	J2795		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	- \$ -
		INJECTION, FENTANYL																	
		CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	- \$ -
		RINGERS LACTATE																	
		INFUSION, UP TO 1000 CC	J7120		\$	_	see footnote <sup>3</sup>	\$ .	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	- \$ -
		1000 CC	37120		7		300 100011000	7	not contracted	Ţ.	not contracted	Ţ	not contracted	,	not contracted	,	not contracted	,	,
	ROTAVIRUS VACCINE,																		
90680	PENTAVALENT (RV5), 3 DOSE SCHED	PRIMARY PROCEDURE	90680		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	- \$ -
		IMMUNIZATION			7							7		, , , , , , , , , , , , , , , , , , ,		1		<u> </u>	1
		ADMINISTRATION																	
		(INCLUDES PERCUTANEOUS	90471		\$	79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.1	9 not contracted	   \$ 142.54	not contracted	\$ 142.54	\$ 79.19
		LICOTANEOUS	30471		۲	75.15	ace roothote	7 /5.13	, not contracted	\$ 51.07	not contracted	7 79.19	not contracted	y /3.1	J Hot contracted	7 142.54	not contracted	y 172.J4	7 79.19
		OFFICE OR OTHER																	
		OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$		see footnote <sup>3</sup>	\$ ·	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	   \$ -	not contracted	\$ -	- \$ -
	ESOPHAGOGASTROD	FUR THE EVALUATIO	99717		Ş	-	see rootnote	Ş .	not contracted	\$ -	not contracted	, , -	not contracted	, <b>&gt;</b>	- not contracted	-	not contracted	\$ -	-
	UODENOSCOPY,																		
40055	FLEXIBLE,	DDIA A DV DO CODUTE	42255		,	204446		ć 2044.:		¢ 2252-5								ć 2.070.00	
43255	TRANSORAL; W	PRIMARY PROCEDURE INJECTION,	43255		\$	2,044.10	see footnote <sup>3</sup>	\$ 2,044.10	not contracted	\$ 2,350.72	not contracted	\$ 2,044.10	not contracted	\$ 2,044.1	0 not contracted	\$ 3,679.38	not contracted	\$ 3,679.38	3 \$ 2,044.10
		PROPOFOL, 10 MG	J2704		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	- \$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						ELD TRIWEST e Advantage)		ISER Advantage)	MO (Medicare			CARE Advantage)		CARE red CA)		PLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		INJECTION, FENTANYL																
		CITRATE, 0.1 MG RINGERS LACTATE	J3010		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFUSION, UP TO 1000 CC	J7120		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	BRONCHOSCOPY, RIGID OR FLEXIBLE,																	
	,	PRIMARY PROCEDURE	31653		\$ 3,912.7	1 see footnote <sup>3</sup>	\$ 3,912.71	not contracted	\$ 4,499.62	not contracted	\$ 3,912.71	not contracted	\$ 3,912.71	not contracted	\$ 7,042.88	not contracted	\$ 7,042.88	\$ 3,912.71
		ANESTHESIA FOR CLOSED CHEST PROCEDURES;																
		(INCLUDING	00520		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		ANESTHESIA FOR PATIENT OF EXTREME																
		AGE, YOUNGER THA	99100		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE;	88173		\$ 58.8	5 see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	5 not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		NEEDLE ASPIRATE;	881/3		\$ 58.6	see roothote	\$ 58.85	not contracted	\$ 07.08	not contracted	\$ 58.83	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$ 58.8	5 see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		CYTOPATHOLOGY, CONCENTRATION	3333		φ 30.0	See roomisee	<del>-</del>	not contracted	ψ 0.13C	not contracted	φ σοιος	not continueted	Ψ 30.03	not contracted	Ψ 105.55	not contracted	Ψ 205.55	Ψ 50.05
		TECHNIQUE, SMEARS AND	88108		\$ 39.8	6 see footnote <sup>3</sup>	\$ 39.86	not contracted	\$ 45.84	not contracted	\$ 39.86	not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	\$ 39.86
		RADIOLOGIC EXAMINATION,																
		CHEST; SINGLE VIEW	71045		\$ 101.9	7 see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
		SPECIAL STAIN INCLUDING INTERPRETATION AND																
		REPORT; INJECTION,	88312		\$ 58.8	5 see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		MIDAZOLAM HYDROCHLORIDE, PER			<u></u>		•								_			
		1 MG INJECTION, ONDANSETRON	J2250		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$	not contracted	\$ -	not contracted	\$ -	. \$ -
		HYDROCHLORIDE, PER 1 MG	J2405		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, PROPOFOL, 10 MG	J2704		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							D TRIWEST Advantage)		ISER Advantage)	-	LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fa	cility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ .	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		Ś	-	see footnote <sup>3</sup>	\$ -	not contracted		not contracted		- not contracted	\$ -	not contracted	\$ -	not contracted		\$ -
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB,			,			*		7		*		*		· ·			*
		HCT,	85027		\$	6.47	see footnote <sup>3</sup>	\$ 6.47	not contracted	\$ 7.44	not contracted	\$ 6.47	not contracted	\$ 6.47	not contracted	\$ 11.65	not contracted	\$ 11.65	\$ 6.47
		CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE,	87070		\$	8.62	see footnote <sup>3</sup>	\$ 8.62	not contracted	\$ 9.91	not contracted	\$ 8.62	not contracted	\$ 8.62	not contracted	\$ 15.52	not contracted	\$ 15.52	\$ 8.62
I	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	service not	service not provided	service not		service not provided
33840	CONETTAGE	ANESTHESIA FOR INDUCED ABORTION				provided	·						·						
		PROCEDURES  LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	01966 88304		\$	- 58.85	see footnote <sup>3</sup>	\$ -	not contracted		not contracted		not contracted			\$ - \$ 105.93	not contracted		\$ - \$ 58.85
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT,	85025		Ś	7.77	see footnote <sup>3</sup>	\$ 7.77			not contracted					\$ 13.99			
		INJECTION, HEPARIN SODIUM, PER 1000					2												-
		UNITS INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	J1644		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		1 MG INJECTION, ONDANSETRON HYDROCHLORIDE, PER	J2250		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		1 MG INJECTION, PROPOFOL, 10 MG	J2405 J2704		\$	<u>-</u>	see footnote <sup>3</sup>	\$ - \$ -	not contracted		not contracted		not contracted		not contracted	\$ - \$ -	not contracted		\$ - \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG RINGERS LACTATE			\$	-	see footnote <sup>3</sup>		not contracted		not contracted		not contracted			\$ -	not contracted		\$ -
		INFUSION, UP TO 1000 CC	J7120		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						LUE SHIELE Medicare A			(AISER re Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Faci	ility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		ANTIBODY SCREEN,																	
		RBC, EACH SERUM TECHNIQUE	86850		\$	58.85	see footnote <sup>3</sup>	\$ 58.	85 not contracted	\$ 67.68	not contracted	\$ 58.8	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ \$ 58.85
		BLOOD TYPING,	00030		7	30.03	see roothote	<del>y</del> 30.	33 Hot contracted	ψ 07.00	not contracted	ý 30.0.	not contracted	ÿ 30.03	not contracted	ý 103.53	not contracted	Ţ 103.55	, Ç 30.03
		SEROLOGIC; RH (D)	86901		\$	39.86	see footnote <sup>3</sup>	\$ 39.	86 not contracted	\$ 45.84	not contracted	\$ 39.80	not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	\$ \$ 39.86
		BLOOD TYPING,					3												
		SEROLOGIC; ABO	86900		\$	136.28	see footnote <sup>3</sup>	\$ 136	28 not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
		COLLECTION OF VENOUS BLOOD BY																	
		VENIPUNCTURE	36415		Ś	8.57	see footnote <sup>3</sup>	\$ 8.	not contracted	\$ 9.86	not contracted	\$ 8.5	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ \$ 8.57
	PRINCIPAL CARE				·					,						,			,
	MANAGEMENT																		
00.425	SERVICES, FOR A	DD14.44.DV DD 0.05.DV D5	00.426		•	00.00	3	<b>.</b>		400.00		4 00 0				4 460.25		4.50.05	
99426	SINGLE H	PRIMARY PROCEDURE	99426		\$	89.03	see footnote <sup>3</sup>	\$ 89.	03 not contracted	\$ 102.38	not contracted	\$ 89.03	not contracted	\$ 89.03	not contracted	\$ 160.25	not contracted	\$ 160.25	\$ \$ 89.03
	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE																		
92136	INTERFERO	PRIMARY PROCEDURE	92136		\$	136.28	see footnote <sup>3</sup>	\$ 136.	28 not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	\$ 245.30	\$ 136.28
		COMPUTERIZED CORNEAL TOPOGRAPHY,																	
		UNILATERAL OR BIL	92025		\$	67.46	see footnote <sup>3</sup>	\$ 67.	46 not contracted	\$ 77.58	not contracted	\$ 67.40	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$	<ul> <li>not contracted</li> </ul>	\$	<ul> <li>not contracted</li> </ul>	\$ .	<ul> <li>not contracted</li> </ul>	\$ -	<ul> <li>not contracted</li> </ul>	\$ .	- \$ -
	LEVEL IV - SURGICAL PATHOLOGY, GROSS																		
88305	AND MICROSCOP	PRIMARY PROCEDURE	88305		\$	58.85	see footnote <sup>3</sup>	\$ 58.	85 not contracted	\$ 67.68	not contracted	\$ 58.8	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
20550	INJECTION(S); SINGLE TENDON SHEATH, OR	DDIAAADV DDOCEDUDE	20550		<b>*</b>	240.42	3	ć 240	13	Å 266.00		ć 240.41		¢ 240.43		6 574.40		6 574.40	210.12
20550	LIGAMENT, A	PRIMARY PROCEDURE	20550		\$	319.12	see footnote <sup>3</sup>	\$ 319.	12 not contracted	\$ 366.99	not contracted	\$ 319.13	not contracted	\$ 319.12	not contracted	\$ 574.42	not contracted	\$ 574.42	\$ 319.12
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$	not contracted	\$	- not contracted	\$ .	not contracted	\$ -	- not contracted	\$ .	- \$ -
D0100	COMPREHENSIVE PERIODONTAL EVALUATION - NEW	DDIMARY DDOCESTICS	D0100		<b>*</b>		3	<u></u>		_									
D0180	OR ESTA  REMOVAL OF  TUNNELED CENTRAL  VENOUS ACCESS	PRIMARY PROCEDURE	D0180		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
36590	DEVICE,	PRIMARY PROCEDURE	36590		\$	1,746.29	see footnote <sup>3</sup>	\$ 1,746	29 not contracted	\$ 2,008.23	not contracted	\$ 1,746.29	not contracted	\$ 1,746.29	not contracted	\$ 3,143.32	not contracted	\$ 3,143.32	\$ 1,746.29
30330			33330		Υ	_,, .5.23	300.30011010	7 1,740.		2,000.20		7 1,770.2.		7 1,770.23		7 5,175.52		7 3,173.32	7 1,7 70.23

