

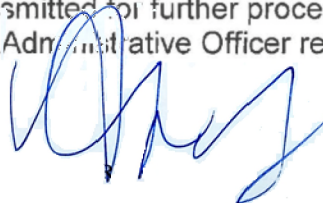
0150-10536-0001

**TRANSMITTAL**

TO The City Council	DATE 5/12/16	COUNCIL FILE NO.
FROM The Mayor	COUNCIL DISTRICT	

**Proposed First Amended and Restated Contract with  
StrataCare, LLC for Medical Bill Review, Cost Containment, and  
Managed Care Services**

Transmitted for further processing.  
See the City Administrative Officer report attached.

 (Ana Guerrero)

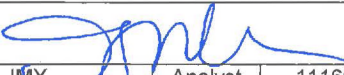
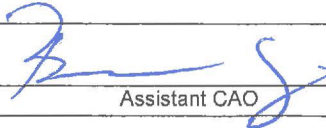

**Report From**  
**OFFICE OF THE CITY ADMINISTRATIVE OFFICER**  
**Analysis of Proposed Contract**  
(\$25,000 or Greater and Longer than Three Months)

To: The Mayor	Date: 5/12/16	C.D. No.	CAO File No.: 0150-10536-0001				
Contracting Department/Bureau: Personnel Department		Contact: David Noltemeyer (213) 473-3374 Bobbi Jacobsen (213) 473-9148					
Reference: Personnel Department transmittal dated March 25, 2016; referred by Mayor for report							
Purpose of Contract: To provide medical bill review, cost containment, and managed care services for the City of Los Angeles workers' compensation program							
Type of Contract: ( ) New contract (X) Amendment		Contract Term Dates: Original contract term: July 1, 2013 to June 30, 2016 (three years) First Amended and Restated Contract: Up to two additional years through June 30, 2018					
Contract/Amendment Amount: \$29,487,948							
Proposed amount \$12,658,632 + Prior award(s) \$29,487,948 = Total \$42,146,580 over five years							
Source of funds: Human Resources Benefits Department No. 61; General Fund No. 100; Contractual Services Account No. 003040							
Name of Contractor: StrataCare, LLC							
Address: 17838 Gillette Avenue Irvine, CA 92614							
	Yes	No	N/A*	8. Contractor has complied with:	Yes	No	N/A*
1. Council has approved the purpose	X			a. Equal Employmt. Oppty./Affirm. Action	X		
2. Appropriated funds are available	X			b. Good Faith Effort Outreach**	X		
3. Charter Section 1022 findings completed	X			c. Equal Benefits Ordinance	X		
4. Proposals have been requested	X			d. Contractor Responsibility Ordinance	X		
5. Risk Management review completed	X			e. Slavery Disclosure Ordinance	X		
6. Standard Provisions for City Contracts included	X			f. Bidder Certification CEC Form 50	X		
7. Workforce that resides in the City: 3.04%				*N/A = not applicable ** Contracts over \$100,000			

**COMMENTS**

In accordance with Executive Directive No. 3 (Villaraigosa Series), the Personnel Department (Personnel) requests approval to execute a First Amended and Restated Contract (Contract No. C-122496) with StrataCare, LLC (Contractor) to provide medical bill review, cost containment, and managed care services for the City of Los Angeles workers' compensation program. The First Amended and Restated Contract (Contract) provides for the following: (1) extension of the term of the Contract for up to two additional years through June 30, 2018; (2) addition of diagnostic imaging and neurology discount rates and pricing based on new State fee schedules effective January 1, 2014 and January 1, 2015; and (3) increase of the maximum compensation by up to \$12,658,632 from \$29,487,948 to a not to exceed total of \$42,146,580 for five years through June 30, 2018.

The Personnel Department, Workers' Compensation Division administers the City's workers' compensation program and utilizes a combination of City staff and contractors, including Third Party Administrators to provide claims administration for all sworn Police and Fire claims and a portion of other civilian claims, and a bill review vendor to analyze medical bills to ensure that the City only pays for authorized medical treatment at State fee schedules or discount pricing rates. The City currently contracts with StrataCare, LLC to provide medical bill review services. In addition, StrataCare, LLC is

 JMY Analyst 11160088c	 Assistant CAO	 City Administrative Officer
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responsible for (1) providing reviews of medical treatment to determine if it is medically necessary (also known as utilization review services) upon request by the City and (2) making and maintaining contracts with medical care providers and networks for services covered under the Contract to deliver medical care to the City's injured employees at the rates contained in the Contract (also known as the Managed Care Program). Bill review and managed care services are provided at a fixed annual cost of about \$2.8 million. Utilization review services are performed upon request by the City, and as such, expenditures for these services are variable.

