

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALI	PRIMARY PROCEDURE	19120		\$ 750.60	\$ 439.90	\$ 750.60	\$ 439.90
		ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM O	00400		not available	not available	not available	not available
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 19.62	\$ 11.50	\$ 19.62	\$ 11.50
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL	PRIMARY PROCEDURE	29881		\$ 998.94	\$ 585.44	\$ 998.94	\$ 585.44
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES	01400		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	J0665		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, 0.1 MG EFF. DATE 10/1/2024	J1171		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL WITH EPINEPHRINE, 1 MG EFF. D	J2004		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	J2765		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
42820	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE 12	PRIMARY PROCEDURE	42820		\$ 533.47	\$ 312.65	\$ 533.47	\$ 312.65
		ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY;	00170		not available	not available	not available	not available
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 19.62	\$ 11.50	\$ 19.62	\$ 11.50
		INJECTION, ACETAMINOPHEN, 10 MG	J0131		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, MORPHINE SULFATE, UP TO 10 MG EFFECTIVE DAT	J2270		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
43235	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; DIAGNO	PRIMARY PROCEDURE	43235		\$ 215.49	\$ 126.29	\$ 215.49	\$ 126.29
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99152		\$ 20.80	\$ 12.19	\$ 20.80	\$ 12.19
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
43239	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH B	PRIMARY PROCEDURE	43239		not contracted	not contracted	not contracted	not contracted
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99152		\$ 20.80	\$ 12.19	\$ 20.80	\$ 12.19
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
45378	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION	PRIMARY PROCEDURE	45378		\$ 321.83	\$ 188.61	\$ 321.83	\$ 188.61
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99152		\$ 20.80	\$ 12.19	\$ 20.80	\$ 12.19
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
45380	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	PRIMARY PROCEDURE	45380		not contracted	not contracted	not contracted	not contracted
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99152		\$ 20.80	\$ 12.19	\$ 20.80	\$ 12.19
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
45385	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(	PRIMARY PROCEDURE	45385		\$ 440.99	\$ 258.45	\$ 440.99	\$ 258.45
		COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380		not contracted	not contracted	not contracted	not contracted
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99152		\$ 20.80	\$ 12.19	\$ 20.80	\$ 12.19
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99153		\$ 23.17	\$ 13.58	\$ 23.17	\$ 13.58
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
45391	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMI	PRIMARY PROCEDURE	45391		\$ 447.55	\$ 262.29	\$ 447.55	\$ 262.29
		ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES,	00811		not available	not available	not available	not available
		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	74330		\$ 47.47	\$ 27.82	\$ 47.47	\$ 27.82
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	PRIMARY PROCEDURE	47562		\$ 1,161.24	\$ 680.56	\$ 1,161.24	\$ 680.56
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDO	00790		not available	not available	not available	not available
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 19.62	\$ 11.50	\$ 19.62	\$ 11.50
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, 0.1 MG EFF. DATE 10/1/2024	J1171		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; R	PRIMARY PROCEDURE	49505		\$ 928.31	\$ 544.05	\$ 928.31	\$ 544.05
		ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTH	00830		not available	not available	not available	not available
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE,	PRIMARY PROCEDURE	55700		not contracted	not contracted	not contracted	not contracted
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88344		\$ 67.07	\$ 39.31	\$ 67.07	\$ 39.31
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	J1580		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGIN	PRIMARY PROCEDURE	59400		\$ 4,208.61	\$ 2,466.51	\$ 4,208.61	\$ 2,466.51
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)	PRIMARY PROCEDURE	62322		\$ 136.76	\$ 80.15	\$ 136.76	\$ 80.15
62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)	PRIMARY PROCEDURE	62323		\$ 175.90	\$ 103.09	\$ 175.90	\$ 103.09
64483	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRANS	PRIMARY PROCEDURE	64483		\$ 199.06	\$ 116.66	\$ 199.06	\$ 116.66
66821	DISCUSSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED	PRIMARY PROCEDURE	66821		\$ 573.27	\$ 335.97	\$ 573.27	\$ 335.97

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAO	PRIMARY PROCEDURE	66984		\$ 986.00	\$ 577.86	\$ 986.00	\$ 577.86
		ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY	00142		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF	PRIMARY PROCEDURE	72110		\$ 22.57	\$ 13.23	\$ 22.57	\$ 13.23
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL A	PRIMARY PROCEDURE	72148		\$ 123.37	\$ 72.30	\$ 123.37	\$ 72.30
		MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL A	72146		\$ 123.37	\$ 72.30	\$ 123.37	\$ 72.30
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST	PRIMARY PROCEDURE	74177		\$ 151.98	\$ 89.07	\$ 151.98	\$ 89.07
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATI	PRIMARY PROCEDURE	76700		\$ 67.21	\$ 39.39	\$ 67.21	\$ 39.39
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76805		\$ 83.51	\$ 48.94	\$ 83.51	\$ 48.94
		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	76811		\$ 158.91	\$ 93.13	\$ 158.91	\$ 93.13
76830	ULTRASOUND, TRANSVAGINAL	PRIMARY PROCEDURE	76830		\$ 57.96	\$ 33.97	\$ 57.96	\$ 33.97
		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	76817		\$ 62.72	\$ 36.76	\$ 62.72	\$ 36.76

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECT	PRIMARY PROCEDURE	77065		\$ 67.21	\$ 39.39	\$ 67.21	\$ 39.39
		DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL OR	G0279		\$ 50.15	\$ 29.39	\$ 50.15	\$ 29.39
77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECT	PRIMARY PROCEDURE	77066		\$ 82.76	\$ 48.50	\$ 82.76	\$ 48.50
		DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL OR	G0279		\$ 50.15	\$ 29.39	\$ 50.15	\$ 29.39
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH	PRIMARY PROCEDURE	77067		\$ 63.68	\$ 37.32	\$ 63.68	\$ 37.32
		DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS; BILATERAL	77062		not available	not available	not available	not available
80048	BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	PRIMARY PROCEDURE	80048		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99203		\$ 143.59	\$ 84.15	\$ 143.59	\$ 84.15
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
80053	COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE T	PRIMARY PROCEDURE	80053		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
80061	LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOL	PRIMARY PROCEDURE	80061		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
80069	RENAL FUNCTION PANEL THIS PANEL MUST INCLUDE THE FOLLOW	PRIMARY PROCEDURE	80069		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81000		not available	not available	not available	not available
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	PRIMARY PROCEDURE	81001		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87661		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87801		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87481		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87491		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87591		not available	not available	not available	not available
		CULTURE, BACTERIAL; QUANTITATIVE COLONY COUNT, URINE	87086		not available	not available	not available	not available
		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	81000		not available	not available	not available	not available
84443	THYROID STIMULATING HORMONE (TSH)	PRIMARY PROCEDURE	84443		not available	not available	not available	not available
85027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	PRIMARY PROCEDURE	85027		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		ANTIBODY; TREPONEMA PALLIDUM	86780		not available	not available	not available	not available
		ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	86703		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
85610	PROTHROMBIN TIME;	PRIMARY PROCEDURE	85610		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90832		not contracted	not contracted	not contracted	not contracted
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90834		not contracted	not contracted	not contracted	not contracted
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	PRIMARY PROCEDURE	90837		not contracted	not contracted	not contracted	not contracted
		PREPARATION OF REPORT OF PATIENT'S PSYCHIATRIC STATUS,	90889		not available	not available	not available	not available
		PSYCHIATRIC EVALUATION OF HOSPITAL RECORDS, OTHER PSYCH	90885		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50	PRIMARY PROCEDURE	90846		not contracted	not contracted	not contracted	not contracted
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 M	J2426		not available	not available	not available	not available
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PAT	PRIMARY PROCEDURE	90847		not contracted	not contracted	not contracted	not contracted
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GR	PRIMARY PROCEDURE	90853		not contracted	not contracted	not contracted	not contracted
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	PRIMARY PROCEDURE	93000		\$ 26.36	\$ 15.45	\$ 26.36	\$ 15.45
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ 170.83	\$ 100.12	\$ 170.83	\$ 100.12
		WEIGHT RECORDED (PAG)	2001F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 12.25	\$ 7.18	\$ 12.25	\$ 7.18
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL IN	PRIMARY PROCEDURE	93452		\$ 393.22	\$ 230.45	\$ 393.22	\$ 230.45
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WI	PRIMARY PROCEDURE	95810		\$ 205.47	\$ 120.42	\$ 205.47	\$ 120.42
		EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A	98960		not available	not available	not available	not available
		SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF, HEA	95806		\$ 76.37	\$ 44.76	\$ 76.37	\$ 44.76
		SLEEP APNEA SYMPTOMS ASSESSED, INCLUDING PRESENCE OR AB	G8839		not available	not available	not available	not available
		COLLECTION AND INTERPRETATION OF PHYSIOLOGIC DATA (EG,	99091		\$ 94.27	\$ 55.25	\$ 94.27	\$ 55.25
97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES	PRIMARY PROCEDURE	97110		\$ 54.60	\$ 32.00	\$ 54.60	\$ 32.00
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99203		\$ 143.59	\$ 84.15	\$ 143.59	\$ 84.15
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99204		\$ 234.45	\$ 137.40	\$ 234.45	\$ 137.40
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99205		\$ 319.01	\$ 186.96	\$ 319.01	\$ 186.96
99243	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ES	PRIMARY PROCEDURE	99243		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
99244	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ES	PRIMARY PROCEDURE	99244		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99385		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99386		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99212		\$ 61.94	\$ 36.30	\$ 61.94	\$ 36.30
		ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPA	29827		\$ 1,924.71	\$ 1,128.00	\$ 1,924.71	\$ 1,128.00
		ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBAC	29826		\$ 297.80	\$ 174.53	\$ 297.80	\$ 174.53
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
G0463	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	PRIMARY PROCEDURE	G0463		not available	not available	not available	not available
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99214		\$ 170.83	\$ 100.12	\$ 170.83	\$ 100.12
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92012		\$ 88.98	\$ 52.15	\$ 88.98	\$ 52.15
99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99442		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99441		not available	not available	not available	not available
98012	SYNCHRONOUS AUDIO-ONLY VISIT FOR THE EVALUATION AND MAN	PRIMARY PROCEDURE	98012		not available	not available	not available	not available
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99202		\$ 82.52	\$ 48.36	\$ 82.52	\$ 48.36
99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSIC	PRIMARY PROCEDURE	99443		not available	not available	not available	not available
98013	SYNCHRONOUS AUDIO-ONLY VISIT FOR THE EVALUATION AND MAN	PRIMARY PROCEDURE	98013		not available	not available	not available	not available
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	PRIMARY PROCEDURE	96413		\$ 239.16	\$ 140.16	\$ 239.16	\$ 140.16
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		not available	not available	not available	not available
		INJECTION, PEMBROLIZUMAB, 1 MG	J9271		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	PRIMARY PROCEDURE	D0140		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92014		\$ 133.93	\$ 78.49	\$ 133.93	\$ 78.49
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	PRIMARY PROCEDURE	99215		\$ 253.39	\$ 148.50	\$ 253.39	\$ 148.50
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
99392	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99392		not available	not available	not available	not available
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99391		not available	not available	not available	not available
98966	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY	PRIMARY PROCEDURE	98966		\$ 20.70	\$ 12.13	\$ 20.70	\$ 12.13

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	PRIMARY PROCEDURE	96372		\$ 26.64	\$ 15.61	\$ 26.64	\$ 15.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARA	PRIMARY PROCEDURE	67028		\$ 165.15	\$ 96.79	\$ 165.15	\$ 96.79
		INJECTION, BEVACIZUMAB, 0.25 MG	C9257		not available	not available	not available	not available
99024	POSTOPERATIVE FOLLOW-UP VISIT, NORMALLY INCLUDED IN THE	PRIMARY PROCEDURE	99024		not available	not available	not available	not available
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAG	PRIMARY PROCEDURE	96365		\$ 115.09	\$ 67.45	\$ 115.09	\$ 67.45
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE I	J2916		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
99393	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99393		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	PRIMARY PROCEDURE	D0120		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
98967	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY	PRIMARY PROCEDURE	98967		\$ 40.06	\$ 23.48	\$ 40.06	\$ 23.48
98014	SYNCHRONOUS AUDIO-ONLY VISIT FOR THE EVALUATION AND MAN	PRIMARY PROCEDURE	98014		not available	not available	not available	not available
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	PRIMARY PROCEDURE	92083		\$ 47.59	\$ 27.89	\$ 47.59	\$ 27.89
99394	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99394		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	PRIMARY PROCEDURE	96900		\$ 49.14	\$ 28.80	\$ 49.14	\$ 28.80
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
3074F	MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	PRIMARY PROCEDURE	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
99606	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A	PRIMARY PROCEDURE	99606		not available	not available	not available	not available
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99381		not available	not available	not available	not available
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	PRIMARY PROCEDURE	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
98968	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY	PRIMARY PROCEDURE	98968		\$ 55.76	\$ 32.68	\$ 55.76	\$ 32.68
92134	COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, OPTICAL	PRIMARY PROCEDURE	92134		\$ 31.96	\$ 18.73	\$ 31.96	\$ 18.73
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	PRIMARY PROCEDURE	92250		\$ 36.57	\$ 21.43	\$ 36.57	\$ 21.43
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		IMAGING OF RETINA FOR DETECTION OR MONITORING OF DISEAS	92227		\$ 34.65	\$ 20.31	\$ 34.65	\$ 20.31
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WIT	PRIMARY PROCEDURE	49083		\$ 185.24	\$ 108.56	\$ 185.24	\$ 108.56
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
92227	IMAGING OF RETINA FOR DETECTION OR MONITORING OF DISEAS	PRIMARY PROCEDURE	92227		\$ 34.65	\$ 20.31	\$ 34.65	\$ 20.31
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
98004	SYNCHRONOUS AUDIO-VIDEO VISIT FOR THE EVALUATION AND MA	PRIMARY PROCEDURE	98004		not available	not available	not available	not available
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	52000		\$ 139.66	\$ 81.85	\$ 139.66	\$ 81.85
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	PRIMARY PROCEDURE	90686		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	90656		not available	not available	not available	not available
99605	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A	PRIMARY PROCEDURE	99605		not available	not available	not available	not available
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADD	PRIMARY PROCEDURE	51798		\$ 22.51	\$ 13.19	\$ 22.51	\$ 13.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AN	PRIMARY PROCEDURE	D7140		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
67228	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG,	PRIMARY PROCEDURE	67228		\$ 546.54	\$ 320.31	\$ 546.54	\$ 320.31
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIM	PRIMARY PROCEDURE	51702		\$ 43.19	\$ 25.31	\$ 43.19	\$ 25.31
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTER	PRIMARY PROCEDURE	97802		\$ 59.19	\$ 34.69	\$ 59.19	\$ 34.69