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						LD TRIWEST Advantage)		ISER Advantage)	MO (Medicare	LINA Advantage)		CARE Advantage)		CARE red CA)	_	DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
	,	REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	49422		\$ 3,496.42		·		,		,		,		,			·
	INFLUENZA VIRUS VACCINE, TRIVALENT				. ,				,				, ,		,		,	,
	(IIV3), SPLIT V	PRIMARY PROCEDURE IMMUNIZATION ADMINISTRATION	90656		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		(INCLUDES PERCUTANEOUS	90471		\$ 79.19	see footnote <sup>3</sup>	\$ 79.19	not contracted	\$ 91.07	not contracted	\$ 79.19	not contracted	\$ 79.19	not contracted	\$ 142.54	not contracted	\$ 142.54	\$ 79.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ .	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT	PRIMARY PROCEDURE	11406		\$ 1,760.02	2 see footnote <sup>3</sup>	\$ 1,760.02	not contracted	\$ 2,024.02	not contracted	\$ 1,760.02	not contracted	\$ 1,760.02	not contracted	\$ 3,168.04	not contracted	\$ 3,168.04	\$ 1,760.02
		ANESTHESIA FOR PROCEDURES ON THE				3												
		LEVEL III - SURGICAL PATHOLOGY, GROSS	00400		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ <u>-</u>	not contracted	\$ -	\$ -
		AND MICROSCO INJECTION,	88304		\$ 58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		CEFAZOLIN SODIUM, 500 MG INJECTION,	J0690		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ .	<ul> <li>not contracted</li> </ul>	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER																
		1 MG INJECTION, ONDANSETRON	J2250		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		HYDROCHLORIDE, PER 1 MG INJECTION,	J2405		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PROPOFOL, 10 MG INJECTION, FENTANYL	J2704		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		CITRATE, 0.1 MG	J3010		\$	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						ELD TRIWEST e Advantage)		ISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ .	- \$ -								
	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL																	
93303	CARD	PRIMARY PROCEDURE	93303		\$ 590.5	see footnote <sup>3</sup>	\$ 590.52	not contracted	\$ 679.10	not contracted	\$ 590.52	not contracted	\$ 590.52	not contracted	\$ 1,062.94	not contracted	\$ 1,062.94	\$ 590.52
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALO GRAM (EEG) (EG	PRIMARY PROCEDURE	95957		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	<ul> <li>not contracted</li> </ul>	\$ .	- \$ -						
	COLPOSCOPY OF THE CERVIX INCLUDING				_ *		*		<u> </u>		*		,		7		,	,
57456	UPPER/ADJACENT	PRIMARY PROCEDURE	57456		\$ 342.6	see footnote <sup>3</sup>	\$ 342.67	not contracted	\$ 394.07	not contracted	\$ 342.67	not contracted	\$ 342.67	not contracted	\$ 616.81	not contracted	\$ 616.81	\$ 342.67
		OFFICE OR OTHER OUTPATIENT VISIT																
		FOR THE EVALUATIO	99212		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ .	- \$ -								
		LEVEL IV - SURGICAL PATHOLOGY, GROSS																
	REMOVAL OF	AND MICROSCOP	88305		\$ 58.8	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
22252	IMPLANTABLE DEFIBRILLATOR PULSE		22252		A 26 704 6	3	4 25 704 05		A 20 700 44		4 25 704 05		4 25 704 05		40.007.05		40.207.25	
33262	GENERAT	PRIMARY PROCEDURE INJECTION, CEFAZOLIN SODIUM,			\$ 26,781.8	see footnote <sup>3</sup>	\$ 26,781.86	not contracted	\$ 30,799.14	not contracted	\$ 26,781.86	not contracted	\$ 26,781.86	not contracted	\$ 48,207.35	not contracted	\$ 48,207.35	5 \$ 26,781.86
		500 MG INJECTION.	J0690		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ .	- \$ -								
		LIDOCAINE HCL FOR INTRAVENOUS																
		INFUSION, INJECTION,	J2001		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ .	- \$ -								
		INJECTION, FENTANYL																
		CITRATE, 0.1 MG	J3010		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ .	- \$ -								
	STRABISMUS SURGERY, RECESSION OR RESECTION																	
67312	PROCEDU	PRIMARY PROCEDURE	67312		\$ 4,102.6	see footnote <sup>3</sup>	\$ 4,102.67	not contracted	\$ 4,718.07	not contracted	\$ 4,102.67	not contracted	\$ 4,102.67	not contracted	\$ 7,384.81	not contracted	\$ 7,384.81	\$ 4,102.67
		STRABISMUS SURGERY, ANY PROCEDURE,																
		SUPERIOR OBLIQU	67318		\$ 2,481.4	see footnote <sup>3</sup>	\$ 2,481.46	not contracted	\$ 2,853.68	not contracted	\$ 2,481.46	not contracted	\$ 2,481.46	not contracted	\$ 4,466.63	not contracted	\$ 4,466.63	3 \$ 2,481.46