The Contractor was selected in 2013 following a Request for Proposals process. The initial contract was executed in July 2013 for a term of three years and compensation not to exceed \$29,487,948. On October 27, 2015, the City Council authorized the General Manager of the Personnel Department or designee to extend the Contract for up to an additional two years through June 30, 2018 (C.F. 15-1146). The First Amended and Restated Contract incorporates the terms of the initial Contract No. C-122496, including an extension of the Contract.

Subsequent to Council approval of the Contract extension, Personnel indicated that the initial contract would need to be amended further to increase the funding allocation for the additional time and to add diagnostic imaging and neurology discount rates and pricing based on new State fee schedules effective January 1, 2014 and January 1, 2015. Accordingly, Personnel submitted a revised First Amended and Restated Contract which increases the maximum compensation by up to \$12,658,632 (or \$6,329,316 per year for years four and five) from \$29,487,948 to \$42,146,580 should the Contract be extended two additional years, and adds the diagnostic imaging and neurology discount rates and pricing. The average annual expenditure over the last 2.5 years of the Contract was about \$4.8 million. The annual compensation limit of about \$6.3 million for years four and five is sufficient to cover the fixed annual service fee of about \$2.8 million for bill review and managed care services and variable expenditures for other fees and services, such as utilization review included in the Contract. Thus, while Personnel does not anticipate spending up to the maximum contract limit, the limit provides for maximum variable expenditures through the contract term should it be necessary.

In addition, the Contract provides for additional changes to update the service provisions of the Contract, including the replacement of a medical care provider as part of the Managed Care Program and documentation of the bill review procedure utilized to calculate the fixed monthly fee outlined in the Contract.

On May 10, 2016, the Personnel Department determined that there are no classifications of City employees that can perform the work proposed to be contracted in accordance with Charter Section 1022. Per Los Angeles Administrative Code Section 10.5(b)(2), Council approval of the proposed Contract is required because the term exceeds three years and expenditures are more than \$143,894 annually. In addition, as extension of the initial contract for up to an additional two years was approved by the Council, the First Amended and Restated Contract also requires Council approval. The Contractor has complied with all City contracting requirements, policies, and procedures.

## **RECOMMENDATION**

That the Council approve, and authorize the General Manager of the Personnel Department to negotiate and execute, a First Amended and Restated Contract with StrataCare, LLC, substantially in accordance with the draft attached, to provide medical bill review, cost containment, and managed care services for the City of Los Angeles workers' compensation program, to extend the term for up to

two additional years through June 30, 2018, to add diagnostic imaging and neurology discount rates and pricing based on new State fee schedules effective January 1, 2014 and January 1, 2015, and to increase compensation by an amount up to \$12,658,632 for a total maximum compensation not to exceed \$42,146,580 through June 30, 2018, and add contract provisions regarding services and billing procedures, subject to the review and approval of the City Attorney.

### **FISCAL IMPACT STATEMENT**

Funding is included in the Human Resources Benefits 2015-16 Adopted Budget and 2016-17 Proposed Budget, Fund No. 100, Contractual Services Account No. 003040 for this purpose. There is no additional impact to the General Fund. As budgeted funds will be used to support the proposed expenditures and expenditures are limited to the appropriation of funds in the budget, the recommendation provided in this report complies with the City's Financial Policies.