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
98960	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A	PRIMARY PROCEDURE	98960		not available	not available	not available	not available
1220F	PATIENT SCREENED FOR DEPRESSION (SUD)	PRIMARY PROCEDURE	1220F		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTI	PRIMARY PROCEDURE	97803		\$ 49.98	\$ 29.29	\$ 49.98	\$ 29.29
98008	SYNCHRONOUS AUDIO-ONLY VISIT FOR THE EVALUATION AND MAN	PRIMARY PROCEDURE	98008		not available	not available	not available	not available
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	PRIMARY PROCEDURE	51705		\$ 92.57	\$ 54.25	\$ 92.57	\$ 54.25
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
99395	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99395		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99383		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92002		\$ 80.37	\$ 47.10	\$ 80.37	\$ 47.10
98005	SYNCHRONOUS AUDIO-VIDEO VISIT FOR THE EVALUATION AND MA	PRIMARY PROCEDURE	98005		not available	not available	not available	not available
98009	SYNCHRONOUS AUDIO-ONLY VISIT FOR THE EVALUATION AND MAN	PRIMARY PROCEDURE	98009		not available	not available	not available	not available
98015	SYNCHRONOUS AUDIO-ONLY VISIT FOR THE EVALUATION AND MAN	PRIMARY PROCEDURE	98015		not available	not available	not available	not available
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATI	PRIMARY PROCEDURE	D0150		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCU	PRIMARY PROCEDURE	96401		\$ 132.22	\$ 77.49	\$ 132.22	\$ 77.49
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVE	Q0163		not available	not available	not available	not available
		DEXAMETHASONE, ORAL, 0.25 MG	J8540		not available	not available	not available	not available
		INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ E	J9144		not available	not available	not available	not available
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76815		\$ 54.35	\$ 31.85	\$ 54.35	\$ 31.85
95806	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF, HEA	PRIMARY PROCEDURE	95806		\$ 76.37	\$ 44.76	\$ 76.37	\$ 44.76
		EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A	98960		not available	not available	not available	not available
91320	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-C	PRIMARY PROCEDURE	91320		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION	90480		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99382		not available	not available	not available	not available
		DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTONE SU	96110		not available	not available	not available	not available
93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE D	PRIMARY PROCEDURE	93306		\$ 119.77	\$ 70.19	\$ 119.77	\$ 70.19
90694	INFLUENZA VIRUS VACCINE, QUADRIVALENT (AIV4), INACTIVA	PRIMARY PROCEDURE	90694		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	90656		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99384		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
3077F	MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	PRIMARY PROCEDURE	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
93793	ANTICOAGULANT MANAGEMENT FOR A PATIENT TAKING WARFARIN,	PRIMARY PROCEDURE	93793		\$ 20.61	\$ 12.08	\$ 20.61	\$ 12.08
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOIN	PRIMARY PROCEDURE	20610		\$ 79.38	\$ 46.52	\$ 79.38	\$ 46.52
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
3075F	MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	PRIMARY PROCEDURE	3075F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
92235	FLUORESCIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) W	PRIMARY PROCEDURE	92235		\$ 75.81	\$ 44.43	\$ 75.81	\$ 44.43
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHN	PRIMARY PROCEDURE	96416		\$ 236.07	\$ 138.35	\$ 236.07	\$ 138.35
		ADMINISTRATION, INTRAVENOUS INFUSION TECHN	96413		\$ 239.16	\$ 140.16	\$ 239.16	\$ 140.16
		ADMINISTRATION, INTRAVENOUS INFUSION TECHN	96415		\$ 50.18	\$ 29.41	\$ 50.18	\$ 29.41
		ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQU	96411		\$ 100.94	\$ 59.16	\$ 100.94	\$ 59.16
		INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAG	96368		\$ 35.87	\$ 21.02	\$ 35.87	\$ 21.02
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		UNLISTED CHEMOTHERAPY PROCEDURE	96549		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-	Q0162		not available	not available	not available	not available
		INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (	96361		\$ 22.69	\$ 13.30	\$ 22.69	\$ 13.30
		INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	J0640		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		not available	not available	not available	not available
		5% DEXTROSE/WATER (500 ML = 1 UNIT)	J7060		not available	not available	not available	not available
		DEXAMETHASONE, ORAL, 0.25 MG	J8540		not available	not available	not available	not available
		INJECTION, FLUOROURACIL, 500 MG	J9190		not available	not available	not available	not available
		INJECTION, OXALIPLATIN, 0.5 MG	J9263		not available	not available	not available	not available
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEEC	PRIMARY PROCEDURE	92557		\$ 57.01	\$ 33.41	\$ 57.01	\$ 33.41
		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550		\$ 39.62	\$ 23.22	\$ 39.62	\$ 23.22
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76811		\$ 158.91	\$ 93.13	\$ 158.91	\$ 93.13
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	PRIMARY PROCEDURE	51700		\$ 51.67	\$ 30.28	\$ 51.67	\$ 30.28
		NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHR	51785		\$ 155.80	\$ 91.31	\$ 155.80	\$ 91.31
		STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVER	51792		\$ 96.37	\$ 56.48	\$ 96.37	\$ 56.48
		COMPLEX CYSMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIP	51728		\$ 178.94	\$ 104.87	\$ 178.94	\$ 104.87
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
59025	FETAL NON-STRESS TEST	PRIMARY PROCEDURE	59025		\$ 49.28	\$ 28.88	\$ 49.28	\$ 28.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
4450F	SELF-CARE EDUCATION PROVIDED TO PATIENT (HF)	PRIMARY PROCEDURE	4450F		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93454		\$ 397.21	\$ 232.79	\$ 397.21	\$ 232.79
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	PRIMARY PROCEDURE	96374		\$ 67.13	\$ 39.34	\$ 67.13	\$ 39.34

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		INJECTION, ZOLEDRONIC ACID, 1 MG	J3489		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	PRIMARY PROCEDURE	92004		\$ 165.51	\$ 97.00	\$ 165.51	\$ 97.00
95800	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART	PRIMARY PROCEDURE	95800		\$ 67.83	\$ 39.75	\$ 67.83	\$ 39.75
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERA	PRIMARY PROCEDURE	92025		\$ 34.35	\$ 20.13	\$ 34.35	\$ 20.13
		OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; W	76519		\$ 54.50	\$ 31.94	\$ 54.50	\$ 31.94
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, OPTICAL	92134		\$ 31.96	\$ 18.73	\$ 31.96	\$ 18.73
90677	PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR	PRIMARY PROCEDURE	90677		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOM	PRIMARY PROCEDURE	58558		\$ 402.62	\$ 235.96	\$ 402.62	\$ 235.96
		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF	00952		not available	not available	not available	not available
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	J2765		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; ABO	86900		not available	not available	not available	not available
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECT	PRIMARY PROCEDURE	97602		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
90739	HEPATITIS B VACCINE (HEPB), CPG-ADJUVANTED, ADULT DOSAG	PRIMARY PROCEDURE	90739		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
99396	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99396		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
93770	DETERMINATION OF VENOUS PRESSURE	PRIMARY PROCEDURE	93770		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
90715	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VAC	PRIMARY PROCEDURE	90715		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	PRIMARY PROCEDURE	96999		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		ACTINOTHERAPY (ULTRAVIOLET LIGHT)	96900		\$ 49.14	\$ 28.80	\$ 49.14	\$ 28.80
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	PRIMARY PROCEDURE	92082		\$ 36.57	\$ 21.43	\$ 36.57	\$ 21.43
90653	INFLUENZA VACCINE, INACTIVATED (IIV), SUBUNIT, ADJUVANT	PRIMARY PROCEDURE	90653		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	90656		not available	not available	not available	not available
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT 1	PRIMARY PROCEDURE	D0171		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
98016	BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE (EG, VIRTU	PRIMARY PROCEDURE	98016		\$ 26.58	\$ 15.58	\$ 26.58	\$ 15.58
90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUBUNIT,	PRIMARY PROCEDURE	90750		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	PRIMARY PROCEDURE	90791		not contracted	not contracted	not contracted	not contracted
92015	DETERMINATION OF REFRACTIVE STATE	PRIMARY PROCEDURE	92015		not available	not available	not available	not available
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTI	PRIMARY PROCEDURE	45330		\$ 102.02	\$ 59.79	\$ 102.02	\$ 59.79
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
64644	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLES	PRIMARY PROCEDURE	64644		\$ 204.26	\$ 119.71	\$ 204.26	\$ 119.71
		CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTR	64643		\$ 120.45	\$ 70.59	\$ 120.45	\$ 70.59
		INJECTION, ONABOTULINUMTOXINA, 1 UNIT	J0585		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
90656	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	PRIMARY PROCEDURE	90656		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCUL	PRIMARY PROCEDURE	52310		\$ 264.56	\$ 155.05	\$ 264.56	\$ 155.05
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
52356	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY;	PRIMARY PROCEDURE	52356		\$ 717.79	\$ 420.67	\$ 717.79	\$ 420.67
		ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URET	00918		not available	not available	not available	not available
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 26.31	\$ 15.42	\$ 26.31	\$ 15.42
		CALCULUS; INFRARED SPECTROSCOPY	82365		not available	not available	not available	not available
		STENT, NON-CORONARY, TEMPORARY, WITHOUT DELIVERY SYSTEM	C2617		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
99245	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ES	PRIMARY PROCEDURE	99245		not available	not available	not available	not available
99242	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ES	PRIMARY PROCEDURE	99242		not available	not available	not available	not available
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOL	PRIMARY PROCEDURE	67040		\$ 1,866.21	\$ 1,093.72	\$ 1,866.21	\$ 1,093.72
90654	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	PRIMARY PROCEDURE	90654		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQU	PRIMARY PROCEDURE	96409		\$ 185.07	\$ 108.46	\$ 185.07	\$ 108.46
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-	Q0162		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		not available	not available	not available	not available
		INJECTION, AZACITIDINE, 1 MG	J9025		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVI	PRIMARY PROCEDURE	58100		\$ 108.84	\$ 63.79	\$ 108.84	\$ 63.79
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
43244	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH B	PRIMARY PROCEDURE	43244		\$ 425.36	\$ 249.29	\$ 425.36	\$ 249.29
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99152		\$ 20.80	\$ 12.19	\$ 20.80	\$ 12.19
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED P	PRIMARY PROCEDURE	95886		\$ 79.60	\$ 46.65	\$ 79.60	\$ 46.65
		NERVE CONDUCTION STUDIES; 1-2 STUDIES	95907		\$ 92.64	\$ 54.29	\$ 92.64	\$ 54.29
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
69209	REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILA	PRIMARY PROCEDURE	69209		\$ 30.70	\$ 17.99	\$ 30.70	\$ 17.99
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
50435	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING	PRIMARY PROCEDURE	50435		\$ 173.48	\$ 101.67	\$ 173.48	\$ 101.67
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		not available	not available	not available	not available
		CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH C	75984		\$ 65.45	\$ 38.36	\$ 65.45	\$ 38.36
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
D0330	PANORAMIC FILM	PRIMARY PROCEDURE	D0330		not available	not available	not available	not available
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
93247	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7	PRIMARY PROCEDURE	93247		\$ 478.16	\$ 280.23	\$ 478.16	\$ 280.23
90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 3	PRIMARY PROCEDURE	90651		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF	PRIMARY PROCEDURE	93451		\$ 219.43	\$ 128.60	\$ 219.43	\$ 128.60
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
98006	SYNCHRONOUS AUDIO-VIDEO VISIT FOR THE EVALUATION AND MA	PRIMARY PROCEDURE	98006		not available	not available	not available	not available
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEE	PRIMARY PROCEDURE	D4341		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAO	PRIMARY PROCEDURE	66982		\$ 1,347.77	\$ 789.88	\$ 1,347.77	\$ 789.88
		ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY	00142		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
99078	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL Q	PRIMARY PROCEDURE	99078		not available	not available	not available	not available
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE	PRIMARY PROCEDURE	D0145		not available	not available	not available	not available
		CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	D0603		not available	not available	not available	not available
		PROPHYLAXIS-CHILD	D1120		not available	not available	not available	not available
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	D1206		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCU	PRIMARY PROCEDURE	96402		\$ 69.02	\$ 40.45	\$ 69.02	\$ 40.45
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	J9217		not available	not available	not available	not available
99406	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INT	PRIMARY PROCEDURE	99406		\$ 20.49	\$ 12.01	\$ 20.49	\$ 12.01
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CON	PRIMARY PROCEDURE	76827		\$ 48.61	\$ 28.49	\$ 48.61	\$ 28.49
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYS	PRIMARY PROCEDURE	93288		\$ 35.66	\$ 20.90	\$ 35.66	\$ 20.90
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
92133	COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, OPTICAL	PRIMARY PROCEDURE	92133		\$ 29.42	\$ 17.24	\$ 29.42	\$ 17.24

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	PRIMARY PROCEDURE	49650		\$ 773.62	\$ 453.39	\$ 773.62	\$ 453.39
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; ABO	86900		not available	not available	not available	not available
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 3 OR	PRIMARY PROCEDURE	20553		\$ 73.20	\$ 42.90	\$ 73.20	\$ 42.90
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		\$ 52.86	\$ 30.98	\$ 52.86	\$ 30.98
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	PRIMARY PROCEDURE	88175		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATI	PRIMARY PROCEDURE	52287		\$ 293.60	\$ 172.07	\$ 293.60	\$ 172.07
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		INJECTION, ONABOTULINUMTOXINA, 1 UNIT	J0585		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
99447	INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH	PRIMARY PROCEDURE	99447		\$ 62.98	\$ 36.91	\$ 62.98	\$ 36.91
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTUR	PRIMARY PROCEDURE	58661		\$ 1,146.58	\$ 671.97	\$ 1,146.58	\$ 671.97
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDO	00840		not available	not available	not available	not available
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, 0.1 MG EFF. DATE 10/1/2024	J1171		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS	PRIMARY PROCEDURE	91010		\$ 112.43	\$ 65.89	\$ 112.43	\$ 65.89
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	PRIMARY PROCEDURE	92081		\$ 28.17	\$ 16.51	\$ 28.17	\$ 16.51
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDI	PRIMARY PROCEDURE	51720		\$ 75.69	\$ 44.36	\$ 75.69	\$ 44.36
		INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPE	J9201		not available	not available	not available	not available
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		not available	not available	not available	not available
		INJECTION, DOCETAXEL, 1 MG	J9171		not available	not available	not available	not available
		INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD), NOT THER	J9196		not available	not available	not available	not available
		BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	51700		\$ 51.67	\$ 30.28	\$ 51.67	\$ 30.28
67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOV	PRIMARY PROCEDURE	67043		\$ 2,165.26	\$ 1,268.98	\$ 2,165.26	\$ 1,268.98
		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	00145		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
43237	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH E	PRIMARY PROCEDURE	43237		\$ 340.66	\$ 199.65	\$ 340.66	\$ 199.65
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9	86301		not available	not available	not available	not available
		GAMMAGLOBULIN (IMMUNOGLOBULIN); IMMUNOGLOBULIN SUBCLASS	82787		not available	not available	not available	not available
		COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE T	80053		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
90736	ZOSTER (SHINGLES) VACCINE (HZV), LIVE, FOR SUBCUTANEOUS	PRIMARY PROCEDURE	90736		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
98010	SYNCHRONOUS AUDIO-ONLY VISIT FOR THE EVALUATION AND MAN	PRIMARY PROCEDURE	98010		not available	not available	not available	not available
96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)	PRIMARY PROCEDURE	96912		\$ 195.83	\$ 114.77	\$ 195.83	\$ 114.77