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						IELD TRIWEST re Advantage)		ISER Advantage)	MO (Medicare	LINA Advantage)		. CARE e Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		PLACEMENT OF ADJUSTABLE SUTURE(S) DURING																
		STRABISMU INJECTION, DEXAMETHASONE	67335		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	· \$ -	- \$ -
		SODIUM PHOSPHATE, 1 MG INJECTION,	J1100		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		MIDAZOLAM HYDROCHLORIDE, PER				6 3	_											
		1 MG INJECTION, ONDANSETRON HYDROCHLORIDE, PER	J2250		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		1 MG INJECTION,	J2405		\$	- see footnote <sup>3</sup>	\$ -	not contracted		not contracted		- not contracted		not contracted	\$ -	not contracted		- \$ -
		PROPOFOL, 10 MG INJECTION, FENTANYL	J2704		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		CITRATE, 0.1 MG RINGERS LACTATE INFUSION, UP TO	J3010		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
		1000 CC	J7120		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
	AMPUTATION, FOOT; TRANSMETATARSAL	PRIMARY PROCEDURE ANESTHESIA FOR	28805		\$ 3,493.	see footnote <sup>3</sup>	\$ 3,493.71	not contracted	\$ 4,017.77	not contracted	\$ 3,493.7	1 not contracted	\$ 3,493.71	not contracted	\$ 6,288.68	not contracted	\$ 6,288.68	\$ 3,493.71
		OPEN PROCEDURES ON BONES OF LOWER	01480		Ś	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	ı s	- not contracted	\$ -	not contracted	\$ -	not contracted		-
		LEVEL III - SURGICAL PATHOLOGY, GROSS	01.00		<u> </u>	See roomote	<u> </u>	not contracted	· ·	not contracted	Ý	not continueted	<u> </u>	not contracted	·	not continuetes	, v	<b>Y</b>
		AND MICROSCO  RADIOLOGIC  EXAMINATION, FOOT;	88304		\$ 58.	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.8	5 not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ \$ 58.85
		COMPLETE, MINIMUM OF	73630		\$ 101.	see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.9	7 not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ \$ 101.97
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDI	88311		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	)	- \$ -
		CULTURE, FUNGI (MOLD OR YEAST)	30311		Ť	see roomate	Y		*		, , , , , , , , , , , , , , , , , , ,		*	not contracted	7		Ť	Y
		ISOLATION, WITH PRE INJECTION, CEFAZOLIN SODIUM,	87102		\$ 8.	see footnote <sup>3</sup>	\$ 8.41	not contracted	\$ 9.67	not contracted	\$ 8.4	1 not contracted	\$ 8.41	not contracted	\$ 15.14	not contracted	\$ 15.14	\$ 8.41
		500 MG	J0690		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	l \$ -	- \$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						BLUE SHIELI (Medicare A			KAISER re Advantage)		LINA Advantage)		CARE Advantage)		. CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	F	acility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER	I I																
		1 MG INJECTION, PROPOFOL, 10 MG	J2250 J2704		\$	-	see footnote <sup>3</sup>	\$	- not contracted		not contracted not contracted		not contracted not contracted	\$	not contracted not contracted		not contracted not contracted	\$ - \$ -	- \$ - - \$ -
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1	32704		Ÿ		Jee Toothote	Ÿ	not contracted	7	not contracted	<b>-</b>	not contracted	<b>-</b>	not contracted	7	not contracted	Ψ	7
		MG	J2795		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$	not contracted	\$	not contracted	\$	not contracted	\$ -	not contracted	\$ -	. \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	not contracted	\$ -	not contracted	\$ -	. \$ -
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ .	not contracted	\$	- not contracted	\$	not contracted	\$ .	not contracted	\$	. \$ -
		CULTURE, BACTERIAL; ANY SOURCE, EXCEPT BLOOD, ANAE	87075		Ś	9.47	see footnote <sup>3</sup>	\$ 9	47 not contracted	\$ 10.89	not contracted	\$ 9.47	not contracted	\$ 9.47	not contracted	\$ 17.05	not contracted	\$ 17.05	\$ 9.47
		CULTURE, BACTERIAL; ANY OTHER SOURCE						•											
		EXCEPT URINE,  SMEAR, PRIMARY  SOURCE WITH  INTERPRETATION;	87070		\$	8.62	see footnote <sup>3</sup>	\$ 8	62 not contracted	9.91	not contracted	\$ 8.62	not contracted	\$ 8.62	not contracted	\$ 15.52	not contracted	\$ 15.52	\$ 8.62
		GRAM OR	87205		\$	4.27	see footnote <sup>3</sup>	\$ 4	27 not contracted	\$ 4.91	not contracted	\$ 4.27	not contracted	\$ 4.27	not contracted	\$ 7.69	not contracted	\$ 7.69	\$ 4.27
	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE																		
33263	GENERAT	PRIMARY PROCEDURE REPAIR OF SINGLE TRANSVENOUS	33263		\$	26,781.86	see footnote <sup>3</sup>	\$ 26,781	86 not contracted	\$ 30,799.14	not contracted	\$ 26,781.86	not contracted	\$ 26,781.86	not contracted	\$ 48,207.35	not contracted	\$ 48,207.35	\$ 26,781.86
		ELECTRODE, PERMANENT	33218		\$	3,932.99	see footnote <sup>3</sup>	\$ 3,932	99 not contracted	l \$ 4,522.94	not contracted	\$ 3,932.99	not contracted	\$ 3,932.99	not contracted	, \$ 7,079.38	not contracted	\$ 7,079.38	\$ \$ 3,932.99
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LE	93005		\$	67.46	see footnote <sup>3</sup>	\$ 67	46 not contracted	\$ 77.58	not contracted	\$ 67.46	not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	\$ 67.46
		LEVEL I - SURGICAL PATHOLOGY, GROSS	3003		7	576	222.0000	, 0,		, , , , , ,		, 37.40		37.40		, 222.70		, 222.70	, 37.40
		EXAMINATION ON BASIC METABOLIC	88300		\$	29.30	see footnote <sup>3</sup>	\$ 29	30 not contracted	\$ 33.70	not contracted	\$ 29.30	not contracted	\$ 29.30	not contracted	\$ 52.74	not contracted	\$ 52.74	\$ 29.30
		PANEL (CALCIUM, TOTAL) THIS PANEL	80048		\$	8.46	see footnote <sup>3</sup>	\$ 8	46 not contracted	9.73	not contracted	\$ 8.46	not contracted	\$ 8.46	not contracted	\$ 15.23	not contracted	\$ 15.23	\$ \$ 8.46