*MAS:JMY:11160088c*

Attachment

FIRST AMENDED AND RESTATED CONTRACT  
BETWEEN

**CITY OF LOS ANGELES  
AND  
STRATACARE, LLC**

MEDICAL BILL REVIEW, COST CONTAINMENT AND  
MANAGED CARE SERVICES PROGRAM

CONTRACT #: C-122496

## TABLE OF CONTENTS

<b>1. PARTIES, REPRESENTATIVES AND CONDITIONS PRECEDENT</b> .....	<b>6</b>
1.1. Representatives of the Parties and Service of Notices .....	6
1.2. Conditions Precedent .....	7
<b>2. DISCLOSURE OF INFORMATION</b> .....	<b>8</b>
<b>3. CONFLICT OF INTEREST</b> .....	<b>8</b>
<b>4. CONFIDENTIALITY</b> .....	<b>8</b>
<b>5. PUBLIC RECORDS ACT</b> .....	<b>10</b>
<b>6. PUBLICITY</b> .....	<b>10</b>
<b>7. RECORD RETENTION AND INSPECTION/AUDIT</b> .....	<b>10</b>
<b>8. DEFINITIONS</b> .....	<b>11</b>
8.1. Utilization Review.....	11
8.2. Bill Review.....	11
8.3. Document Management and Workflow System (eFlo).....	12
8.4. LINX .....	12
8.5. Payor .....	12
8.6. Business Days.....	12
8.7. Prior Authorization Program (PAP) .....	12
8.8. PPO Savings.....	13
<b>9. SCOPE OF SERVICES</b> .....	<b>13</b>
<b>10. PROJECT COORDINATION</b> .....	<b>13</b>
10.1. Account Executive and Program Manager .....	13
10.2. New Medical Service Cost Review Cost Containment Team and Transition .....	14
<b>11. ADMINISTRATIVE MATTERS</b> .....	<b>14</b>
11.1. Designated Office.....	14
11.2. Computerized Claims Management System – LINX .....	14
11.3. Document Management and Workflow System .....	15
11.4. Reporting Responsibilities .....	15
11.5. Communication.....	15
11.5.1. Messenger Service .....	15
11.5.2. Meetings .....	15
11.6. Legislation Reviews .....	16
11.7. Training.....	16
11.8. Computer Interface .....	16
<b>12. STAFFING</b> .....	<b>16</b>
12.1. Staff Assignments .....	16
12.2. Experience/Training for Contractor Personnel .....	17
<b>13. Information Management Requirements</b> .....	<b>17</b>
<b>14. Internal Controls</b> .....	<b>18</b>
<b>15. MEDICAL BILL REVIEW, COST CONTAINMENT AND MANAGED CARE SERVICES PROGRAM</b> .....	<b>18</b>
15.1. Contractor Responsibilities .....	18
15.2. Discounts and Fees for Services .....	19
15.3. Fraud .....	19
15.4. Subcontractors .....	19
15.5. Bill Review.....	20
15.6. Preferred Provider Organization (PPO).....	24
15.7. First Care Panel (FCP).....	25
15.8. Medical Provider Network.....	26
15.9. Utilization Review.....	26
15.10. Managed Care Program .....	28
15.10.1. Pharmacy Benefits Management (PBM) and Durable Medical Equipment (DME) Networks.....	29
15.10.2. Radiology Network .....	30

- 15.10.3. Nurse Case Management and Home Health .....31
- 15.10.4. Transportation and Translation Network.....31
- 15.10.5. Ergonomic Network .....31
- 15.10.6. Job Analysis Network.....32
- 15.10.7. Dental Network.....33
- 15.10.8. Physical Medicine Network .....33
- 16. MINIMUM STANDARDS OF PERFORMANCE.....33**
  - 16.1. General Performance Guarantee Provisions.....33
  - 16.2. Periodic Review and Performance Monitoring .....34
  - 16.3. Performance Reporting Requirements .....35
    - 16.3.1. WorkCompStat .....35
  - 16.4. Quality Assurance.....36
  - 16.5. Adjustments to Total Fees Paid.....36
  - 16.6. Adjustments for Overpayment, Fine Penalty, or Other Cost .....36
    - 16.6.1. Such failure includes but are not limited to the following:.....36
- 17. TERM OF CONTRACT.....37**
- 18. METHOD OF PAYMENT .....38**
  - 18.1. Flat Annual Service Fees.....38
  - 18.2. Other Service Fees .....40
  - 18.3. Total Obligation .....40
- 19. WARRANTY AGAINST CONTINGENT FEES.....41**
- 20. RATIFICATION CLAUSE .....41**
- 21. FIRST SOURCE HIRING ORDINANCE .....42**
- 22. LIMITATION OF CITY’S OBLIGATION TO MAKE PAYMENTS TO CONTRACTOR.....42**
  - 22.1. Budget Reductions.....42
  - 22.2. Most Favored Public Entity .....42
  - 22.3. Non Exclusivity .....42
  - 22.4. Invoices.....43
- 23. TERMINATION .....44**
  - 23.1. Termination for Convenience .....44
  - 23.2. Termination for Breach of Contract.....44
- 24. AMENDMENTS/MODIFICATIONS/CHANGES .....44**
- 25. CONTRACTOR RECORDS.....44**
- 26. CONTRACTOR EVALUATION ORDINANCE .....45**
- 27. STANDARD PROVISIONS.....45**
  - 27.1. Standard Provisions for City Contracts.....45
  - 27.2. Warranty .....45
  - 27.3. Licenses and Permits .....45
  - 27.4. Compliance with Statutes and Regulations .....45
  - 27.5. Compliance with Los Angeles City Charter Section 470(c)(12).....45
  - 27.6. Iran Contracting Act Of 2010.....45
- 28. TAXES.....46**
- 29. INCORPORATION OF ATTACHMENTS .....46**
- 30. ENTIRE CONTRACT .....46**