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REP	PRIMARY PROCEDURE	92285		\$ 5.24	\$ 3.07	\$ 5.24	\$ 3.07
		FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	92250		\$ 36.57	\$ 21.43	\$ 36.57	\$ 21.43
		COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, OPTICAL	92134		\$ 31.96	\$ 18.73	\$ 31.96	\$ 18.73
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92014		\$ 133.93	\$ 78.49	\$ 133.93	\$ 78.49
D1330	ORAL HYGIENE INSTRUCTION	PRIMARY PROCEDURE	D1330		not available	not available	not available	not available
		LOCAL ANESTHESIA	D9215		not available	not available	not available	not available
		EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AN	D7140		not available	not available	not available	not available
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC A	PRIMARY PROCEDURE	93303		\$ 106.61	\$ 62.48	\$ 106.61	\$ 62.48
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ 170.83	\$ 100.12	\$ 170.83	\$ 100.12
		ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE D	93308		\$ 43.10	\$ 25.26	\$ 43.10	\$ 25.26
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
90746	HEPATITIS B VACCINE (HEPB), ADULT DOSAGE, 3 DOSE SCHEDU	PRIMARY PROCEDURE	90746		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		HEPATITIS B VACCINE (HEPB), CPG-ADJUVANTED, ADULT DOSAG	90739		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	PRIMARY PROCEDURE	31624		\$ 230.91	\$ 135.33	\$ 230.91	\$ 135.33
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99152		\$ 20.80	\$ 12.19	\$ 20.80	\$ 12.19
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTE	88108		\$ 38.87	\$ 22.78	\$ 38.87	\$ 22.78
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87801		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT	87281		not available	not available	not available	not available
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHN	87305		not available	not available	not available	not available
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, A	87116		not available	not available	not available	not available
92928	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY S	PRIMARY PROCEDURE	92928		\$ 974.04	\$ 570.85	\$ 974.04	\$ 570.85
		ENDOLUMINAL IMAGING OF CORONARY VESSEL OR GRAFT USING I	92978		\$ 157.99	\$ 92.59	\$ 157.99	\$ 92.59
		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	93454		\$ 397.21	\$ 232.79	\$ 397.21	\$ 232.79
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93456		\$ 518.00	\$ 303.58	\$ 518.00	\$ 303.58
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
90480	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION	PRIMARY PROCEDURE	90480		not available	not available	not available	not available
		SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-C	91320		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	PRIMARY PROCEDURE	59841		\$ 649.43	\$ 380.61	\$ 649.43	\$ 380.61
D0220	INTRAORAL-PERAPICAL-FIRST FILM	PRIMARY PROCEDURE	D0220		not available	not available	not available	not available
		INTRAORAL-PERAPICAL-EACH ADDITIONAL FILM	D0230		not available	not available	not available	not available
		BITEWINGS-FOUR FILMS	D0274		not available	not available	not available	not available
		CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	D0603		not available	not available	not available	not available
		PROPHYLAXIS-CHILD	D1120		not available	not available	not available	not available
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	D1206		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
		PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120		not available	not available	not available	not available
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE	PRIMARY PROCEDURE	64566		\$ 51.67	\$ 30.28	\$ 51.67	\$ 30.28
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERA	PRIMARY PROCEDURE	52332		\$ 272.38	\$ 159.63	\$ 272.38	\$ 159.63
		ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URET	00910		not available	not available	not available	not available
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 26.31	\$ 15.42	\$ 26.31	\$ 15.42
		CALCULUS; INFRARED SPECTROSCOPY	82365		not available	not available	not available	not available
		CATHETER, URETERAL	C1758		not available	not available	not available	not available
		GUIDE WIRE	C1769		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	PRIMARY PROCEDURE	41899		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TI	PRIMARY PROCEDURE	76825		\$ 138.43	\$ 81.13	\$ 138.43	\$ 81.13
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99205		\$ 319.01	\$ 186.96	\$ 319.01	\$ 186.96

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHOD	PRIMARY PROCEDURE	81025		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93458		\$ 489.52	\$ 286.89	\$ 489.52	\$ 286.89
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, NITROGLYCERIN, 5 MG EFF. DATE: 7/1/2023	J2305		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	PRIMARY PROCEDURE	36430		\$ 84.17	\$ 49.33	\$ 84.17	\$ 49.33
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVE	Q0163		not available	not available	not available	not available
		RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, EACH U	P9040		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTE	PRIMARY PROCEDURE	58571		\$ 1,609.25	\$ 943.12	\$ 1,609.25	\$ 943.12
		CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	52000		\$ 139.66	\$ 81.85	\$ 139.66	\$ 81.85
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDO	00840		not available	not available	not available	not available
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		\$ 142.02	\$ 83.23	\$ 142.02	\$ 83.23
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, 0.1 MG EFF. DATE 10/1/2024	J1171		not available	not available	not available	not available
		INJECTION, GLYCOPYRROLATE, 0.1 MG EFF. DATE: 01/01/202	J1596		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, METRONIDAZOLE, 10 MG EFF. DATE: 7/1/2023	J1836		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY	PRIMARY PROCEDURE	92136		\$ 53.85	\$ 31.56	\$ 53.85	\$ 31.56
69210	REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION, UNI	PRIMARY PROCEDURE	69210		\$ 56.21	\$ 32.94	\$ 56.21	\$ 32.94
		HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MAN	G0463		not available	not available	not available	not available
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC	PRIMARY PROCEDURE	36818		\$ 1,148.12	\$ 672.87	\$ 1,148.12	\$ 672.87

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY T	01844		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANEL MUS	80047		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
2028F	FOOT EXAMINATION PERFORMED (INCLUDES EXAMINATION THROUG	PRIMARY PROCEDURE	2028F		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUC	PRIMARY PROCEDURE	99401		not available	not available	not available	not available
		MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH	96040		not available	not available	not available	not available
95816	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE A	PRIMARY PROCEDURE	95816		\$ 99.22	\$ 58.15	\$ 99.22	\$ 58.15
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
93656	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH TRANSS	PRIMARY PROCEDURE	93656		\$ 1,578.16	\$ 924.90	\$ 1,578.16	\$ 924.90
		ANESTHESIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES IN	00537		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 12.25	\$ 7.18	\$ 12.25	\$ 7.18
		INJECTION, ACETAMINOPHEN, 10 MG	J0131		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		INSULIN, RAPID ONSET, 5 UNITS EFFECTIVE DATE: 10/01/20	S5550		not available	not available	not available	not available
		INSULIN, MOST RAPID ONSET (LISPRO OR ASPART); 5 UNITS	S5551		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPL	PRIMARY PROCEDURE	45331		\$ 129.00	\$ 75.60	\$ 129.00	\$ 75.60
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99152		\$ 20.80	\$ 12.19	\$ 20.80	\$ 12.19
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 1 OR	PRIMARY PROCEDURE	20552		\$ 64.34	\$ 37.71	\$ 64.34	\$ 37.71
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		\$ 52.86	\$ 30.98	\$ 52.86	\$ 30.98

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
96041	MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH	PRIMARY PROCEDURE	96041		not available	not available	not available	not available
65855	TRABECULOPLASTY BY LASER SURGERY	PRIMARY PROCEDURE	65855		\$ 369.77	\$ 216.71	\$ 369.77	\$ 216.71
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, ME	PRIMARY PROCEDURE	51736		\$ 14.11	\$ 8.27	\$ 14.11	\$ 8.27
		MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADD	51798		\$ 22.51	\$ 13.19	\$ 22.51	\$ 13.19
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTUR	PRIMARY PROCEDURE	25607		\$ 1,374.36	\$ 805.46	\$ 1,374.36	\$ 805.46
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 26.31	\$ 15.42	\$ 26.31	\$ 15.42
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, 0.1 MG EFF. DATE 10/1/2024	J1171		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
93653	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH INSERT	PRIMARY PROCEDURE	93653		\$ 1,392.05	\$ 815.83	\$ 1,392.05	\$ 815.83
		ANESTHESIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES IN	00537		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87635		not available	not available	not available	not available
		VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSU	94002		\$ 158.11	\$ 92.66	\$ 158.11	\$ 92.66
		VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSU	94003		\$ 111.05	\$ 65.08	\$ 111.05	\$ 65.08
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 12.25	\$ 7.18	\$ 12.25	\$ 7.18
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
99423	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR A	PRIMARY PROCEDURE	99423		\$ 69.94	\$ 40.99	\$ 69.94	\$ 40.99
99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERA	PRIMARY PROCEDURE	99173		not available	not available	not available	not available
92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHY	PRIMARY PROCEDURE	92960		\$ 190.30	\$ 111.53	\$ 190.30	\$ 111.53
		ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM O	00410		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 12.25	\$ 7.18	\$ 12.25	\$ 7.18
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SU	PRIMARY PROCEDURE	36589		\$ 238.97	\$ 140.05	\$ 238.97	\$ 140.05
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
D1110	PROPHYLAXIS-ADULT	PRIMARY PROCEDURE	D1110		not available	not available	not available	not available
		TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	D1208		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY	PRIMARY PROCEDURE	64612		\$ 217.35	\$ 127.38	\$ 217.35	\$ 127.38
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
32555	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PL	PRIMARY PROCEDURE	32555		\$ 186.65	\$ 109.39	\$ 186.65	\$ 109.39
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTIO	PRIMARY PROCEDURE	45390		\$ 575.40	\$ 337.22	\$ 575.40	\$ 337.22
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99152		\$ 20.80	\$ 12.19	\$ 20.80	\$ 12.19
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99153		\$ 23.17	\$ 13.58	\$ 23.17	\$ 13.58
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
90633	HEPATITIS A VACCINE (HEPA), PEDIATRIC/ADOLESCENT DOSAGE	PRIMARY PROCEDURE	90633		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTONE SU	96110		not available	not available	not available	not available
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99392		not available	not available	not available	not available
97804	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL{	PRIMARY PROCEDURE	97804		\$ 27.93	\$ 16.37	\$ 27.93	\$ 16.37
96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO	PRIMARY PROCEDURE	96360		\$ 59.58	\$ 34.92	\$ 59.58	\$ 34.92
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	PRIMARY PROCEDURE	65426		\$ 876.66	\$ 513.78	\$ 876.66	\$ 513.78
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 19.62	\$ 11.50	\$ 19.62	\$ 11.50
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION O	PRIMARY PROCEDURE	D7210		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
37243	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RA	PRIMARY PROCEDURE	37243		\$ 947.78	\$ 555.46	\$ 947.78	\$ 555.46
		SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIR	36245		\$ 394.58	\$ 231.25	\$ 394.58	\$ 231.25
		ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIO	75736		\$ 89.03	\$ 52.18	\$ 89.03	\$ 52.18
		AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL	75625		\$ 113.88	\$ 66.74	\$ 113.88	\$ 66.74
		SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL	36247		\$ 495.78	\$ 290.56	\$ 495.78	\$ 290.56
		ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED	75774		\$ 79.21	\$ 46.42	\$ 79.21	\$ 46.42
		SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITION	36248		\$ 81.49	\$ 47.76	\$ 81.49	\$ 47.76
		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRA	76937		\$ 23.29	\$ 13.65	\$ 23.29	\$ 13.65
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 26.31	\$ 15.42	\$ 26.31	\$ 15.42
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99152		\$ 20.80	\$ 12.19	\$ 20.80	\$ 12.19
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99153		\$ 23.17	\$ 13.58	\$ 23.17	\$ 13.58
		PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR A	G0269		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87635		not available	not available	not available	not available
		VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RA	37242		\$ 791.42	\$ 463.82	\$ 791.42	\$ 463.82
93308	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE D	PRIMARY PROCEDURE	93308		\$ 43.10	\$ 25.26	\$ 43.10	\$ 25.26
96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TR	PRIMARY PROCEDURE	96910		\$ 230.76	\$ 135.24	\$ 230.76	\$ 135.24
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW,	PRIMARY PROCEDURE	20680		\$ 764.87	\$ 448.26	\$ 764.87	\$ 448.26
		ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; NOT	00190		not available	not available	not available	not available
		RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN 3 VIEWS	70140		\$ 17.23	\$ 10.10	\$ 17.23	\$ 10.10
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		not available	not available	not available	not available
		INJECTION, ACETAMINOPHEN, 10 MG	J0131		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, PROCHLORPERAZINE, UP TO 10 MG	J0780		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, GLYCOPYRROLATE, 0.1 MG EFF. DATE: 01/01/202	J1596		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	J2765		not available	not available	not available	not available
90679	RESPIRATORY SYNCYTIAL VIRUS VACCINE, PREF, RECOMBINANT,	PRIMARY PROCEDURE	90679		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG D	PRIMARY PROCEDURE	96523		\$ 46.84	\$ 27.45	\$ 46.84	\$ 27.45
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10	J1642		not available	not available	not available	not available
43249	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH T	PRIMARY PROCEDURE	43249		\$ 267.99	\$ 157.06	\$ 267.99	\$ 157.06
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99152		\$ 20.80	\$ 12.19	\$ 20.80	\$ 12.19
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	J1200		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE	PRIMARY PROCEDURE	67113		\$ 2,387.61	\$ 1,399.29	\$ 2,387.61	\$ 1,399.29