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						LD TRIWEST Advantage)	KA (Medicare	SER Advantage)		LINA Advantage)		CARE Advantage)	L.A. (Cover	CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB,				3												
		HCT, INJECTION, PROPOFOL, 10 MG	85025 J2704		\$ 7.77	see footnote <sup>3</sup>	\$ 7.77	not contracted	\$ 8.94	not contracted		not contracted		not contracted		not contracted		9 \$ 7.77
		INJECTION, BUPIVICAINE HYDROCHLORIDE, 30				3												
		THROMBOPLASTIN TIME, PARTIAL (PTT);	S0020		not available	see footnote <sup>3</sup>	not available	not contracted	not available	not available								
		PLASMA OR WHOL	85730		\$ 6.01	see footnote <sup>3</sup>	\$ 6.01	not contracted	\$ 6.91	not contracted	\$ 6.01	not contracted	\$ 6.01	not contracted	\$ 10.82	not contracted	\$ 10.82	\$ 6.01
		PROTHROMBIN TIME; COLLECTION OF VENOUS BLOOD BY	85610		\$ 4.29													
	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE	VENIPUNCTURE	36415		\$ 8.57	see footnote	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	3 \$ 8.57
90710	(MM	PRIMARY PROCEDURE IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS	90710		\$ 187.79	see footnote <sup>3</sup>	\$ 187.79	not contracted	\$ 215.96	not contracted	\$ 187.79	not contracted	\$ 187.79	not contracted	\$ 338.02	not contracted	\$ 338.02	2 \$ 187.79
		OF AG	90460		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-O	90647		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$	- \$ -								
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AG	90461		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	Ś -	- \$ -								
		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13),	90670		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	·	not contracted	·	not contracted	·	not contracted		not contracted	·	- \$ -
		PERIODIC COMPREHENSIVE PREVENTIVE	00303				ć		ć		ć		ć					
	ELECTROENCEPHALO GRAM (EEG); INCLUDING	MEDICINE REEVALU	99392		\$ -	see footnote	\$ -	not contracted	\$	- \$ -								
95819	RECORDING AW	PRIMARY PROCEDURE	95819		\$ 328.71	see footnote <sup>3</sup>	\$ 328.71	not contracted	\$ 378.02	not contracted	\$ 328.71	not contracted	\$ 328.71	not contracted	\$ 591.68	not contracted	\$ 591.68	328.71