**FIRST AMENDED AND RESTATED CONTRACT  
BETWEEN  
CITY OF LOS ANGELES  
AND  
STRATACARE, LLC**

**FOR**

**MEDICAL BILL REVIEW, COST CONTAINMENT AND MANAGED CARE  
SERVICES PROGRAM**

**CONTRACT #: C-122496**

This Contract, which includes the attached Appendices, is made and entered into by and between the City of Los Angeles, a municipal corporation, acting by and through the Personnel Department, hereinafter referred to as City, and StrataCare, LLC hereinafter referred to as Contractor, with reference to the following:

**RECITALS**

1. Whereas, the City released a Request for Proposals pursuant to Charter Section 372 after determining that the proposed Contract is for expert and technical services of a temporary and occasional character for which bidding under Charter Section 371 is not practical or advantageous to the City; and
2. Whereas, in response to City's Request for Proposal for such services, dated November 2, 2012, Contractor submitted a proposal dated January 4, 2013 which offers to provide the requested services; and
3. Whereas, Contractor is duly licensed and certified under the laws of the State of California to engage in the business of providing Medical Bill Review, Cost Containment and Managed Care Services Program, as described hereunder and possesses the competence, expertise and personnel required to provide such services; and
4. Whereas, City is legally self-insured for its workers' compensation liability; and
5. Whereas, City has a need for a contractor, including all professional and support staff and services necessary, to provide medical bill review, cost containment and managed care services, which include but are not limited to: Medical Bill Review, Preferred Provider Organizations (PPOs), First Care Panel, Medical Provider Network (MPN), Pharmacy Benefits Management (PBM) Network, Durable Medical Equipment Network, Radiology Network, Nurse Case Management Network, Home Health Network, Transportation and Translation Network, Ergonomic and Job Analysis Network, Dental Network, Physical Medicine Network, and Utilization

Review (UR), to manage costs in accordance to legal requirements, industry best practice standards, and financial accountability procedures; and

6. Whereas, the City performed a 1022 review and determined that it is more feasible for the City to contract for the required services than to have employees perform the work; and
7. Whereas, City has selected Contractor for award of this Contract; and
8. Whereas, effective July 1, 2013, City and Contractor entered into a three-year contract, expiring June 30, 2016; and
9. Whereas, at its meeting of October 27, 2015, (CF15-1146) the City Council authorized the Personnel Department General Manager or designee to extend the Contract for an additional two years;
10. Whereas, City and Contractor desire to amend the Contract to (a) change the termination date from June 30, 2016 to June 30, 2017, (b) increase the maximum payable to the Contractor, and (c) add additional provisions required by City ordinance;
11. Whereas, City and Contractor also desire to amend the Contract to specify Diagnostic Imaging and Neurology discount rates and pricing based on a new State Fee Schedule effective January 1, 2014 and January 1, 2015;
12. Whereas, effective August 1, 2015, City and Contractor agreed to remove Rockport as the PPO subcontractor for out-of-CA State bills, and be replaced with PPO subcontractor IQ Analysis (IQA);
13. Whereas, effective February 25, 2016, City and Contractor agreed to a discounted rate for ancillary bills processed during the term on the Contract;
14. Whereas, City and Contractor agree that the Contract's payment section will be modified to provide funding allocation from July 1, 2016 through June 30, 2018;
15. Whereas, at its meeting of \_\_\_\_\_, 2016, the City Council authorized the Personnel Department General Manager to add additional services and increase the annual funding amounts for years four and five; and
16. Whereas, the Personnel Department is funded for these services; and
17. Whereas, the terms and conditions of the original agreement shall remain the same except as modified consistent with recitals number 9, 10, 11, 12, 13, 14, 15 and 16.