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	00145		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCL	PRIMARY PROCEDURE	78452		\$ 131.98	\$ 77.35	\$ 131.98	\$ 77.35
		INJECTION, REGADENOSON, 0.1 MG	J2785		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
90460	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	PRIMARY PROCEDURE	90460		\$ 42.90	\$ 25.14	\$ 42.90	\$ 25.14
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	90656		not available	not available	not available	not available
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; W	PRIMARY PROCEDURE	76519		\$ 54.50	\$ 31.94	\$ 54.50	\$ 31.94
		COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERA	92025		\$ 34.35	\$ 20.13	\$ 34.35	\$ 20.13
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, OPTICAL	92134		\$ 31.96	\$ 18.73	\$ 31.96	\$ 18.73
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, F	PRIMARY PROCEDURE	90707		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
90650	HUMAN PAPILLOMAVIRUS VACCINE, TYPES 16, 18, BIVALENT (2	PRIMARY PROCEDURE	90650		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 3	90651		not available	not available	not available	not available
90648	HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T CONJ	PRIMARY PROCEDURE	90648		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR	90677		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		\$ 27.45	\$ 16.09	\$ 27.45	\$ 16.09
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
43276	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	PRIMARY PROCEDURE	43276		\$ 830.99	\$ 487.01	\$ 830.99	\$ 487.01
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		not available	not available	not available	not available
		ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM	74328		\$ 40.32	\$ 23.63	\$ 40.32	\$ 23.63
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
D9215	LOCAL ANESTHESIA	PRIMARY PROCEDURE	D9215		not available	not available	not available	not available
		PANORAMIC FILM	D0330		not available	not available	not available	not available
		EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AN	D7140		not available	not available	not available	not available
		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVIC	PRIMARY PROCEDURE	54161		\$ 354.45	\$ 207.73	\$ 354.45	\$ 207.73
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ 61.94	\$ 36.30	\$ 61.94	\$ 36.30
98011	SYNCHRONOUS AUDIO-ONLY VISIT FOR THE EVALUATION AND MAN	PRIMARY PROCEDURE	98011		not available	not available	not available	not available
36902	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS	PRIMARY PROCEDURE	36902		\$ 401.70	\$ 235.42	\$ 401.70	\$ 235.42
		ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY T	01844		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANEL MUS	80047		not available	not available	not available	not available
		TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LES	A6258		not available	not available	not available	not available
		GUIDE WIRE	C1769		not available	not available	not available	not available
		CATHETER, GUIDING (MAY INCLUDE INFUSION/PERFUSION CAPAB	C1887		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
64642	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)	PRIMARY PROCEDURE	64642		\$ 188.17	\$ 110.28	\$ 188.17	\$ 110.28
		CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTR	64643		\$ 120.45	\$ 70.59	\$ 120.45	\$ 70.59
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		INJECTION, ONABOTULINUMTOXINA, 1 UNIT	J0585		not available	not available	not available	not available
93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL-TIME WITH IMAGE	PRIMARY PROCEDURE	93312		\$ 184.37	\$ 108.05	\$ 184.37	\$ 108.05
		3D ECHOCARDIOGRAPHIC IMAGING AND POSTPROCESSING DURING	93319		\$ 40.17	\$ 23.54	\$ 40.17	\$ 23.54
		DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS	93320		\$ 30.80	\$ 18.05	\$ 30.80	\$ 18.05
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPA	PRIMARY PROCEDURE	64721		\$ 819.76	\$ 480.43	\$ 819.76	\$ 480.43
		ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDO	01810		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	PRIMARY PROCEDURE	43264		\$ 630.17	\$ 369.32	\$ 630.17	\$ 369.32
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		not available	not available	not available	not available
		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	74330		\$ 47.47	\$ 27.82	\$ 47.47	\$ 27.82
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		INFECTIOUS DISEASE (VIRAL RESPIRATORY TRACT INFECTION),	0241U		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT (EG, DEPRESSION I	PRIMARY PROCEDURE	96127		\$ 8.94	\$ 5.24	\$ 8.94	\$ 5.24
43275	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	PRIMARY PROCEDURE	43275		\$ 650.75	\$ 381.38	\$ 650.75	\$ 381.38
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 26.31	\$ 15.42	\$ 26.31	\$ 15.42
		INJECTION, HYDROMORPHONE, 0.1 MG EFF. DATE 10/1/2024	J1171		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	J2765		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
90700	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VA	PRIMARY PROCEDURE	90700		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTONE SU	96110		not available	not available	not available	not available
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99392		not available	not available	not available	not available
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN	PRIMARY PROCEDURE	57454		\$ 234.53	\$ 137.45	\$ 234.53	\$ 137.45
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WIT	PRIMARY PROCEDURE	49082		\$ 128.25	\$ 75.16	\$ 128.25	\$ 75.16
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
90461	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	PRIMARY PROCEDURE	90461		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ 61.94	\$ 36.30	\$ 61.94	\$ 36.30
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	90656		not available	not available	not available	not available
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRAN	PRIMARY PROCEDURE	19301		\$ 1,163.87	\$ 682.10	\$ 1,163.87	\$ 682.10
		ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM O	00400		not available	not available	not available	not available
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, IN	PRIMARY PROCEDURE	47536		\$ 226.02	\$ 132.46	\$ 226.02	\$ 132.46
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	J2175		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBEC	PRIMARY PROCEDURE	36832		\$ 1,261.50	\$ 739.32	\$ 1,261.50	\$ 739.32
		ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY T	01844		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANEL MUS	80047		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; ABO	86900		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG,	PRIMARY PROCEDURE	11055		\$ 26.55	\$ 15.56	\$ 26.55	\$ 15.56
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ 61.94	\$ 36.30	\$ 61.94	\$ 36.30
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LAT	PRIMARY PROCEDURE	27447		\$ 2,287.06	\$ 1,340.36	\$ 2,287.06	\$ 1,340.36
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES	01402		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
90744	HEPATITIS B VACCINE (HEPB), PEDIATRIC/ADOLESCENT DOSAGE	PRIMARY PROCEDURE	90744		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR	90677		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		\$ 27.45	\$ 16.09	\$ 27.45	\$ 16.09
		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	90698		not available	not available	not available	not available
		ROTAVIRUS VACCINE, HUMAN, ATTENUATED (RV1), 2 DOSE SCHE	90681		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE	90473		\$ 31.24	\$ 18.31	\$ 31.24	\$ 18.31
		DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTONE SU	96110		not available	not available	not available	not available
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99391		not available	not available	not available	not available
90698	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	PRIMARY PROCEDURE	90698		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR	90677		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		\$ 27.45	\$ 16.09	\$ 27.45	\$ 16.09
		ROTAVIRUS VACCINE, HUMAN, ATTENUATED (RV1), 2 DOSE SCHE	90681		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE	90473		\$ 31.24	\$ 18.31	\$ 31.24	\$ 18.31
		DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTONE SU	96110		not available	not available	not available	not available
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99391		not available	not available	not available	not available
90380	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASO	PRIMARY PROCEDURE	90380		not available	not available	not available	not available
		ADMINISTRATION OF RESPIRATORY SYNCYTIAL VIRUS, MONOCLON	96381		\$ 37.18	\$ 21.79	\$ 37.18	\$ 21.79
		EMOTIONAL/BEHAVIORAL ASSESSMENT (EG, DEPRESSION I	96127		\$ 8.94	\$ 5.24	\$ 8.94	\$ 5.24
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ 170.83	\$ 100.12	\$ 170.83	\$ 100.12
		RESPIRATORY SYNCYTIAL VIRUS VACCINE, PREF, RECOMBINANT,	90679		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, L	PRIMARY PROCEDURE	67145		\$ 396.29	\$ 232.25	\$ 396.29	\$ 232.25
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REGIONAL	PRIMARY PROCEDURE	54150		\$ 166.52	\$ 97.59	\$ 166.52	\$ 97.59
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
31629	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	PRIMARY PROCEDURE	31629		\$ 320.32	\$ 187.73	\$ 320.32	\$ 187.73
		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	31622		\$ 227.72	\$ 133.46	\$ 227.72	\$ 133.46
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99152		\$ 20.80	\$ 12.19	\$ 20.80	\$ 12.19

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN	99153		\$ 23.17	\$ 13.58	\$ 23.17	\$ 13.58
		TUMOR IMMUNOHISTOCHEMISTRY (EG, IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN)	88360		\$ 71.66	\$ 42.00	\$ 71.66	\$ 42.00
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN	88341		\$ 49.06	\$ 28.75	\$ 49.06	\$ 28.75
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTERSTITIAL	88173		\$ 120.91	\$ 70.86	\$ 120.91	\$ 70.86
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN	88342		\$ 60.40	\$ 35.40	\$ 60.40	\$ 35.40
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOOD	87070		not available	not available	not available	not available
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	PRIMARY PROCEDURE	D2391		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
90649	HUMAN PAPILLOMAVIRUS VACCINE, TYPES 6, 11, 16, 18, QUAD	PRIMARY PROCEDURE	90649		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL)	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 3	90651		not available	not available	not available	not available
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 1 TO 5	PRIMARY PROCEDURE	11720		\$ 24.81	\$ 14.54	\$ 24.81	\$ 14.54

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
15853	REMOVAL OF SUTURES OR STAPLES NOT REQUIRING ANESTHESIA	PRIMARY PROCEDURE	15853		\$ 22.13	\$ 12.97	\$ 22.13	\$ 12.97
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
D0191	ASSESSMENT OF A PATIENT	PRIMARY PROCEDURE	D0191		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	PRIMARY PROCEDURE	50200		\$ 220.10	\$ 128.99	\$ 220.10	\$ 128.99
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG,	77012		\$ 120.94	\$ 70.88	\$ 120.94	\$ 70.88
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87635		not available	not available	not available	not available
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88312		\$ 45.93	\$ 26.92	\$ 45.93	\$ 26.92
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88313		\$ 20.77	\$ 12.17	\$ 20.77	\$ 12.17
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
1036F	CURRENT TOBACCO NON-USER (CAD, CAP, COPD, PV) (DM) (IBD)	PRIMARY PROCEDURE	1036F		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ 170.83	\$ 100.12	\$ 170.83	\$ 100.12
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
G0399	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR, U	PRIMARY PROCEDURE	G0399		not available	not available	not available	not available
87522	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	PRIMARY PROCEDURE	87522		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87491		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87591		not available	not available	not available	not available
		MOST RECENT HEMOGLOBIN A1C (HBA1C) LEVEL LESS THAN 7.0%	3044F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		ANTIBODY; TREPONEMA PALLIDUM	86780		not available	not available	not available	not available
		ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	86703		not available	not available	not available	not available
		ANTIBODY; RUBELLA	86762		not available	not available	not available	not available
		ANTIBODY; RUBEOLA	86765		not available	not available	not available	not available
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHN	87340		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		HEMOGLOBIN; GLYCOSYLATED (A1C)	83036		not available	not available	not available	not available
		CULTURE, BACTERIAL; QUANTITATIVE COLONY COUNT, URINE	87086		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		not available	not available	not available	not available
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	PRIMARY PROCEDURE	90792		not contracted	not contracted	not contracted	not contracted
64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY	PRIMARY PROCEDURE	64615		\$ 211.44	\$ 123.92	\$ 211.44	\$ 123.92
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		INJECTION, ONABOTULINUMTOXINA, 1 UNIT	J0585		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
90619	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, W, Y,	PRIMARY PROCEDURE	90619		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		ZOSTER (SHINGLES) VACCINE (HZV), LIVE, FOR SUBCUTANEOUS	90736		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		\$ 27.45	\$ 16.09	\$ 27.45	\$ 16.09
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR	PRIMARY PROCEDURE	57288		\$ 1,325.03	\$ 776.55	\$ 1,325.03	\$ 776.55
		ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDO	00860		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANEL MUS	80047		not available	not available	not available	not available
		REPAIR DEVICE, URINARY, INCONTINENCE, WITH SLING GRAFT	C1771		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, METRONIDAZOLE, 10 MG EFF. DATE: 7/1/2023	J1836		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
H1001	PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MAN	PRIMARY PROCEDURE	H1001		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI	81000		not available	not available	not available	not available
38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S)	PRIMARY PROCEDURE	38222		\$ 130.60	\$ 76.54	\$ 130.60	\$ 76.54
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, W	88262		not available	not available	not available	not available
		FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	88189		\$ 145.24	\$ 85.12	\$ 145.24	\$ 85.12
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR M	88184		\$ 153.38	\$ 89.89	\$ 153.38	\$ 89.89
		BONE MARROW, SMEAR INTERPRETATION	85097		\$ 83.27	\$ 48.80	\$ 83.27	\$ 48.80
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		\$ 60.40	\$ 35.40	\$ 60.40	\$ 35.40
		FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR M	88185		\$ 44.81	\$ 26.26	\$ 44.81	\$ 26.26

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION	88311		\$ 21.43	\$ 12.56	\$ 21.43	\$ 12.56
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88313		\$ 20.77	\$ 12.17	\$ 20.77	\$ 12.17
		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10	J1642		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MORPHINE SULFATE, UP TO 10 MG EFFECTIVE DAT	J2270		not available	not available	not available	not available
33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIB	PRIMARY PROCEDURE	33249		\$ 1,555.39	\$ 911.56	\$ 1,555.39	\$ 911.56
		ANESTHESIA FOR TRANSVENOUS INSERTION OR REPLACEMENT OF	00534		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 12.25	\$ 7.18	\$ 12.25	\$ 7.18
		RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	71046		\$ 18.31	\$ 10.73	\$ 18.31	\$ 10.73
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	PRIMARY PROCEDURE	J3420		not available	not available	not available	not available
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		\$ 26.64	\$ 15.61	\$ 26.64	\$ 15.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
96379	UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRA	PRIMARY PROCEDURE	96379		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		INJ, CABOTE RILPIVIR 2MG 3MG INJECTION, CABOTEGRAVIR AN	J0741		not available	not available	not available	not available
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	PRIMARY PROCEDURE	67036		\$ 1,620.42	\$ 949.67	\$ 1,620.42	\$ 949.67
		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	00145		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANEL MUS	80047		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
49591	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC,	PRIMARY PROCEDURE	49591		\$ 588.54	\$ 344.92	\$ 588.54	\$ 344.92
		ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTH	00750		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87635		not available	not available	not available	not available
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		\$ 11.81	\$ 6.92	\$ 11.81	\$ 6.92
		MESH (IMPLANTABLE)	C1781		not available	not available	not available	not available
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, 0.1 MG EFF. DATE 10/1/2024	J1171		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AN	PRIMARY PROCEDURE	11042		\$ 107.86	\$ 63.21	\$ 107.86	\$ 63.21
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFI	PRIMARY PROCEDURE	38505		\$ 150.26	\$ 88.06	\$ 150.26	\$ 88.06
		RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUND, OR	75989		\$ 96.15	\$ 56.35	\$ 96.15	\$ 56.35
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88312		\$ 45.93	\$ 26.92	\$ 45.93	\$ 26.92
20611	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOIN	PRIMARY PROCEDURE	20611		\$ 102.96	\$ 60.34	\$ 102.96	\$ 60.34