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

							O TRIWEST dvantage)	(Med	KAIS licare A	ER dvantage)		LINA Advantage)	(Me	L.A. ( edicare <i>l</i>	CARE Advantage)		A. CARE ered CA)		OLINA ered CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facil	ity²	Professional	Facility	2	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facili	ity²	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$	_	not contracted	\$ -	not contracted	\$	-	not contracted	\$	- not contracted	\$	<ul> <li>not contracted</li> </ul>	\$	- \$ -
		ELECTROENCEPHALO GRAM (EEG); INCLUDING RECORDING AW	95816		\$	328.71	see footnote <sup>3</sup>	\$ 3	28.71	not contracted	\$ 378.02	not contracted	\$	328.71	not contracted	\$ 328.7	71 not contracted	\$ 591.6	3 not contracted	\$ 591.6	8 \$ 328.71
92700	UNLISTED OTORHINOLARYNGOL OGICAL SERVICE OR PROCEDU	PRIMARY PROCEDURE	92700		Ś	29.30	see footnote <sup>3</sup>	\$	29.30	not contracted	\$ 33.70	not contracted	¢	29.30	not contracted	\$ 29.3	not contracted	\$ 52.74	4 not contracted	l \$ 52.7	4 \$ 29.30
92700	FROCEDO	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550		\$	170.69	see footnote	•	70.69					170.69							
		COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND	92557		\$	170.69	see footnote		70.69		\$ 196.29			170.69		\$ 170.6 \$ 170.6					
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL	PRIMARY PROCEDURE	20600		\$	319.12	see footnote <sup>3</sup>			not contracted				319.12							
	, .	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$		see footnote <sup>3</sup>	Ś		not contracted	\$ -	not contracted		_	not contracted	\$	- not contracted		- not contracted		- \$
19106	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER	PRIMARY PROCEDURE	49406		•	1,760.02	see footnote <sup>3</sup>	·	60.02	not contracted	*		·	1,760.02						·	·
49400		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99212		\$	1,700.02		, ,	00.02					1,700.02						,	- \$
	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC				•	-	see footnote <sup>3</sup>	\$	-	not contracted	\$	not contracted	·	-	not contracted	•	- not contracted		- not contracted		
	SUBSTAN INCISION AND DRAINAGE OF ABSCESS-INTRAORAL	PRIMARY PROCEDURE	62321			756.26	see footnote <sup>3</sup>	-	56.26		\$ 869.70	not contracted		756.26	not contracted	\$ 756.2					
D7510	SOFT TI	PRIMARY PROCEDURE EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	D7510		\$	-	see footnote <sup>3</sup>	·		not contracted	·	not contracted		-	not contracted		- not contracted		- not contracted		- \$
		(ELEVATI  LOCAL ANESTHESIA  PANORAMIC FILM	D7140 D9215 D0330		\$ 2 \$ \$	2,021.62	see footnote <sup>3</sup> see footnote <sup>3</sup> see footnote <sup>3</sup>	\$ 2,0 \$ \$	21.62	not contracted not contracted not contracted	\$ 2,324.86 \$ -	not contracted not contracted not contracted	\$	2,021.62 - -	not contracted not contracted	\$ 2,021.6 \$ \$	- not contracted - not contracted - not contracted	\$	not contracted not contracted not contracted	\$	2 \$ 2,021.62 - \$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						ELD TRIWEST Advantage)		ISER Advantage)	MO (Medicare	LINA Advantage)		CARE Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		Ś	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
SK	ERCUTANEOUS KELETAL FIXATION F UNSTABLE	PRIMARY PROCEDURE	26727		\$ 3,493.7													
26727 PH	HALANG	ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS, UL	01820		\$ 3,493.7	see footnote  - see footnote	\$ 3,493.71	not contracted			, ,	not contracted	,	not contracted	,			\$ 3,493.71
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$	- see footnote		not contracted		not contracted		not contracted		not contracted	•	not contracted		\$ -
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
	AULINE DIGITAL	INJECTION, PROPOFOL, 10 MG	J2704		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
EV M	NLINE DIGITAL /ALUATION AND IANAGEMENT					3												
	OPSY OF ORAL SSUE - SOFT	PRIMARY PROCEDURE PRIMARY PROCEDURE	99422 D7286		\$	- see footnote <sup>3</sup> - see footnote <sup>3</sup>	\$ - \$ -	not contracted not contracted		not contracted		not contracted		not contracted not contracted	\$ - \$ -	not contracted		\$ - \$ -
B7200 III	3301 3011	LEVEL IV - SURGICAL PATHOLOGY, GROSS			*		*								*			·
NE CA	HORACENTESIS, EEDLE OR ATHETER,	AND MICROSCOP	88305		\$ 58.8											not contracted		
RE	SPIRATION OF T  EMOVAL OR  VALVING; FULL ARM	PRIMARY PROCEDURE	32554		\$ 678.9	9 see footnote <sup>3</sup>	\$ 678.99	not contracted	\$ 780.84	not contracted	\$ 678.99	not contracted	\$ 678.99	not contracted	\$ 1,222.18	not contracted	\$ 1,222.18	\$ 678.99
29705 OF	R FULL LEG CAST	PRIMARY PROCEDURE OFFICE OR OTHER	29705		\$ 281.5	see footnote <sup>3</sup>	\$ 281.58	not contracted	\$ 323.82	not contracted	\$ 281.58	not contracted	\$ 281.58	not contracted	\$ 506.84	not contracted	\$ 506.84	\$ 281.58
	ORE NEEDLE BIOPSY,	OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
LU	JNG OR EDIASTINUM, ERCUTANE	PRIMARY PROCEDURE	32408		\$ 1,760.0	2 see footnote <sup>3</sup>	\$ 1,760.02	not contracted	\$ 2,024.02	not contracted	\$ 1,760.02	not contracted	\$ 1,760.02	not contracted	\$ 3,168.04	not contracted	\$ 3,168.04	\$ 1,760.02