NOW, THEREFORE, in consideration of the promises and of the terms, covenants and conditions set forth herein, the parties hereby covenant, represent, and agree as follows:

## **1. PARTIES, REPRESENTATIVES AND CONDITIONS PRECEDENT**

### **1.1. Representatives of the Parties and Service of Notices**

- a. The representatives of the respective parties authorized to administer this Contract and to whom formal notices, demands, and communications will be given are as follows:

The representative of City will be, unless otherwise stated in the Contract:

Margaret Whelan, General Manager  
Personnel Department, or designee

Wendy G. Macy, General Manager  
Personnel Department, or designee

Designee:

David Noltemeyer  
Workers' Compensation Division Chief  
City of Los Angeles Personnel Department  
700 E. Temple Street, Room 210  
Los Angeles, CA 90012

The representative of Contractor will be:

E. Harry Creasey  
President  
StrataCare, LLC  
17838 Gillette Avenue  
Irvine, CA 92614

- b. Formal notices and correspondence to be given hereunder by either party must be made in writing and may be effected by personal delivery or by registered or certified mail, postage prepaid, return receipt requested and will be deemed communicated three (3) days after the date of mailing.
- c. If the name of the person designated to receive the notices or correspondence, or if the address of such person changes, written notice will be given in accordance with this Section within five (5) business days of said change.

## 1.2. Conditions Precedent

- a. Without limiting Contractor's indemnification of City and during the term of this Contract, Contractor shall provide and maintain the programs of insurance listed below. Evidence of this coverage must be submitted by Contractor and approved no later than thirty (30) days prior to the inception of any operations. Such insurance shall be primary to and not contributing with any other insurance or self-insurance programs maintained by City. Such coverage shall be provided and maintained at Contractor's own expense.
- Automobile liability insurance in the amount of not less than one million dollars (\$1,000,000)
  - Workers' compensation insurance in the amount of not less than one million dollars (\$1,000,000).
  - General liability insurance in the amount of not less than one million dollars (\$1,000,000).
  - Professional liability in the amount of not less than one million dollars (\$1,000,000).
  - Performance bond in the amount of not less than two million dollars (\$2,000,000).
- b. Evidence of insurance and performance security is an industry ACORD Certificate that Contractor must submit electronically at <http://track4la.lacity.org>.
- c. Within 90 days of commencement of this Contract, Contractor must provide City with copies of the following documents:
1. Contractor's Articles of Incorporation and all amendments thereto, as filed with the Secretary of State.
  2. Resolutions or other corporate actions of Contractor's Board of Directors, properly attested or certified, which specify the name(s) of the person(s) authorized to obligate Contractor and execute contractual documents.
  3. Certificate of Good Standing from Secretary of State.
- d. Contractor shall obtain and maintain in effect during the term of this Contract all required licenses, permits, registrations, and certificates required by law which are applicable to the performance of work and delivery of services required by this Contract.

## **2. DISCLOSURE OF INFORMATION**

In no event will Contractor, its employees, agents or subcontractors, disclose any detailed information regarding City's claim management program or about any individual claimant, including even confirmation of the existence or non-existence of a claim, without the express written permission of City, except as necessary to conduct its business and provide the services identified in this Contract. Contractor will issue no press release or respond to any media inquiry regarding the program as a whole or individual claimant.

## **3. CONFLICT OF INTEREST**

- a. No City employee whose position with City enables such employee to influence the award of this Contract or any competing Contract, and no spouse or economic dependent of such employee, shall be employed in any capacity by Contractor or have any other direct or indirect financial interest in this Contract. No officer or employee of Contractor who may financially benefit from the performance of work hereunder shall in any way participate in City's approval, or ongoing evaluation, of such work, or in any way attempt to unlawfully influence City's approval or ongoing evaluation of such work.
- b. Contractor shall comply with all conflict of interest laws, ordinances, and regulations now in effect or hereafter to be enacted during the term of this Contract. Contractor warrants that it is not now aware of any facts that create a conflict of interest. If Contractor hereafter becomes aware of any facts that might reasonably be expected to create a conflict of interest, it shall immediately make full written disclosure of such facts to City. Full written disclosure shall include, but is not limited to, identification of all persons implicated and a complete description of all relevant circumstances. Failure to comply with the provisions of Contract Section 3 shall be a material breach of this Contract.