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE,	PRIMARY PROCEDURE	11102		\$ 66.60	\$ 39.03	\$ 66.60	\$ 39.03
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
98000	SYNCHRONOUS AUDIO-VIDEO VISIT FOR THE EVALUATION AND MA	PRIMARY PROCEDURE	98000		not available	not available	not available	not available
43242	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH T	PRIMARY PROCEDURE	43242		\$ 455.75	\$ 267.10	\$ 455.75	\$ 267.10
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
77427	RADIATION TREATMENT MANAGEMENT, 5 TREATMENTS	PRIMARY PROCEDURE	77427		\$ 347.10	\$ 203.42	\$ 347.10	\$ 203.42
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIA	PRIMARY PROCEDURE	20605		\$ 64.57	\$ 37.84	\$ 64.57	\$ 37.84
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
43238	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH T	PRIMARY PROCEDURE	43238		\$ 404.58	\$ 237.11	\$ 404.58	\$ 237.11

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
45381	COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTI	PRIMARY PROCEDURE	45381		\$ 349.83	\$ 205.02	\$ 349.83	\$ 205.02
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93460		\$ 622.13	\$ 364.61	\$ 622.13	\$ 364.61

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	PRIMARY PROCEDURE	D2392		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA	PRIMARY PROCEDURE	66761		\$ 429.08	\$ 251.47	\$ 429.08	\$ 251.47
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, W, Y,	PRIMARY PROCEDURE	90734		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTONE SU	96110		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		ADMINISTRATION OF CAREGIVER-FOCUSED HEALTH RISK ASSESSM	96161		\$ 5.94	\$ 3.48	\$ 5.94	\$ 3.48
		ADMINISTRATION OF PATIENT-FOCUSED HEALTH RISK ASSESSMEN	96160		\$ 5.94	\$ 3.48	\$ 5.94	\$ 3.48
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99394		not available	not available	not available	not available
		SCREENING PERFORMED AND NEGATIVE	G9920		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	PRIMARY PROCEDURE	36512		\$ 186.53	\$ 109.32	\$ 186.53	\$ 109.32
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVE	Q0163		not available	not available	not available	not available
		RED BLOOD CELLS, LEUKOCYTES REDUCED, EACH UNIT	P9016		not available	not available	not available	not available
		HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMATOGRAP	83021		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION, CALCIUM GLUCONATE (WG CRITICAL CARE), PER 10	J0613		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
		BLOOD COUNT; RED BLOOD CELL (RBC), AUTOMATED	85041		not available	not available	not available	not available
		BLOOD COUNT; HEMOGLOBIN (HGB)	85018		not available	not available	not available	not available
		BLOOD COUNT; HEMATOCRIT (HCT)	85014		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
31575	LARYNGOSCOPY, FLEXIBLE; DIAGNOSTIC	PRIMARY PROCEDURE	31575		\$ 125.67	\$ 73.65	\$ 125.67	\$ 73.65
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99203		\$ 143.59	\$ 84.15	\$ 143.59	\$ 84.15

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
90696	DIPHtheria, Tetanus Toxoids, Acellular Pertussis Vaccin	PRIMARY PROCEDURE	90696		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV),	90710		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		\$ 27.45	\$ 16.09	\$ 27.45	\$ 16.09
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
87661	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	PRIMARY PROCEDURE	87661		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87801		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87481		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87491		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87591		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	PRIMARY PROCEDURE	58300		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	PRIMARY PROCEDURE	58301		\$ 113.98	\$ 66.80	\$ 113.98	\$ 66.80
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ 61.94	\$ 36.30	\$ 61.94	\$ 36.30
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER T	PRIMARY PROCEDURE	D1354		not available	not available	not available	not available
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SI	PRIMARY PROCEDURE	11730		\$ 95.06	\$ 55.71	\$ 95.06	\$ 55.71
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ 61.94	\$ 36.30	\$ 61.94	\$ 36.30
87624	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	PRIMARY PROCEDURE	87624		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSUR	PRIMARY PROCEDURE	17110		\$ 130.19	\$ 76.30	\$ 130.19	\$ 76.30
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	PRIMARY PROCEDURE	36561		\$ 574.29	\$ 336.57	\$ 574.29	\$ 336.57
		INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAV	36010		\$ 179.11	\$ 104.97	\$ 179.11	\$ 104.97
		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRA	76937		\$ 23.29	\$ 13.65	\$ 23.29	\$ 13.65
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 26.31	\$ 15.42	\$ 26.31	\$ 15.42
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		not available	not available	not available	not available
		TELETHERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIED POR	77306		\$ 133.16	\$ 78.04	\$ 133.16	\$ 78.04
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM (BAXTER), NOT THERAPEUTICAL	J0689		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
52001	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MUL	PRIMARY PROCEDURE	52001		\$ 497.10	\$ 291.33	\$ 497.10	\$ 291.33
		CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE	88112		\$ 47.74	\$ 27.98	\$ 47.74	\$ 27.98
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
91318	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-C	PRIMARY PROCEDURE	91318		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION	90480		not available	not available	not available	not available
		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIR	90686		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	90656		not available	not available	not available	not available
96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL)	PRIMARY PROCEDURE	96450		\$ 133.91	\$ 78.48	\$ 133.91	\$ 78.48
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 1	A4216		not available	not available	not available	not available
		INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 M	J1720		not available	not available	not available	not available
		INJECTION, METHOTREXATE SODIUM, 50 MG EFFECTIVE DATE:	J9260		not available	not available	not available	not available
		CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINA	89050		not available	not available	not available	not available
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAI	PRIMARY PROCEDURE	29888		\$ 1,754.74	\$ 1,028.39	\$ 1,754.74	\$ 1,028.39

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	PRIMARY PROCEDURE	44970		\$ 1,061.78	\$ 622.27	\$ 1,061.78	\$ 622.27
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDO	00840		not available	not available	not available	not available
		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, W	74174		\$ 182.22	\$ 106.79	\$ 182.22	\$ 106.79
		ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-	Q0162		not available	not available	not available	not available
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 19.62	\$ 11.50	\$ 19.62	\$ 11.50
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG EFFECTIVE DA	J0696		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, ENOXAPARIN SODIUM, 10 MG	J1650		not available	not available	not available	not available
		INJECTION, METRONIDAZOLE, 10 MG EFF. DATE: 7/1/2023	J1836		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
D0170	RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PAT	PRIMARY PROCEDURE	D0170		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLA	PRIMARY PROCEDURE	69631		\$ 1,629.06	\$ 954.73	\$ 1,629.06	\$ 954.73
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	J2765		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
43251	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH R	PRIMARY PROCEDURE	43251		\$ 341.16	\$ 199.94	\$ 341.16	\$ 199.94
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		not available	not available	not available	not available
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION	45378		\$ 321.83	\$ 188.61	\$ 321.83	\$ 188.61
		ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH B	43239		not contracted	not contracted	not contracted	not contracted
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	PRIMARY PROCEDURE	81479		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL	PRIMARY PROCEDURE	93017		\$ 75.23	\$ 44.09	\$ 75.23	\$ 44.09
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	PRIMARY PROCEDURE	47000		\$ 152.39	\$ 89.31	\$ 152.39	\$ 89.31
		BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BO	20225		\$ 226.20	\$ 132.57	\$ 226.20	\$ 132.57
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG,	77012		\$ 120.94	\$ 70.88	\$ 120.94	\$ 70.88
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		\$ 142.02	\$ 83.23	\$ 142.02	\$ 83.23
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		\$ 60.40	\$ 35.40	\$ 60.40	\$ 35.40
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, A	87116		not available	not available	not available	not available
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION	88311		\$ 21.43	\$ 12.56	\$ 21.43	\$ 12.56
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88312		\$ 45.93	\$ 26.92	\$ 45.93	\$ 26.92
		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPT	87102		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMU	PRIMARY PROCEDURE	51715		\$ 346.63	\$ 203.15	\$ 346.63	\$ 203.15

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URET	00910		not available	not available	not available	not available
		GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE	84702		not available	not available	not available	not available
		INJECTION, ACETAMINOPHEN, 10 MG	J0131		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
36573	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHE	PRIMARY PROCEDURE	36573		\$ 143.12	\$ 83.88	\$ 143.12	\$ 83.88
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHE	36569		\$ 161.18	\$ 94.46	\$ 161.18	\$ 94.46
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES	PRIMARY PROCEDURE	27822		\$ 1,595.97	\$ 935.34	\$ 1,595.97	\$ 935.34
		ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, A	01480		not available	not available	not available	not available
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 26.31	\$ 15.42	\$ 26.31	\$ 15.42
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 V	73610		\$ 14.78	\$ 8.66	\$ 14.78	\$ 8.66

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, 0.1 MG EFF. DATE 10/1/2024	J1171		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC V	PRIMARY PROCEDURE	36819		\$ 1,210.35	\$ 709.34	\$ 1,210.35	\$ 709.34
		BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANEL MUS	80047		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	PRIMARY PROCEDURE	31652		\$ 377.66	\$ 221.33	\$ 377.66	\$ 221.33
		ANESTHESIA FOR CLOSED CHEST PROCEDURES; (INCLUDING BRON	00520		not available	not available	not available	not available
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTE	88108		\$ 38.87	\$ 22.78	\$ 38.87	\$ 22.78
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87801		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT	87281		not available	not available	not available	not available
		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHN	87305		not available	not available	not available	not available
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, A	87116		not available	not available	not available	not available
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88312		\$ 45.93	\$ 26.92	\$ 45.93	\$ 26.92
		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPT	87102		not available	not available	not available	not available
95819	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE A	PRIMARY PROCEDURE	95819		\$ 99.22	\$ 58.15	\$ 99.22	\$ 58.15
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE A	95816		\$ 99.22	\$ 58.15	\$ 99.22	\$ 58.15
45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL	PRIMARY PROCEDURE	45990		\$ 186.60	\$ 109.36	\$ 186.60	\$ 109.36
		ANESTHESIA FOR; ANORECTAL PROCEDURE	00902		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	PRIMARY PROCEDURE	E0202		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
90697	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	PRIMARY PROCEDURE	90697		not available	not available	not available	not available
		PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR	90677		not available	not available	not available	not available
		ROTAVIRUS VACCINE, HUMAN, ATTENUATED (RV1), 2 DOSE SCHE	90681		not available	not available	not available	not available
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99391		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		\$ 27.45	\$ 16.09	\$ 27.45	\$ 16.09
		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE	90473		\$ 31.24	\$ 18.31	\$ 31.24	\$ 18.31
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T CONJ	90648		not available	not available	not available	not available
		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	90723		not available	not available	not available	not available
90935	HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYS	PRIMARY PROCEDURE	90935		\$ 123.74	\$ 72.52	\$ 123.74	\$ 72.52
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PL	PRIMARY PROCEDURE	19125		\$ 826.72	\$ 484.51	\$ 826.72	\$ 484.51
		ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM O	00400		not available	not available	not available	not available
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		\$ 142.02	\$ 83.23	\$ 142.02	\$ 83.23
		RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	76098		\$ 26.50	\$ 15.53	\$ 26.50	\$ 15.53
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, 0.1 MG EFF. DATE 10/1/2024	J1171		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	J2765		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INJECTION, MAGNESIUM SULFATE, PER 500 MG	J3475		not available	not available	not available	not available
66180	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR	PRIMARY PROCEDURE	66180		\$ 2,066.02	\$ 1,210.82	\$ 2,066.02	\$ 1,210.82
		ANESTHESIA FOR PROCEDURES ON EYE; NOT OTHERWISE SPECIFI	00140		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		AQUEOUS SHUNT	L8612		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
99422	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR A	PRIMARY PROCEDURE	99422		\$ 44.77	\$ 26.24	\$ 44.77	\$ 26.24
88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	PRIMARY PROCEDURE	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDIN	PRIMARY PROCEDURE	D0603		not available	not available	not available	not available
		PROPHYLAXIS-CHILD	D1120		not available	not available	not available	not available
		TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR M	D1206		not available	not available	not available	not available
		ORAL HYGIENE INSTRUCTION	D1330		not available	not available	not available	not available
		ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE	D0145		not available	not available	not available	not available
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	PRIMARY PROCEDURE	59840		\$ 391.24	\$ 229.29	\$ 391.24	\$ 229.29
		ANESTHESIA FOR INDUCED ABORTION PROCEDURES	01966		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		not available	not available	not available	not available
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYS	J7297		not available	not available	not available	not available
		MISOPROSTOL, ORAL, 200 MCG	S0191		not available	not available	not available	not available
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	PRIMARY PROCEDURE	20206		\$ 101.61	\$ 59.55	\$ 101.61	\$ 59.55
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		\$ 52.86	\$ 30.98	\$ 52.86	\$ 30.98
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
88150	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL SCRE	PRIMARY PROCEDURE	88150		not available	not available	not available	not available
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	88141		\$ 46.96	\$ 27.52	\$ 46.96	\$ 27.52
		INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	99386		not available	not available	not available	not available
		PATIENT SCREENED FOR DEPRESSION (SUD)	1220F		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
90714	TETANUS AND DIPHTHERIA TOXOIDS ADSORBED (TD), PRESERVAT	PRIMARY PROCEDURE	90714		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		EMOTIONAL/BEHAVIORAL ASSESSMENT (EG, DEPRESSION I	96127		\$ 8.94	\$ 5.24	\$ 8.94	\$ 5.24
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ 170.83	\$ 100.12	\$ 170.83	\$ 100.12
		TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VAC	90715		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PE	PRIMARY PROCEDURE	11104		\$ 82.52	\$ 48.36	\$ 82.52	\$ 48.36
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR VENA CAVA FILTER,	PRIMARY PROCEDURE	37193		\$ 580.01	\$ 339.92	\$ 580.01	\$ 339.92
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		INSERTION OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCUL	37191		\$ 370.78	\$ 217.30	\$ 370.78	\$ 217.30
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
T1014	TELEHEALTH TRANSMISSION, PER MINUTE, PROFESSIONAL SERVI	PRIMARY PROCEDURE	T1014		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS,	PRIMARY PROCEDURE	32408		\$ 259.55	\$ 152.11	\$ 259.55	\$ 152.11
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99152		\$ 20.80	\$ 12.19	\$ 20.80	\$ 12.19
		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG,	77012		\$ 120.94	\$ 70.88	\$ 120.94	\$ 70.88
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88341		\$ 49.06	\$ 28.75	\$ 49.06	\$ 28.75
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		\$ 60.40	\$ 35.40	\$ 60.40	\$ 35.40
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
49593	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC,	PRIMARY PROCEDURE	49593		\$ 979.77	\$ 574.21	\$ 979.77	\$ 574.21
		ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTH	00750		not available	not available	not available	not available
		LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88302		\$ 11.81	\$ 6.92	\$ 11.81	\$ 6.92
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
90723	DIPHTHERIA, TETANUS TOXOIDS, ACCELLULAR PERTUSSIS VACCIN	PRIMARY PROCEDURE	90723		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	90460		\$ 42.90	\$ 25.14	\$ 42.90	\$ 25.14
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T CONJ	90648		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	90461		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR	90677		not available	not available	not available	not available
		ROTAVIRUS VACCINE, HUMAN, ATTENUATED (RV1), 2 DOSE SCHE	90681		not available	not available	not available	not available
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99391		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		\$ 27.45	\$ 16.09	\$ 27.45	\$ 16.09
		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE	90473		\$ 31.24	\$ 18.31	\$ 31.24	\$ 18.31
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	PRIMARY PROCEDURE	86580		\$ 19.49	\$ 11.42	\$ 19.49	\$ 11.42
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
10005	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUI	PRIMARY PROCEDURE	10005		\$ 126.30	\$ 74.02	\$ 126.30	\$ 74.02