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

									(AISER re Advantage)		DLINA Advantage)		. CARE e Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility	y <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT	77012		\$	_	see footnote <sup>3</sup>	\$	- not contracte	t \$ .	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
		IMMUNOHISTOCHEMI STRY OR IMMUNOCYTOCHEMI STRY, PER S	88341		\$	-	see footnote <sup>3</sup>	\$	- not contracte	d \$ .	- not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP IMMUNOHISTOCHEMI	88305		\$	58.85	see footnote <sup>3</sup>	\$ 58.	not contracte	d \$ 67.68	3 not contracted	\$ 58.8	5 not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.9	3 \$ 58.85
		STRY OR IMMUNOCYTOCHEMI STRY, PER S	88342		\$ 1	184.56	see footnote <sup>3</sup>	\$ 184.	66 not contracte	d \$ 212.24	not contracted	\$ 184.5	6 not contracted	\$ 184.56	not contracted	\$ 332.21	not contracted	\$ 332.2	1 \$ 184.56
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW INJECTION,	71045		\$ 1	101.97	see footnote <sup>3</sup>	\$ 101.	97 not contracte	d \$ 117.27	not contracted	\$ 101.9	7 not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.5	5 \$ 101.97
		MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$	- not contracte	d \$ .	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
	ULTRASOUND,	INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$	- not contracte	\$ .	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
76873	TRANSRECTAL; PROSTATE VOLUME STUDY FOR	PRIMARY PROCEDURE	76873		\$ 1	125.45	see footnote <sup>3</sup>	\$ 125.	15 not contracte	d \$ 144.27	not contracted	\$ 125.4	5 not contracted	\$ 125.45	not contracted	\$ 225.81	not contracted	\$ 225.8	1 \$ 125.45
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213		\$	-	see footnote <sup>3</sup>	\$	- not contracte	d \$ .	<ul> <li>not contracted</li> </ul>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$	58.85	see footnote <sup>3</sup>	\$ 58.	35 not contracte	d \$ 67.68	not contracted	\$ 58.8	5 not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.9	3 \$ 58.85
		INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	J1580		\$		see footnote <sup>3</sup>	\$	- not contracte	d \$	<ul> <li>not contracted</li> </ul>	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION,	J2001		\$	_	see footnote <sup>3</sup>	\$	- not contracte	\$ .	- not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$	- \$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						ELD TRIWEST e Advantage)		ISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTI	55700		\$ 2,177.0	o7 see footnote <sup>3</sup>	\$ 2,177.07	not contracted	\$ 2,503.63	not contracted	\$ 2,177.07	not contracted	\$ 2,177.07	not contracted	\$ 3,918.73	not contracted	\$ 3,918.73	\$ 2,177.07
	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION				,		,		,		,		,		,		,	
20694		PRIMARY PROCEDURE	20694		\$ 1,683.7	o see footnote <sup>3</sup>	\$ 1,683.70	not contracted	\$ 1,936.26	not contracted	\$ 1,683.70	not contracted	\$ 1,683.70	not contracted	\$ 3,030.66	not contracted	\$ 3,030.66	\$ 1,683.70
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		Ś	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	. \$ -								
		INJECTION, MIDAZOLAM	30030		,	300 100011010	,	not contracted	Ţ.	not contracted	Ţ	not contracted	7	not contracted	ý	not contracted	Ţ	,
		HYDROCHLORIDE, PER 1 MG INJECTION,	J2250		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	. \$ -								
		ONDANSETRON HYDROCHLORIDE, PER																
		1 MG INJECTION,	J2405		\$	- see footnote	\$ -	not contracted	\$ -	- \$ -								
		PROPOFOL, 10 MG	J2704		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	· \$ -								
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	. \$ -								
	EXCISION, TUMOR, SOFT TISSUE OF BACK																	
21931	OR FLANK, SUB	PRIMARY PROCEDURE	21931		\$ 1,760.0	see footnote <sup>3</sup>	\$ 1,760.02	not contracted	\$ 2,024.02	not contracted	\$ 1,760.02	not contracted	\$ 1,760.02	not contracted	\$ 3,168.04	not contracted	\$ 3,168.04	\$ 1,760.02
		LEVEL IV - SURGICAL PATHOLOGY, GROSS																
		AND MICROSCOP	88305		\$ 58.8	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	. \$ -								
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER																
		1 MG	J2250		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER																
		1 MG	J2405		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	. \$ -								
		INJECTION, PROPOFOL, 10 MG	J2704		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	. \$ -								
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						BLUE SHIELI Medicare A	O TRIWEST Advantage)		ISER Advantage)	-	LINA Advantage)		CARE Advantage)		CARE red CA)		DLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fa	cility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
ı	PLACEMENT OF NEPHROSTOMY CATHETER,							·								·			
	PERCUTANEOUS, I	PRIMARY PROCEDURE UROGRAPHY, ANTEGRADE,	50432		\$	2,177.07	see footnote <sup>3</sup>	\$ 2,177.07	not contracted	\$ 2,503.63	not contracted	\$ 2,177.07	not contracted	\$ 2,177.07	not contracted	\$ 3,918.73	not contracted	\$ 3,918.73	\$ 2,177.07
		RADIOLOGICAL SUPERVISION AND INJECTION,	74425		\$	432.43	see footnote <sup>3</sup>	\$ 432.43	not contracted	\$ 497.29	not contracted	\$ 432.43	not contracted	\$ 432.43	not contracted	\$ 778.37	not contracted	\$ 778.37	\$ 432.43
		MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	I \$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
Į.	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT	PRIMARY PROCEDURE	57460		Ś	3,318.57	see footnote <sup>3</sup>	\$ 3,318.57	not contracted	\$ 3,816.36	not contracted	\$ 3,318.55	7 not contracted	\$ 3,318.57	not contracted	\$ 5,973.43	not contracted	\$ 5,973.43	\$ 3,318.57
		OFFICE OR OTHER OUTPATIENT VISIT				5,5 25.5													·
		FOR THE EVALUATIO  LEVEL V - SURGICAL	99204		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		PATHOLOGY, GROSS AND MICROSCOPI	88307		\$	380.41	see footnote <sup>3</sup>	\$ 380.41	not contracted	\$ 437.47	not contracted	\$ 380.42	not contracted	\$ 380.41	not contracted	\$ 684.74	not contracted	\$ 684.74	\$ 380.41
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$	58.85	see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	l \$ 58.85	5 not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS					2												
l	EXCISION OF HYDROCELE;	INFUSION,	J2001		\$	-	see footnote <sup>3</sup>	<u>\$ -</u>	not contracted		not contracted	·	- not contracted		not contracted	\$ <u>-</u>	not contracted		\$ -
55040	UNILATERAL	PRIMARY PROCEDURE ANESTHESIA FOR PROCEDURES ON	55040		\$	4,157.16	see footnote <sup>3</sup>	\$ 4,157.16	not contracted	\$ 4,780.73	not contracted	\$ 4,157.16	not contracted	\$ 4,157.16	not contracted	\$ 7,482.89	not contracted	\$ 7,482.89	\$ 4,157.16
		MALE GENITALIA (INCLU	00920		\$	-	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	\$	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -
		INFECTIOUS DISEASE (VIRAL RESPIRATORY TRACT INFECT	0241U		\$	142.63	see footnote <sup>3</sup>	\$ 142.63	not contracted	\$ 164.02	not contracted	\$ 142.63	not contracted	\$ 142.63	not contracted	\$ 256.73	not contracted	\$ 256.73	\$ 142.63
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$		see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	I \$	- not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	\$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						BLUE SHIELD TRIWEST (Medicare Advantage) (Me		ISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		INJECTION, DIPHENHYDRAMINE																
		HCL, UP TO 50 MG	J1200		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	. \$ -								
		INJECTION,					·		·		·		·		•			
		MIDAZOLAM HYDROCHLORIDE, PER																
		1 MG	J2250		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	. \$ -								
		INJECTION,			,				,				•					
		ONDANSETRON																
		HYDROCHLORIDE, PER 1 MG	J2405		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	s -	. \$ -								
		INJECTION,	32.103		<b>Y</b>	see rootmote	<del>-</del>	not contracted	Ψ		<del>-</del>	not contracted	*	not contracted	Ÿ	1100 001111 00100	<u> </u>	<b>*</b>
		PROPOFOL, 10 MG	J2704		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	. \$ -								
		INJECTION, FENTANYL																
		CITRATE, 0.1 MG	J3010		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
		RINGERS LACTATE																
		INFUSION, UP TO 1000 CC	J7120		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	. \$ -								
		COV-19 AMP PRB	37120		Ţ	300 100011000	Ÿ	not contracted	,	not contracted	Ÿ	not contracted	ý.	not contracted	Ţ.	not contracted	Ţ	ý.
		HGH THRUPUT																
		WITHIN 2 DAYS COLLECT	U0005		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	not contracted	ė .	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	. \$ -
		COLLECT	00003		٠,	see lootilote	- ب	not contracted	<u>-</u>	not contracted	٠	not contracted	7 -	not contracted	, -	not contracted	٠	۲
05000	NERVE CONDUCTION	PRIMARY PROCEDURE	95909		\$ 328.71	see footnote <sup>3</sup>	\$ 328.71	not contracted	\$ 378.02	not contracted	\$ 328.71	not contracted	\$ 328.71	not contracted	\$ 591.68	not contracted	\$ 591.68	\$ \$ 328.71
	PSYCHOTHERAPY, 30	PRIIVIANT PROCEDURE	93909		\$ 328.71	see roothote	\$ 328.71	not contracted	\$ 376.02	not contracted	3 326.71	not contracted	\$ 526.71	not contracted	\$ 391.06	not contracted	3 391.00	5 320.71
	MINUTES WITH																	
	PATIENT WHEN PERFOR	PRIMARY PROCEDURE	90833		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	. \$ -								
90655	PERFOR	PRIIVIANT PROCEDURE	90033		, -	see roothote	· -	not contracted	- ·	not contracted	· -	not contracted	÷ -	not contracted	· -	not contracted	, -	· • • -
		OFFICE OR OTHER																
		OUTPATIENT VISIT	00212		ć	saa faatmata <sup>3</sup>	ć	n at cantracted	ć	not contracted	ć	. \$ -						
		FOR THE EVALUATIO	99213		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	· > -								
	CONSULTATION -																	
D0340	DIAGNOSTIC SERVICE	DDIMANDY DDOCEDIUS	D0346		ć	000 f + / 3	ć	not or it is	ć		ć	not occitized.	ć	not og t 1	ć	mak ac		
ט9310	PROVIDED BY DENT TISSUE EXPANDER	PRIMARY PROCEDURE	D9310		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
	PLACEMENT IN																	
	BREAST	DDIA AA DV DDOGES USS	40257		6 40 501 74		ć 40.504.74		ć 22.540.00		ć 40.504.74		6 10 501 71		6 25 247 42		6 25 247 42	6 40 501 71
19357	RECONSTRUCTION	PRIMARY PROCEDURE	19357		\$ 19,581.74	see footnote <sup>3</sup>	\$ 19,581.74	not contracted	\$ 22,519.00	not contracted	\$ 19,581.74	not contracted	\$ 19,581.74	not contracted	\$ 35,247.13	not contracted	\$ 35,247.13	\$ 19,581.74
		OFFICE OR OTHER																
		OUTPATIENT VISIT	00045			6 3						1						
		FOR THE EVALUATIO	99212		\$ -	see footnote <sup>3</sup>	\$ -	not contracted	\$ -	· Ş -								