## **4. CONFIDENTIALITY**

- a. Contractor shall be responsible for safeguarding all City claims and property provided for Contractor's use or in Contractor's care, custody and control. At the close of each workday, checks, cases, files, supplies, equipment and computer access shall be secured by Contractor.
- b. All documents, records and information provided by City to Contractor, or accessed, reviewed or produced by Contractor, during performance of this Contract, including but not limited to employee/claimants' medical information, shall remain the property of City. All documents, records, and information provided by City to Contractor, or accessed, reviewed, or produced by Contractor during performance of this Contract, are confidential (hereinafter collectively referred to as "Confidential Information").
- c. Contractor agrees not to provide Confidential Information, or disclose its content or any information contained in it either orally or in writing, to any other person or

entity. Contractor agrees that all Confidential Information used or reviewed in connection with Contractor's work for City will be used only for the purpose of carrying out City business and cannot be used for any other purpose. Contractor shall be responsible for protecting the confidentiality and maintaining the security of all Confidential Information in its possession.

- d. Any Confidential Information provided by City to Contractor, or accessed, reviewed or produced by Contractor, during performance of this Contract, shall be made available to its employees, agents, and subcontractors only on a need-to-know basis. Further, Contractor will provide written instructions to all of its employees, agents and subcontractors with access to the Confidential Information about the penalties for its unauthorized use or disclosure.
- e. Contractor must not remove Confidential Information or any other documents or information used or reviewed in connection with Contractor's work for City from City facilities or Contractor's office without prior approval from City. Contractor shall, at the conclusion of this Contract, or at the request of City, promptly return to City any and all Confidential Information and all other written materials, notes, documents or other information obtained by Contractor during the course of work under this Contract. Contractor shall not make or retain copies of any such information, materials or documents. Contractor and its employees, agents, and subcontractors may have access to confidential medical records information, which access is controlled by statute. Misuse of such information may adversely affect the subject individual's civil rights and violates the law.
- f. Contractor shall implement such reasonable and prudent measures to keep secure and private medical history information accessed by its employees, agents and subcontractors during the performance of this Contract as are required by law and this Contract. Contractor shall advise its employees, agents and subcontractors of this confidentiality requirement.
- g. All of Contractor's employees and subcontractors assigned to perform services, or to provide direct support to those performing services for City and who have access to the City's confidential information under this Contract shall sign and adhere to a Statement of Confidentiality, provided by City, which includes, but is not limited to, media contacts, nondisclosure of information relating to claims management issues, and prohibited relationships with vendors, and that conforms, to the extent possible, to City's own ethics and confidentiality statements. Such statements shall be reviewed annually by Contractor with its employees.
- h. Any breach of security that occurs through Contractor's website, offices or network shall require Contractor to be responsible for notifying City and all applicants affected by such breach. Contractor shall also be responsible for all costs associated with such notification

- i. The provisions of this Section shall survive termination/expiration of this Contract.

## **5. PUBLIC RECORDS ACT**

- a. Any documents submitted by Contractor and all information obtained in connection with City's right to audit and inspect Contractor's documents, books, and accounting records pursuant to Contract Section 7, Record Retention and Inspection/Audit of this Contract become the exclusive property of City. All such documents become a matter of public record and shall be regarded as public records. Exceptions will be those elements in the California Government Code Section 6250 et seq. (Public Records Act) and which are marked "trade secret," "confidential," or "proprietary." City shall not in any way be liable or responsible for the disclosure of any such records including, without limitation, those so marked, if disclosure is required by law, or by an order issued by a court of competent jurisdiction.
- b. In the event City is required to defend an action on a Public Records Act request for any of the aforementioned documents, information, books, records, and/or contents of a proposal marked "trade secret," "confidential," or "proprietary," Contractor agrees to defend and indemnify City from all costs and expenses, including reasonable attorney's fees, in action or liability arising under the Public Records Act.