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ 170.83	\$ 100.12	\$ 170.83	\$ 100.12
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		\$ 120.91	\$ 70.86	\$ 120.91	\$ 70.86
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN	PRIMARY PROCEDURE	57455		\$ 189.35	\$ 110.97	\$ 189.35	\$ 110.97
		ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION	58110		\$ 69.67	\$ 40.83	\$ 69.67	\$ 40.83
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
43247	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH R	PRIMARY PROCEDURE	43247		\$ 307.44	\$ 180.18	\$ 307.44	\$ 180.18
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	58555		\$ 265.86	\$ 155.81	\$ 265.86	\$ 155.81
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ 61.94	\$ 36.30	\$ 61.94	\$ 36.30
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	J0665		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
43762	REPLACEMENT OF GASTROSTOMY TUBE, PERCUTANEOUS, INCLUDES	PRIMARY PROCEDURE	43762		\$ 63.34	\$ 37.12	\$ 63.34	\$ 37.12
90658	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	PRIMARY PROCEDURE	90658		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-C	91320		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION	90480		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS,	90656		not available	not available	not available	not available
99421	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR A	PRIMARY PROCEDURE	99421		\$ 22.39	\$ 13.12	\$ 22.39	\$ 13.12
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	PRIMARY PROCEDURE	99195		\$ 176.16	\$ 103.24	\$ 176.16	\$ 103.24
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/ST	PRIMARY PROCEDURE	27096		\$ 148.16	\$ 86.83	\$ 148.16	\$ 86.83
90710	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV),	PRIMARY PROCEDURE	90710		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	90696		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		\$ 27.45	\$ 16.09	\$ 27.45	\$ 16.09
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTUR	PRIMARY PROCEDURE	25608		\$ 1,526.08	\$ 894.38	\$ 1,526.08	\$ 894.38
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC	01830		not available	not available	not available	not available
		RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF 3 V	73110		\$ 14.78	\$ 8.66	\$ 14.78	\$ 8.66

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		not available	not available	not available	not available
		INJECTION, ACETAMINOPHEN, 10 MG	J0131		not available	not available	not available	not available
		INJECTION, HYDRALAZINE HCL, UP TO 20 MG	J0360		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, 0.1 MG EFF. DATE 10/1/2024	J1171		not available	not available	not available	not available
		INJECTION, LABETALOL HYDROCHLORIDE, 5 MG EFF. DATE: 7/	J1920		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATER	PRIMARY PROCEDURE	27814		\$ 1,392.72	\$ 816.22	\$ 1,392.72	\$ 816.22
		ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, A	01480		not available	not available	not available	not available
D1351	SEALANT-PER TOOTH	PRIMARY PROCEDURE	D1351		not available	not available	not available	not available
33263	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WI	PRIMARY PROCEDURE	33263		\$ 665.82	\$ 390.21	\$ 665.82	\$ 390.21
		ANESTHESIA FOR TRANSVENOUS INSERTION OR REPLACEMENT OF	00534		not available	not available	not available	not available
		CARDIOVERTER-DEFIBRILLATOR, DUAL CHAMBER (IMPLANTABLE)	C1721		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 12.25	\$ 7.18	\$ 12.25	\$ 7.18
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		not available	not available	not available	not available
		INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	J1200		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, VANCOMYCIN HCL, 500 MG	J3370		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS	PRIMARY PROCEDURE	36901		\$ 282.89	\$ 165.79	\$ 282.89	\$ 165.79
		ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY T	01844		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANEL MUS	80047		not available	not available	not available	not available
		GUIDE WIRE	C1769		not available	not available	not available	not available
		CATHETER, GUIDING (MAY INCLUDE INFUSION/PERFUSION CAPAB	C1887		not available	not available	not available	not available
		INTRODUCER/SHEATH, OTHER THAN GUIDING, OTHER THAN INTRA	C1894		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE D	PRIMARY PROCEDURE	93307		\$ 75.79	\$ 44.42	\$ 75.79	\$ 44.42
		TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC A	93303		\$ 106.61	\$ 62.48	\$ 106.61	\$ 62.48
J9035	INJECTION, BEVACIZUMAB, 10 MG	PRIMARY PROCEDURE	J9035		not available	not available	not available	not available
		INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARA	67028		\$ 165.15	\$ 96.79	\$ 165.15	\$ 96.79
		INJECTION, BEVACIZUMAB, 0.25 MG	C9257		not available	not available	not available	not available
46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTUL	PRIMARY PROCEDURE	46270		\$ 742.31	\$ 435.04	\$ 742.31	\$ 435.04
		ANESTHESIA FOR; ANORECTAL PROCEDURE	00902		not available	not available	not available	not available
		INJECTION, GLYCOPYRROLATE, 0.1 MG EFF. DATE: 01/01/202	J1596		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	J2765		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPA	PRIMARY PROCEDURE	29827		\$ 1,924.71	\$ 1,128.00	\$ 1,924.71	\$ 1,128.00
		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES	01630		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 12.25	\$ 7.18	\$ 12.25	\$ 7.18
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
J1071	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	PRIMARY PROCEDURE	J1071		not available	not available	not available	not available
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		\$ 26.64	\$ 15.61	\$ 26.64	\$ 15.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
90611	SMALLPOX AND MONKEYPOX VACCINE, ATTENUATED VACCINIA VIR	PRIMARY PROCEDURE	90611		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
99397	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	PRIMARY PROCEDURE	99397		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
50432	PLACEMENT OF NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUD	PRIMARY PROCEDURE	50432		\$ 351.38	\$ 205.93	\$ 351.38	\$ 205.93
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		not available	not available	not available	not available
		DILATION OF URETER(S) OR URETHRA, RADIOLOGICAL SUPERVIS	74485		\$ 68.64	\$ 40.23	\$ 68.64	\$ 40.23
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REP	PRIMARY PROCEDURE	33228		\$ 611.91	\$ 358.62	\$ 611.91	\$ 358.62
		ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTIO	00530		not available	not available	not available	not available
		INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPL	33270		\$ 957.93	\$ 561.41	\$ 957.93	\$ 561.41
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 12.25	\$ 7.18	\$ 12.25	\$ 7.18

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY	88300		\$ 7.61	\$ 4.46	\$ 7.61	\$ 4.46
		INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	J0665		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INJECTION, VANCOMYCIN HCL, 500 MG	J3370		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR	PRIMARY PROCEDURE	67210		\$ 907.12	\$ 531.63	\$ 907.12	\$ 531.63
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG,	PRIMARY PROCEDURE	36821		\$ 1,098.62	\$ 643.86	\$ 1,098.62	\$ 643.86
		ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY T	01844		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANEL MUS	80047		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CAR	PRIMARY PROCEDURE	30520		\$ 1,244.66	\$ 729.45	\$ 1,244.66	\$ 729.45

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		CARTILAGE GRAFT; NASAL SEPTUM	20912		\$ 883.13	\$ 517.57	\$ 883.13	\$ 517.57
		SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMP	30140		\$ 316.48	\$ 185.48	\$ 316.48	\$ 185.48
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
		INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	J2175		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH	PRIMARY PROCEDURE	57522		\$ 461.66	\$ 270.56	\$ 461.66	\$ 270.56
		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF	00940		not available	not available	not available	not available
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, 0.1 MG EFF. DATE 10/1/2024	J1171		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYS	J7297		not available	not available	not available	not available
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; ABO	86900		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF	PRIMARY PROCEDURE	58662		\$ 1,257.34	\$ 736.88	\$ 1,257.34	\$ 736.88
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDO	00840		not available	not available	not available	not available
		HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305		not available	not available	not available	not available
		ULTRASOUND, TRANSVAGINAL	76830		\$ 57.96	\$ 33.97	\$ 57.96	\$ 33.97
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9	86301		not available	not available	not available	not available
		IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 125	86304		not available	not available	not available	not available
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 12.25	\$ 7.18	\$ 12.25	\$ 7.18
		GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE	84702		not available	not available	not available	not available
		COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE T	80053		not available	not available	not available	not available
		CARCINOEMBRYONIC ANTIGEN (CEA)	82378		not available	not available	not available	not available
		ANTIBODY; TREPONEMA PALLIDUM	86780		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHET	A4314		not available	not available	not available	not available
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS	PRIMARY PROCEDURE	11900		\$ 52.25	\$ 30.62	\$ 52.25	\$ 30.62
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
44388	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, INCLUDING COLLEC	PRIMARY PROCEDURE	44388		\$ 271.93	\$ 159.37	\$ 271.93	\$ 159.37
		MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICI	99152		\$ 20.80	\$ 12.19	\$ 20.80	\$ 12.19
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR	PRIMARY PROCEDURE	66852		\$ 1,516.76	\$ 888.92	\$ 1,516.76	\$ 888.92
		ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY	00142		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANEL MUS	80047		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METH	PRIMARY PROCEDURE	67108		\$ 2,137.11	\$ 1,252.48	\$ 2,137.11	\$ 1,252.48
		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	00145		not available	not available	not available	not available
		RADIOLOGIC EXAMINATION, SKULL; LESS THAN 4 VIEWS	70250		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCYTANEOUS TAGS, ANY	PRIMARY PROCEDURE	11200		\$ 144.44	\$ 84.65	\$ 144.44	\$ 84.65
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	PRIMARY PROCEDURE	62270		\$ 109.17	\$ 63.98	\$ 109.17	\$ 63.98
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPL	PRIMARY PROCEDURE	33270		\$ 957.93	\$ 561.41	\$ 957.93	\$ 561.41
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 12.25	\$ 7.18	\$ 12.25	\$ 7.18
		RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	71046		\$ 18.31	\$ 10.73	\$ 18.31	\$ 10.73
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
C9257	INJECTION, BEVACIZUMAB, 0.25 MG	PRIMARY PROCEDURE	C9257		not available	not available	not available	not available
90632	HEPATITIS A VACCINE (HEPA), ADULT DOSAGE, FOR INTRAMUSC	PRIMARY PROCEDURE	90632		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
96110	DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTONE SU	PRIMARY PROCEDURE	96110		not available	not available	not available	not available
		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION	99392		not available	not available	not available	not available
21931	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTAN	PRIMARY PROCEDURE	21931		\$ 843.65	\$ 494.43	\$ 843.65	\$ 494.43
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 19.62	\$ 11.50	\$ 19.62	\$ 11.50
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
93304	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC A	PRIMARY PROCEDURE	93304		\$ 61.68	\$ 36.15	\$ 61.68	\$ 36.15
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ 170.83	\$ 100.12	\$ 170.83	\$ 100.12
		ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE D	93308		\$ 43.10	\$ 25.26	\$ 43.10	\$ 25.26
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEU	PRIMARY PROCEDURE	20550		\$ 68.03	\$ 39.87	\$ 68.03	\$ 39.87
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ 61.94	\$ 36.30	\$ 61.94	\$ 36.30
99387	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AN	PRIMARY PROCEDURE	99387		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
33208	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER	PRIMARY PROCEDURE	33208		\$ 883.66	\$ 517.88	\$ 883.66	\$ 517.88
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	93005		\$ 12.25	\$ 7.18	\$ 12.25	\$ 7.18
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROTAMINE SULFATE, PER 10 MG	J2720		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WI	PRIMARY PROCEDURE	95811		\$ 213.97	\$ 125.40	\$ 213.97	\$ 125.40
		SLEEP APNEA SYMPTOMS ASSESSED, INCLUDING PRESENCE OR AB	G8839		not available	not available	not available	not available
		COLLECTION AND INTERPRETATION OF PHYSIOLOGIC DATA (EG,	99091		\$ 94.27	\$ 55.25	\$ 94.27	\$ 55.25
		NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION	94760		\$ 6.98	\$ 4.09	\$ 6.98	\$ 4.09
		FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVIC	A7030		not available	not available	not available	not available
		DME DELIVERY, SET UP, AND/OR DISPENSING SERVICE COMPONE	A9901		not available	not available	not available	not available
		CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	E0601		not available	not available	not available	not available
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL JOIN	PRIMARY PROCEDURE	20600		\$ 62.76	\$ 36.78	\$ 62.76	\$ 36.78
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH	PRIMARY PROCEDURE	36590		\$ 331.59	\$ 194.33	\$ 331.59	\$ 194.33
D4910	PERIODONTAL MAINTENANCE	PRIMARY PROCEDURE	D4910		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
59200	INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLA	PRIMARY PROCEDURE	59200		\$ 113.32	\$ 66.41	\$ 113.32	\$ 66.41
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
		MIFEPRISTONE, ORAL, 200 MG	S0190		not available	not available	not available	not available
46280	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTUL	PRIMARY PROCEDURE	46280		\$ 881.71	\$ 516.74	\$ 881.71	\$ 516.74
		ANESTHESIA FOR; ANORECTAL PROCEDURE	00902		not available	not available	not available	not available
		INJECTION, GLYCOPYRROLATE, 0.1 MG EFF. DATE: 01/01/202	J1596		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	J2765		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH	PRIMARY PROCEDURE	52005		\$ 234.33	\$ 137.33	\$ 234.33	\$ 137.33

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URET	00910		not available	not available	not available	not available
		CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE	88112		\$ 47.74	\$ 27.98	\$ 47.74	\$ 27.98
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 26.31	\$ 15.42	\$ 26.31	\$ 15.42
		CALCULUS; INFRARED SPECTROSCOPY	82365		not available	not available	not available	not available
		INJECTION, ACETAMINOPHEN, 10 MG	J0131		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, 0.1 MG EFF. DATE 10/1/2024	J1171		not available	not available	not available	not available
		INJECTION, FUROSEMIDE, 1 MG EFFECTIVE DATE: 04/01/	J1938		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	PRIMARY PROCEDURE	58561		\$ 618.89	\$ 362.71	\$ 618.89	\$ 362.71
		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF	00952		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		not available	not available	not available	not available
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88341		\$ 49.06	\$ 28.75	\$ 49.06	\$ 28.75
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		\$ 60.40	\$ 35.40	\$ 60.40	\$ 35.40