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

					BLUE SHIELD TRIWEST (Medicare Advantage) (Me		ISER Advantage)	MO (Medicare	LINA Advantage)		CARE Advantage)	L.A. (Cover	CARE ed CA)	MO (Cover	LINA ed CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
00.414	PREVENTIVE MEDICINE COUNSELING AND/OF		00444		6	\$ -						•					. \$ -
	RISK FACTOR  APPLICATION OF  SHORT LEG CAST  (BELOW KNEE TO	PRIMARY PROCEDURE		\$	see footnote	*	not contracted	·	not contracted		not contracted		not contracted		not contracted		
29405	TOES)	OFFICE OR OTHER OUTPATIENT VISIT		\$ 281.5					not contracted						not contracted		
		FOR THE EVALUATIO  RADIOLOGIC  EXAMINATION; TIBIA	99213	\$	- see footnote <sup>3</sup>	\$ -	not contracted		- \$ -								
	BLADDER INSTILLATION OF ANTICARCINOGENIC	AND FIBULA, 2 VIEWS	73590	\$ 101.9	7 see footnote <sup>3</sup>	\$ 101.97	not contracted	\$ 117.27	not contracted	\$ 101.97	not contracted	\$ 101.97	not contracted	\$ 183.55	not contracted	\$ 183.55	\$ 101.97
51720	AGENT (IN	OFFICE OR OTHER OUTPATIENT VISIT	51720	\$ 733.9	6 see footnote <sup>3</sup>	\$ 733.96	not contracted	\$ 844.05	not contracted	\$ 733.96	not contracted	\$ 733.96	not contracted	\$ 1,321.13	not contracted	\$ 1,321.13	\$ 733.96
		FOR THE EVALUATIO BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	99211 J9030	\$	- see footnote <sup>3</sup>	\$ - \$ -	not contracted		\$ - . \$ -								
		BLADDER IRRIGATION, SIMPLE, LAVAGE						·									·
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT	AND/OR INSTILLA PRIMARY PROCEDURE	11402	\$ 252.1		\$ 252.19			not contracted						not contracted		
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCO	88304	\$ 58.8	5 see footnote <sup>3</sup>	\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	\$ 58.85
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	PRIMARY PROCEDURE	D9230	\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	· \$ -								
23230	3,102	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	D2392	s	- see footnote	\$ -		·									· \$ -
		ORAL HYGIENE INSTRUCTION	D1330	\$	- see footnote  - see footnote	\$ -	not contracted		not contracted		not contracted	\$ - \$ -	not contracted		not contracted		. \$ -

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

					BLUE SHIELD TRIWEST (Medicare Advantage) (Med		ISER Advantage)	_	LINA Advantage)		CARE Advantage)	L.A. ( (Cover		_	LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140	\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
90619	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C,	PRIMARY PROCEDURE	90619	\$	- see footnote	Ś -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	not contracted	\$ -	- \$ -
30013	921.001.007.979	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS	90471	\$ 79.1		7											
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIO	99213	\$	- see footnote <sup>3</sup>	\$ -	not contracted	\$ -	- \$ -								
28820	AMPUTATION, TOE; METATARSOPHALANG EAL JOINT	PRIMARY PROCEDURE	28820	\$ 3,493.7	see footnote <sup>3</sup>	\$ 3,493.71	not contracted	\$ 4,017.77	not contracted	\$ 3,493.71	not contracted	\$ 3,493.71	not contracted	\$ 6,288.68	not contracted	\$ 6,288.68	3 \$ 3,493.71
		ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER L	01480	\$	- see footnote	\$ -	not contracted	\$ -	- \$ -								
		LEVEL IV - SURGICAL PATHOLOGY, GROSS	00205	\$ 58.8		£ 50.05		\$ 67.68		6 50.05		ć 50.05		ć 105.03		ć 105.03	50.05
		AND MICROSCOP  RADIOLOGIC  EXAMINATION, FOOT;  COMPLETE,	88305	, ,		\$ 58.85	not contracted	\$ 67.68	not contracted	\$ 58.85	not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	3 \$ 58.85
		MINIMUM OF CULTURE, TYPING; IMMUNOLOGIC METHOD, OTHER	73630	\$ 101.9		\$ 101.97			not contracted		not contracted		not contracted		not contracted		
		THAN IM  DECALCIFICATION  PROCEDURE (LIST	87147	\$ 5.1													
		SEPARATELY IN ADDI INJECTION, PROPOFOL, 10 MG	J2704	\$	- see footnote <sup>3</sup>	\$ -	not contracted	•	not contracted		not contracted	,	not contracted		not contracted		- \$ - - \$ -
		INSULIN, MOST RAPID ONSET (LISPRO OR ASPART); 5 UN SUSCEPTIBILITY	S5551	not availabl	e see footnote <sup>3</sup>	not available	not contracted	not available	e not available								
		STUDIES, ANTIMICROBIAL AGENT; MICRO	87186	\$ 8.6	5 see footnote <sup>3</sup>	\$ 8.65	not contracted	\$ 9.95	not contracted	\$ 8.65	not contracted	\$ 8.65	not contracted	\$ 15.57	not contracted	\$ 15.57	7 \$ 8.65

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						BLUE SHIELD TRIWEST (Medicare Advantage) (Medicare Advantage)			AISER e Advantage)	_	LINA Advantage)		CARE Advantage)		. CARE red CA)		OLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Fac	ility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR	87205		Ś	4.27	see footnote <sup>3</sup>	\$ 4.	7 not contracted	\$ 4.91	not contracted	\$ 4.2	7 not contracted	\$ 4.27	7 not contracted	\$ 7.69	not contracted	\$ 7.69	9 \$ 4.27
	CYSTOURETHROSCOP Y, WITH FULGURATION	GIV IIV GIV	07203		Ÿ	4.27	see roomote	<del>-</del>	The contracted	Ų 4.51	not contracted	7 7.2	not contracted	7 7.2	not contracted	7.03	not contracted	7.0.	7,27
52235	(INCLUDING CRY	PRIMARY PROCEDURE ANESTHESIA FOR TRANSURETHRAL	52235		\$	3,761.85	see footnote <sup>3</sup>	\$ 3,761.	not contracted	\$ 4,326.13	not contracted	\$ 3,761.8	5 not contracted	\$ 3,761.85	not contracted	\$ 6,771.33	not contracted	\$ 6,771.33	3 \$ 3,761.85
		PROCEDURES (INCLUDING	00912		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	- not contracted	\$	not contracted	\$	- \$ -
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOP	88305		\$	58.85	see footnote <sup>3</sup>	\$ 58.	5 not contracted	\$ 67.68	not contracted	\$ 58.8	5 not contracted	\$ 58.85	5 not contracted	\$ 105.93	not contracted	\$ 105.93	3 \$ 58.85
		ELECTROCARDIOGRA M, ROUTINE ECG WITH AT LEAST 12 LE	93005		Ś	67.46	see footnote <sup>3</sup>	\$ 67.	.6 not contracted	\$ 77.58	not contracted	\$ 67.4	6 not contracted	\$ 67.46	not contracted	\$ 121.43	not contracted	\$ 121.43	3 \$ 67.46
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		\$	-	see footnote <sup>3</sup>	\$	- not contracted		not contracted		- not contracted	\$	- not contracted		not contracted		- \$ -
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE,																	
		1 MG INJECTION, MEPERIDINE HYDROCHLORIDE, PER	J1100		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	not contracted	\$	not contracted	\$	- \$ -
		100 MG INJECTION, MIDAZOLAM	J2175		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	not contracted	\$	not contracted	\$	- \$ -
		HYDROCHLORIDE, PER 1 MG INJECTION, ONDANSETRON	J2250		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	not contracted	\$	not contracted	\$	- \$ -
		HYDROCHLORIDE, PER 1 MG	J2405		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	- not contracted	\$	not contracted	\$	- \$ -
		INJECTION, FENTANYL CITRATE, 0.1 MG RINGERS LACTATE	J3010		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	- not contracted	\$	not contracted	\$	- \$ -
		INFUSION, UP TO 1000 CC ANTIBODY SCREEN,	J7120		\$	-	see footnote <sup>3</sup>	\$	- not contracted	\$ -	not contracted	\$	- not contracted	\$	- not contracted	\$	not contracted	\$	- \$ -
		RBC, EACH SERUM TECHNIQUE BLOOD TYPING,	86850		\$	58.85	see footnote <sup>3</sup>	\$ 58.	5 not contracted	\$ 67.68	not contracted	\$ 58.85	5 not contracted	\$ 58.85	not contracted	\$ 105.93	not contracted	\$ 105.93	3 \$ 58.85
		SEROLOGIC; RH (D)	86901		\$	39.86	see footnote <sup>3</sup>	\$ 39.	6 not contracted	\$ 45.84	not contracted	\$ 39.80	not contracted	\$ 39.86	not contracted	\$ 71.75	not contracted	\$ 71.75	5 \$ 39.86

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

						.D TRIWEST Advantage)	KAI (Medicare	SER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		PLINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
		BLOOD TYPING, SEROLOGIC; ABO	86900		\$ 136.28	see footnote <sup>3</sup>	\$ 136.28	not contracted	\$ 156.72	not contracted	\$ 136.28	not contracted	\$ 136.28	not contracted	\$ 245.30	not contracted	I \$ 245.30	\$ 136.28
		COLLECTION OF VENOUS BLOOD BY									-							
		VENIPUNCTURE	36415	this procedure was	\$ 8.57	see footnote <sup>3</sup>	\$ 8.57	not contracted	\$ 9.86	not contracted	\$ 8.57	not contracted	\$ 8.57	not contracted	\$ 15.43	not contracted	\$ 15.43	\$ 8.57
	KIDNEY FUNCTION PANEL TEST			provided in inpatient setting	n/a	n/a	~/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n n/a	n/a
	X-RAY, LOWER BACK,			this procedure was	II/a	II/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	П/а	11/6	п/а	П/а
	MINIMUM FOUR			provided in inpatient					_		_							
72110	VIEWS			setting this procedure was	n/a	n/a	n/a	n/a										
	MRI SCAN OF LOWER			provided in inpatient														
72148	SPINAL CANAL			setting	n/a	n/a	n/a	n/a										
	CT SCAN, PELVIS,			this procedure was provided in inpatient														
	WITH CONTRAST			setting	n/a	n/a	n/a	n/a										
				this procedure was														
73721	MRI SCAN OF LEG			provided in inpatient setting	n/a	n/a	n/a	n/a										
	CT SCAN OF			Setting	11/4	11/4	11/ 0	11/4	11/4	11/4	11/4	11/4	11/4	11/4	11/4	11/6	11/4	11/4
	ABDOMEN AND			this procedure was														
	PELVIS WITH CONTRAST			provided in inpatient setting	n/a	n/a	n/a	n/a										
74177	CONTRAST			setting	II/a	II/a	11/ a	li/a	II/a	II/a	II/a	11/a	ii/a	11/ a	II/a	11/6	11/4	11/a
	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										
	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										
	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

### MEDICARE PAYOR CONTRACTS - COMPREHENSIVE OUTPATIENT SERVICES BY PROCEDURE<sup>1</sup>

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

						LD TRIWEST Advantage)	KA (Medicare :	ISER Advantage)		LINA Advantage)		CARE Advantage)		CARE red CA)		LINA red CA)	Maximum Negotiated Rate	Minimum Negotiated Rate
Primary Code	Service Category	Service Description	CPT Code	Note	Facility <sup>2</sup>	Professional	Facility <sup>2</sup>	Professional <sup>4</sup>	Facility <sup>2</sup>	Facility <sup>2</sup>								
	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
	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
	PSA (PROSTATE SPECIFIC ANTIGEN)			not performed	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

#### Footnotes:

- 1. Outpatient services presented are commonly provided by Health Services hospitals, excluding services which are not considered "shoppable".
- 2. Facility Rates are calculated based on the contract terms, using Addendum B.-Final OPPS Payment by HCPCS Code for CY 2023 published on January 20, 2023 and 2023 Medicare 4th Quarter Clinical Laboratory fee schedule as applicable.
- 3. Professional services can be found in schedule "Consumer Shoppable Services\_Rancho Los Amigos National Rehab. Center\_Medicare and Commercial Payor contracts Shoppable Professional Services by Procedure for Blue Shield Triwest and Anthem Blue Cross".
- 4. Professional services are not contracted.