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, GLYCOPYRROLATE, 0.1 MG EFF. DATE: 01/01/202	J1596		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
93455	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY A	PRIMARY PROCEDURE	93455		\$ 463.57	\$ 271.68	\$ 463.57	\$ 271.68
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76817		\$ 62.72	\$ 36.76	\$ 62.72	\$ 36.76
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED V	PRIMARY PROCEDURE	94010		\$ 14.11	\$ 8.27	\$ 14.11	\$ 8.27
1034F	CURRENT TOBACCO SMOKER (CAD, CAP, COPD, PV) (DM)	PRIMARY PROCEDURE	1034F		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
11981	INSERTION, DRUG-DELIVERY IMPLANT (IE, BIORESORBABLE, BI	PRIMARY PROCEDURE	11981		\$ 109.15	\$ 63.97	\$ 109.15	\$ 63.97
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ 61.94	\$ 36.30	\$ 61.94	\$ 36.30
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING	J7307		not available	not available	not available	not available
90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13), FOR	PRIMARY PROCEDURE	90670		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	90460		\$ 42.90	\$ 25.14	\$ 42.90	\$ 25.14
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99214		\$ 170.83	\$ 100.12	\$ 170.83	\$ 100.12
		PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR	90677		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGH	PRIMARY PROCEDURE	15823		\$ 1,012.21	\$ 593.22	\$ 1,012.21	\$ 593.22
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC; WITH FLUOROSCOPIC	PRIMARY PROCEDURE	62328		\$ 147.77	\$ 86.60	\$ 147.77	\$ 86.60
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	PRIMARY PROCEDURE	76816		\$ 71.39	\$ 41.84	\$ 71.39	\$ 41.84
		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUM	76815		\$ 54.35	\$ 31.85	\$ 54.35	\$ 31.85
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISH	PRIMARY PROCEDURE	D0180		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALL	PRIMARY PROCEDURE	27792		\$ 1,181.54	\$ 692.46	\$ 1,181.54	\$ 692.46
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 26.31	\$ 15.42	\$ 26.31	\$ 15.42
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 V	73610		\$ 14.78	\$ 8.66	\$ 14.78	\$ 8.66
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH	PRIMARY PROCEDURE	57520		\$ 538.76	\$ 315.75	\$ 538.76	\$ 315.75
		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF	00940		not available	not available	not available	not available
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		\$ 142.02	\$ 83.23	\$ 142.02	\$ 83.23
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		\$ 60.40	\$ 35.40	\$ 60.40	\$ 35.40
		COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE T	80053		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, 0.1 MG EFF. DATE 10/1/2024	J1171		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
93289	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYS	PRIMARY PROCEDURE	93289		\$ 62.72	\$ 36.76	\$ 62.72	\$ 36.76
J0741	INJ, CABOTE RILPIVIR 2MG 3MG INJECTION, CABOTEGRAVIR AN	PRIMARY PROCEDURE	J0741		not available	not available	not available	not available
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		\$ 26.64	\$ 15.61	\$ 26.64	\$ 15.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;	PRIMARY PROCEDURE	93005		\$ 12.25	\$ 7.18	\$ 12.25	\$ 7.18

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTUR	PRIMARY PROCEDURE	25609		\$ 1,929.84	\$ 1,131.01	\$ 1,929.84	\$ 1,131.01
		APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNA	29126		\$ 91.03	\$ 53.35	\$ 91.03	\$ 53.35
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 26.31	\$ 15.42	\$ 26.31	\$ 15.42
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
98001	SYNCHRONOUS AUDIO-VIDEO VISIT FOR THE EVALUATION AND MA	PRIMARY PROCEDURE	98001		not available	not available	not available	not available
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	PRIMARY PROCEDURE	94799		not available	not available	not available	not available
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	PRIMARY PROCEDURE	92550		\$ 39.62	\$ 23.22	\$ 39.62	\$ 23.22
		COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEEC	92557		\$ 57.01	\$ 33.41	\$ 57.01	\$ 33.41
49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF TUNNELED INTRA	PRIMARY PROCEDURE	49324		\$ 671.70	\$ 393.66	\$ 671.70	\$ 393.66
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDO	00790		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANEL MUS	80047		not available	not available	not available	not available
		CATHETER, HEMODIALYSIS/PERITONEAL, LONG-TERM	C1750		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, HYDROMORPHONE, 0.1 MG EFF. DATE 10/1/2024	J1171		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	86850		not available	not available	not available	not available
		BLOOD TYPING, SEROLOGIC; RH (D)	86901		not available	not available	not available	not available
58262	VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH RE	PRIMARY PROCEDURE	58262		\$ 1,633.32	\$ 957.23	\$ 1,633.32	\$ 957.23
		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF	00944		not available	not available	not available	not available
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		\$ 142.02	\$ 83.23	\$ 142.02	\$ 83.23
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHET	A4314		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, 0.1 MG EFF. DATE 10/1/2024	J1171		not available	not available	not available	not available
		INJECTION, GLYCOPYRROLATE, 0.1 MG EFF. DATE: 01/01/202	J1596		not available	not available	not available	not available
		INJECTION, METRONIDAZOLE, 10 MG EFF. DATE: 7/1/2023	J1836		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
67311	STRABISMUS SURGERY, RECESSIO	PRIMARY PROCEDURE	67311		\$ 831.82	\$ 487.50	\$ 831.82	\$ 487.50
		ANESTHESIA FOR PROCEDURES ON EYE; NOT OTHERWISE SPECIFI	00140		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANEL MUS	80047		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	J1200		not available	not available	not available	not available
		INJECTION, GLYCOPYRROLATE, 0.1 MG EFF. DATE: 01/01/202	J1596		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	J2710		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		POTASSIUM; SERUM, PLASMA OR WHOLE BLOOD	84132		not available	not available	not available	not available
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE (	PRIMARY PROCEDURE	11750		\$ 185.44	\$ 108.68	\$ 185.44	\$ 108.68

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ 61.94	\$ 36.30	\$ 61.94	\$ 36.30
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERT	PRIMARY PROCEDURE	64493		\$ 162.71	\$ 95.36	\$ 162.71	\$ 95.36
		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERT	64494		\$ 89.00	\$ 52.16	\$ 89.00	\$ 52.16
31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC	PRIMARY PROCEDURE	31653		\$ 417.92	\$ 244.93	\$ 417.92	\$ 244.93
		ANESTHESIA FOR CLOSED CHEST PROCEDURES; (INCLUDING BRON	00520		not available	not available	not available	not available
		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTE	88173		\$ 120.91	\$ 70.86	\$ 120.91	\$ 70.86
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIM	88342		\$ 60.40	\$ 35.40	\$ 60.40	\$ 35.40
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROU	88312		\$ 45.93	\$ 26.92	\$ 45.93	\$ 26.92
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
43277	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	PRIMARY PROCEDURE	43277		\$ 654.37	\$ 383.50	\$ 654.37	\$ 383.50
		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCED	00731		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	43260		\$ 558.44	\$ 327.28	\$ 558.44	\$ 327.28
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 26.31	\$ 15.42	\$ 26.31	\$ 15.42
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER	PRIMARY PROCEDURE	75630		\$ 159.93	\$ 93.73	\$ 159.93	\$ 93.73
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7	PRIMARY PROCEDURE	93248		\$ 44.26	\$ 25.94	\$ 44.26	\$ 25.94
		EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7	93247		\$ 478.16	\$ 280.23	\$ 478.16	\$ 280.23
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A	PRIMARY PROCEDURE	28890		\$ 409.41	\$ 239.94	\$ 409.41	\$ 239.94
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99212		\$ 61.94	\$ 36.30	\$ 61.94	\$ 36.30
52351	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY;	PRIMARY PROCEDURE	52351		\$ 524.45	\$ 307.36	\$ 524.45	\$ 307.36
		ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URET	00910		not available	not available	not available	not available
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 26.31	\$ 15.42	\$ 26.31	\$ 15.42
		CATHETER, URETERAL	C1758		not available	not available	not available	not available
		GUIDE WIRE	C1769		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, 0.1 MG EFF. DATE 10/1/2024	J1171		not available	not available	not available	not available
		INJECTION, GLYCOPYRROLATE, 0.1 MG EFF. DATE: 01/01/202	J1596		not available	not available	not available	not available
		INJECTION, LEVOFLOXACIN, 250 MG	J1956		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
J0897	INJECTION, DENOSUMAB, 1 MG	PRIMARY PROCEDURE	J0897		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION {SPE	96372		\$ 26.64	\$ 15.61	\$ 26.64	\$ 15.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSS	PRIMARY PROCEDURE	66710		\$ 712.82	\$ 417.76	\$ 712.82	\$ 417.76
17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL G	PRIMARY PROCEDURE	17311		\$ 628.72	\$ 368.47	\$ 628.72	\$ 368.47
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
87635	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	PRIMARY PROCEDURE	87635		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
G0398	HOME SLEEP STUDY TEST (HST) WITH TYPE II PORTABLE MONIT	PRIMARY PROCEDURE	G0398		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
3044F	MOST RECENT HEMOGLOBIN A1C (HBA1C) LEVEL LESS THAN 7.0%	PRIMARY PROCEDURE	3044F		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
D2330	RESIN-ONE SURFACE, ANTERIOR	PRIMARY PROCEDURE	D2330		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDIN	PRIMARY PROCEDURE	64616		\$ 192.15	\$ 112.61	\$ 192.15	\$ 112.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		INJECTION, ONABOTULINUMTOXINA, 1 UNIT	J0585		not available	not available	not available	not available
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETI	PRIMARY PROCEDURE	27130		\$ 2,290.08	\$ 1,342.13	\$ 2,290.08	\$ 1,342.13
		COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL	0054T		not available	not available	not available	not available
		ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; TOT	01214		not available	not available	not available	not available
		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EX	88305		\$ 64.60	\$ 37.86	\$ 64.60	\$ 37.86
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 26.31	\$ 15.42	\$ 26.31	\$ 15.42
		PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY, REQUIRING	97161		\$ 185.65	\$ 108.80	\$ 185.65	\$ 108.80
		RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELVIS WH	73502		\$ 18.96	\$ 11.11	\$ 18.96	\$ 11.11
		DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION	88311		\$ 21.43	\$ 12.56	\$ 21.43	\$ 12.56
		INFECTIOUS DISEASE (VIRAL RESPIRATORY TRACT INFECTION),	0241U		not available	not available	not available	not available
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		not available	not available	not available	not available
		JOINT DEVICE (IMPLANTABLE)	C1776		not available	not available	not available	not available
		INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	J0171		not available	not available	not available	not available
		INJECTION, BUPIVACAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	J0665		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM (BAXTER), NOT THERAPEUTICAL	J0689		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
36223	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMIN	PRIMARY PROCEDURE	36223		\$ 553.66	\$ 324.48	\$ 553.66	\$ 324.48
		SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY,	36224		\$ 621.42	\$ 364.19	\$ 621.42	\$ 364.19
		SELECTIVE CATHETER PLACEMENT, SUBCLAVIAN OR INNOMINATE	36225		\$ 549.16	\$ 321.84	\$ 549.16	\$ 321.84

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UNILATE	36226		\$ 616.98	\$ 361.59	\$ 616.98	\$ 361.59
		3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPU	76376		\$ 16.50	\$ 9.67	\$ 16.50	\$ 9.67
		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRA	76937		\$ 23.29	\$ 13.65	\$ 23.29	\$ 13.65
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	PRIMARY PROCEDURE	36558		\$ 450.09	\$ 263.78	\$ 450.09	\$ 263.78
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE T	80053		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	J7030		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
37200	TRANSCATHETER BIOPSY	PRIMARY PROCEDURE	37200		\$ 364.41	\$ 213.57	\$ 364.41	\$ 213.57
		TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTE	75970		\$ 64.79	\$ 37.97	\$ 64.79	\$ 37.97
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
43274	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	PRIMARY PROCEDURE	43274		\$ 798.60	\$ 468.03	\$ 798.60	\$ 468.03
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, GLYCOPYRROLATE, 0.1 MG EFF. DATE: 01/01/202	J1596		not available	not available	not available	not available
		INJECTION, LEVOFLOXACIN, 250 MG	J1956		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
 LOS ANGELES GENERAL MEDICAL CENTER
 COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
 EFFECTIVE JANUARY 1, 2026
 UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	PRIMARY PROCEDURE	J9217		not available	not available	not available	not available
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		\$ 26.64	\$ 15.61	\$ 26.64	\$ 15.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG,	PRIMARY PROCEDURE	11056		\$ 38.19	\$ 22.38	\$ 38.19	\$ 22.38
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
G0145	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPOR	PRIMARY PROCEDURE	G0145		not available	not available	not available	not available
		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTE	88175		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87624		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
D0470	DIAGNOSTIC CASTS	PRIMARY PROCEDURE	D0470		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
86480	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPO	PRIMARY PROCEDURE	86480		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	PRIMARY PROCEDURE	42826		\$ 472.49	\$ 276.91	\$ 472.49	\$ 276.91
		ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY;	00170		not available	not available	not available	not available
		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC E	88304		\$ 19.62	\$ 11.50	\$ 19.62	\$ 11.50
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, 0.1 MG EFF. DATE 10/1/2024	J1171		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
52204	CYSTOURETHROSCOPY, WITH BIOPSY(S)	PRIMARY PROCEDURE	52204		\$ 247.36	\$ 144.97	\$ 247.36	\$ 144.97
		CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE	88112		\$ 47.74	\$ 27.98	\$ 47.74	\$ 27.98
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
22514	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY C	PRIMARY PROCEDURE	22514		\$ 831.16	\$ 487.11	\$ 831.16	\$ 487.11
		PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN	22511		\$ 711.58	\$ 417.03	\$ 711.58	\$ 417.03
		PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN	22512		\$ 352.64	\$ 206.67	\$ 352.64	\$ 206.67
		PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY C	22513		\$ 888.45	\$ 520.69	\$ 888.45	\$ 520.69
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM)	3075F		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQU	3077F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQ	3080F		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM (BAXTER), NOT THERAPEUTICAL	J0689		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, 0.1 MG EFF. DATE 10/1/2024	J1171		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 U	J7040		not available	not available	not available	not available
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, INCLUDES INTERNA	PRIMARY PROCEDURE	23515		\$ 1,322.64	\$ 775.15	\$ 1,322.64	\$ 775.15
		ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; NOT	00450		not available	not available	not available	not available
		RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	73000		\$ 14.20	\$ 8.32	\$ 14.20	\$ 8.32
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		not available	not available	not available	not available
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
98007	SYNCHRONOUS AUDIO-VIDEO VISIT FOR THE EVALUATION AND MA	PRIMARY PROCEDURE	98007		not available	not available	not available	not available
36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT	PRIMARY PROCEDURE	36830		\$ 1,110.08	\$ 650.58	\$ 1,110.08	\$ 650.58
		ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY T	01844		not available	not available	not available	not available
		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY),	71275		\$ 151.31	\$ 88.68	\$ 151.31	\$ 88.68
		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CON	Q9967		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		GRAFT, VASCULAR	C1768		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, VASOPRESSIN, 1 UNIT EFF. DATE: 07/01/2023	J2598		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	J2795		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	PRIMARY PROCEDURE	J0561		not available	not available	not available	not available
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		\$ 26.64	\$ 15.61	\$ 26.64	\$ 15.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
90680	ROTAVIRUS VACCINE, PENTAVALENT (RV5), 3 DOSE SCHEDULE,	PRIMARY PROCEDURE	90680		not available	not available	not available	not available
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T CONJ	90648		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA	90461		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		\$ 27.45	\$ 16.09	\$ 27.45	\$ 16.09
		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE	90473		\$ 31.24	\$ 18.31	\$ 31.24	\$ 18.31
		PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR	90677		not available	not available	not available	not available
		DIPHThERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	90723		not available	not available	not available	not available
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN	PRIMARY PROCEDURE	57452		\$ 161.31	\$ 94.54	\$ 161.31	\$ 94.54
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
65820	GONIOTOMY	PRIMARY PROCEDURE	65820		\$ 1,507.43	\$ 883.45	\$ 1,507.43	\$ 883.45

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAO	66984		\$ 986.00	\$ 577.86	\$ 986.00	\$ 577.86
		ANESTHESIA FOR PROCEDURES ON EYE; NOT OTHERWISE SPECIFI	00140		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (S	PRIMARY PROCEDURE	31231		\$ 113.50	\$ 66.52	\$ 113.50	\$ 66.52
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIR	PRIMARY PROCEDURE	59820		\$ 691.51	\$ 405.27	\$ 691.51	\$ 405.27
		ANESTHESIA FOR INCOMPLETE OR MISSED ABORTION PROCEDURES	01965		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST	80048		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		PROTHROMBIN TIME;	85610		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHE	PRIMARY PROCEDURE	36569		\$ 161.18	\$ 94.46	\$ 161.18	\$ 94.46
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	71045		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
29580	STRAPPING; UNNA BOOT	PRIMARY PROCEDURE	29580		\$ 45.11	\$ 26.44	\$ 45.11	\$ 26.44
J2357	INJECTION, OMALIZUMAB, 5 MG	PRIMARY PROCEDURE	J2357		not available	not available	not available	not available
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		\$ 26.64	\$ 15.61	\$ 26.64	\$ 15.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	PRIMARY PROCEDURE	11982		\$ 126.03	\$ 73.86	\$ 126.03	\$ 73.86
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIP	PRIMARY PROCEDURE	51728		\$ 178.94	\$ 104.87	\$ 178.94	\$ 104.87
		VOIDING PRESSURE STUDIES, INTRA-ABDOMINAL (IE, RECTAL,	51797		\$ 68.44	\$ 40.11	\$ 68.44	\$ 40.11
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDES MOSI	PRIMARY PROCEDURE	27829		\$ 1,298.24	\$ 760.85	\$ 1,298.24	\$ 760.85
		ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, A	01480		not available	not available	not available	not available
		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 V	73610		\$ 14.78	\$ 8.66	\$ 14.78	\$ 8.66
		ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-T	C1713		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, HYDROMORPHONE, 0.1 MG EFF. DATE 10/1/2024	J1171		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		INJECTION, FAMOTIDINE, 20 MG	S0028		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
52352	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY;	PRIMARY PROCEDURE	52352		\$ 613.18	\$ 359.36	\$ 613.18	\$ 359.36
		ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URET	00918		not available	not available	not available	not available
		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIA	76000		\$ 26.31	\$ 15.42	\$ 26.31	\$ 15.42
		CALCULUS; INFRARED SPECTROSCOPY	82365		not available	not available	not available	not available
		LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY	88300		\$ 7.61	\$ 4.46	\$ 7.61	\$ 4.46
		INJECTION, AMPICILLIN SODIUM, 500 MG	J0290		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	J1580		not available	not available	not available	not available
		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	J1885		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		RINGERS LACTATE INFUSION, UP TO 1000 CC	J7120		not available	not available	not available	not available
58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTE	PRIMARY PROCEDURE	58573		\$ 2,146.00	\$ 1,257.69	\$ 2,146.00	\$ 1,257.69
		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDO	00840		not available	not available	not available	not available
		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXA	88307		\$ 142.02	\$ 83.23	\$ 142.02	\$ 83.23
		COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE T	80053		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85025		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	J1100		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, UP TO 4 MG	J1170		not available	not available	not available	not available
		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	J1644		not available	not available	not available	not available
		INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 M	J1720		not available	not available	not available	not available
		INJECTION, METRONIDAZOLE, 10 MG EFF. DATE: 7/1/2023	J1836		not available	not available	not available	not available
		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 M	J2001		not available	not available	not available	not available
		INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	J2175		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOV	PRIMARY PROCEDURE	67042		\$ 2,053.79	\$ 1,203.65	\$ 2,053.79	\$ 1,203.65

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	00145		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	J2371		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROC	V2790		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
92100	SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEA	PRIMARY PROCEDURE	92100		\$ 56.94	\$ 33.37	\$ 56.94	\$ 33.37
		EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REP	92285		\$ 5.24	\$ 3.07	\$ 5.24	\$ 3.07
		FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	92250		\$ 36.57	\$ 21.43	\$ 36.57	\$ 21.43
		COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, OPTICAL	92134		\$ 31.96	\$ 18.73	\$ 31.96	\$ 18.73
		OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVAL	92014		\$ 133.93	\$ 78.49	\$ 133.93	\$ 78.49
92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)	PRIMARY PROCEDURE	92504		\$ 16.67	\$ 9.77	\$ 16.67	\$ 9.77
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
D0190	SCREENING OF A PATIENT	PRIMARY PROCEDURE	D0190		not available	not available	not available	not available
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	PRIMARY PROCEDURE	54200		\$ 163.12	\$ 95.60	\$ 163.12	\$ 95.60
		INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01	J0775		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN	PRIMARY PROCEDURE	11406		\$ 450.21	\$ 263.85	\$ 450.21	\$ 263.85
		ANESTHESIA FOR ALL PROCEDURES ON THE INTEGUMENTARY SYST	00300		not available	not available	not available	not available
		BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANEL MUS	80047		not available	not available	not available	not available
		MESH (IMPLANTABLE)	C1781		not available	not available	not available	not available
		INJECTION, ACETAMINOPHEN, 10 MG	J0131		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL S	PRIMARY PROCEDURE	26727		\$ 897.91	\$ 526.23	\$ 897.91	\$ 526.23
		ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS, ULNA, W	01820		not available	not available	not available	not available
		RADIOLOGIC EXAMINATION, HAND; MINIMUM OF 3 VIEWS	73130		\$ 14.78	\$ 8.66	\$ 14.78	\$ 8.66
		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330		not available	not available	not available	not available
		INJECTION, CEFAZOLIN SODIUM, 500 MG	J0690		not available	not available	not available	not available
		INJECTION, HYDROMORPHONE, 0.1 MG EFF. DATE 10/1/2024	J1171		not available	not available	not available	not available
		INJECTION, LIDOCAINE HYDROCHLORIDE, 1 MG EFF. DATE 10/	J2003		not available	not available	not available	not available

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	J2405		not available	not available	not available	not available
		INJECTION, PROPOFOL, 10 MG	J2704		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
		UNCLASSIFIED DRUGS EFFECTIVE DATE: 01/01/1986	J3490		not available	not available	not available	not available
		ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PROD	J7613		not available	not available	not available	not available
		VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE S	36410		\$ 15.73	\$ 9.22	\$ 15.73	\$ 9.22
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLE	PRIMARY PROCEDURE	27650		\$ 1,211.78	\$ 710.18	\$ 1,211.78	\$ 710.18
90716	VARICELLA VIRUS VACCINE (VAR), LIVE, FOR SUBCUTANEOUS U	PRIMARY PROCEDURE	90716		not available	not available	not available	not available
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED (RV1), 2 DOSE SCHE	PRIMARY PROCEDURE	90681		not available	not available	not available	not available
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90471		\$ 39.16	\$ 22.95	\$ 39.16	\$ 22.95
		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INT	90472		\$ 27.45	\$ 16.09	\$ 27.45	\$ 16.09
		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE	90473		\$ 31.24	\$ 18.31	\$ 31.24	\$ 18.31
		HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T CONJ	90648		not available	not available	not available	not available
		PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR	90677		not available	not available	not available	not available
		DIPHThERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	90723		not available	not available	not available	not available
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM	PRIMARY PROCEDURE	20220		\$ 152.39	\$ 89.31	\$ 152.39	\$ 89.31

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, A	76942		\$ 52.86	\$ 30.98	\$ 52.86	\$ 30.98
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICAT	38792		\$ 55.20	\$ 32.35	\$ 55.20	\$ 32.35
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
44389	COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTI	PRIMARY PROCEDURE	44389		\$ 299.08	\$ 175.28	\$ 299.08	\$ 175.28
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN,	3079F		not available	not available	not available	not available
		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		not available	not available	not available	not available
		INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		not available	not available	not available	not available
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), P	PRIMARY PROCEDURE	J1950		not available	not available	not available	not available
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		\$ 26.64	\$ 15.61	\$ 26.64	\$ 15.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	PRIMARY PROCEDURE	J1050		not available	not available	not available	not available
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		\$ 26.64	\$ 15.61	\$ 26.64	\$ 15.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
97597	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SU	PRIMARY PROCEDURE	97597		\$ 61.34	\$ 35.95	\$ 61.34	\$ 35.95
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99213		\$ 116.13	\$ 68.06	\$ 116.13	\$ 68.06

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJ	PRIMARY PROCEDURE	J2353		not available	not available	not available	not available
		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPE	96372		\$ 26.64	\$ 15.61	\$ 26.64	\$ 15.61
		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND	99211		\$ 15.34	\$ 8.99	\$ 15.34	\$ 8.99
99170	ANOGENITAL EXAMINATION, MAGNIFIED, IN CHILDHOOD FOR SUS	PRIMARY PROCEDURE	99170		\$ 147.12	\$ 86.22	\$ 147.12	\$ 86.22
		OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ES	99244		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87661		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87491		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87591		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
87491	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	PRIMARY PROCEDURE	87491		not available	not available	not available	not available
		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	87591		not available	not available	not available	not available
		MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG	3074F		not available	not available	not available	not available
		MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG	3078F		not available	not available	not available	not available
		ANTIBODY; TREPONEMA PALLIDUM	86780		not available	not available	not available	not available
		ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	86703		not available	not available	not available	not available
		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC,	85027		not available	not available	not available	not available
		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	36415		not available	not available	not available	not available
80076	HEPATIC FUNCTION PANEL THIS PANEL MUST INCLUDE THE FOLL			THIS PROCEDURE WAS PROVIDED IN INPATIENT SETTING ONLY	n/a	n/a	n/a	n/a

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
COMMERCIAL PAYOR CONTRACTS PROFESSIONAL COMPONENT - COMPREHENSIVE SERVICES BY PROCEDURE¹
EFFECTIVE JANUARY 1, 2026
UPDATED AS OF 12/23/2025

Primary Code	Service Category	Procedure Description	CPT Code	Note	ANTHEM BLUE CROSS (Commercial)	BLUE SHIELD TRIWEST (Commercial)	Maximum Negotiated Rate	Minimum Negotiated Rate
					Professional ^{2,4}	Professional ^{3,4}	Professional ⁴	Professional ⁴
81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI			THIS PROCEDURE WAS PROVIDED IN INPATIENT SETTING ONLY	n/a	n/a	n/a	n/a
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBI			THIS PROCEDURE WAS PROVIDED IN INPATIENT SETTING ONLY	n/a	n/a	n/a	n/a
84153	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL			THIS PROCEDURE WAS PROVIDED IN INPATIENT SETTING ONLY	n/a	n/a	n/a	n/a
85730	THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLO			THIS PROCEDURE WAS PROVIDED IN INPATIENT SETTING ONLY	n/a	n/a	n/a	n/a
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MA			THIS PROCEDURE WAS PROVIDED IN INPATIENT SETTING ONLY	n/a	n/a	n/a	n/a
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDI			THIS PROCEDURE WAS PROVIDED IN INPATIENT SETTING ONLY	n/a	n/a	n/a	n/a
72193	CT SCAN, PELVIS, WITH CONTRAST			THIS PROCEDURE WAS PROVIDED IN INPATIENT SETTING ONLY	n/a	n/a	n/a	n/a
73721	MRI SCAN OF LEG JOINT			THIS PROCEDURE WAS PROVIDED IN INPATIENT SETTING ONLY	n/a	n/a	n/a	n/a
55866	SURGICAL REMOVAL OF PROSTATE AND SURROUNDING LYMPH NODES USING AN ENDOSCOPE			THIS PROCEDURE WAS PROVIDED IN INPATIENT SETTING ONLY	n/a	n/a	n/a	n/a
59510	ROUTINE OBSTETRIC CARE FOR CESAREAN DELIVERY, INCLUDING PRE- AND POST-DELIVERY CARE			THIS PROCEDURE WAS PROVIDED IN INPATIENT SETTING ONLY	n/a	n/a	n/a	n/a
59610	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY AFTER PRIOR CESAREAN DELIVERY INCLUDING PRE-AND POST- DELIVERY CARE			THIS PROCEDURE WAS PROVIDED IN INPATIENT SETTING ONLY	n/a	n/a	n/a	n/a
80055	OBSTETRIC BLOOD TEST PANEL			NOT OFFERED	n/a	n/a	n/a	n/a
84154	PSA (PROSTATE SPECIFIC ANTIGEN)			NOT OFFERED	n/a	n/a	n/a	n/a

Footnotes:
1. Services presented are commonly provided by Health Services hospitals, excluding services which are not considered "shoppable".
2. Professional services are applied to Outpatient setting, Professional services are not contracted in Inpatient setting.
3. Professional services are applied to Inpatient and Outpatient setting.
4. Professional Contract Rates are based on the contract terms, using California, Area 18, 2025 Part B Medicare Physician Fee Schedule, effective January 1, 2025.