## **6. PUBLICITY**

- a. Contractor shall not disclose any details in connection with this Contract to any person or entity except as may be otherwise provided hereunder or required by law. However, in recognizing Contractor's need to identify its services and related clients to sustain itself, City shall not inhibit Contractor from publishing its role under this Contract within the following conditions:
  - 1. Contractor shall develop all publicity material in a professional manner.
  - 2. During the term of this Contract, Contractor shall not, and shall not authorize another to publish or disseminate any commercial advertisements, press releases, feature articles, or other materials using the name of City without the prior written consent of the Contract Administrator or designate. City shall not unreasonably withhold written consent.
- b. Contractor may, without the prior written consent of City, indicate in its proposals and sales materials that it has been awarded this Contract with the City of Los Angeles, provided that the requirements of this Section shall apply

## **7. RECORD RETENTION AND INSPECTION/AUDIT**

- a. Contractor shall maintain accurate and complete financial records of its activities and operations relating to this Contract in accordance with generally accepted accounting principles. Contractor shall also maintain accurate and complete

employment and other records relating to its performance of this Contract. Contractor agrees that City, or its authorized representatives, shall have access to and the right to examine, audit, excerpt, copy, or transcribe any pertinent transaction, activity, or records relating to this Contract. All such material, including, but not limited to, all financial records, timecards and other employment records, and proprietary data and information, shall be kept and maintained by Contractor and shall be made available to City during the term of this Contract and for a period of three (3) years thereafter unless City's written permission is given to dispose of any such material prior to such time. All such material shall be maintained by Contractor at a location in Los Angeles County, or another location approved by City, provided that if any such material is located outside Los Angeles County, then, at City's option, Contractor shall pay City for travel, per diem, and other costs incurred by City to examine, audit, excerpt, copy, or transcribe such material at such other location.

- b. In the event that an audit of Contractor is conducted specifically regarding this Contract by any Federal or State auditor, or by any auditor or accountant employed by Contractor or otherwise, Contractor shall immediately notify the City of such audit. Contractor shall also provide a copy of such audit report to the City within thirty (30) days of Contractor's receipt thereof, unless otherwise provided by applicable Federal or State law or under this Contract. City shall make a reasonable effort to maintain the confidentiality of such audit report(s).
- c. Failure on the part of Contractor to comply with any of the provisions of Contract Section 7 shall constitute a material breach of this Contract upon which City may terminate or suspend this Contract.

## **8. DEFINITIONS**

### **8.1. Utilization Review**

- a. "Utilization review" (UR) means utilization review or utilization management functions that prospectively, retrospectively, or concurrently review and approve, modify, delay, or deny, based in whole or in part on medical necessity to cure and relieve, treatment recommendations by physicians, as defined in Section 3209.3, prior to, retrospectively, or concurrent with the provision of medical treatment services, pursuant to Section 4600 of Labor Code of Workers' Compensation Laws of California.
- b. Each UR will include the completion of the UR objective (approving, modifying, or denying treatment request) and any resulting appeal. Resubmission from the provider for a lack of medical information denial within 30 days of the lack of medical denial determination is also included.

### **8.2. Bill Review**

Review of and the recommendation of Workers' Compensation medical and pharmacy or other invoices to State-mandated fee schedule(s), PPO rates,

other negotiated contracted rates, for provider charges that exceed usual and customary charges, for services that are not medically necessary, and for fraud and other problems, such as inappropriate billing practices, miscoding, etc. in bills that require adjustments.

### **8.3. Document Management and Workflow System (eFlo)**

eFlo is the Workers' Compensation Division's document management and workflow system, otherwise known as its imaging system. All claim-related documents received in the Division, such as claim forms, bills, medical reports, and correspondence are scanned into the system. The documents are then routed to the appropriate staff (Adjustors) for processing using information retrieved from both the LINX and City's Payroll (PAYSR) systems. It uses one or a combination of the claim number, social security number, claimant name, and Workers' Compensation Appeals Board (WCAB) Number to forward the document to the staff handling the claim.

### **8.4. LINX**

The City currently uses proprietary software, called LINX, to process its workers' compensation claims. It was specifically designed for the City by Aon Corporation and has been in use since October 1990. LINX runs on an IBM AS/400 platform and has been customized to meet the City's unique requirements. Technical support and all computer equipment required for the operation of the system are currently outsourced to an outside vendor located in Irvine, CA.

### **8.5. Payor**

Organization with an arrangement with a PPO network or other network and is entitled to network billing considerations, including discounts and freedom from balance billing.

### **8.6. Business Days**

With the exception of Saturdays, Sundays, and City legal holidays, all other days are considered business days from 8:00 a.m. to 5:30 p.m. PST. The Contract Administrator will provide a list of the City holidays to the Contractor after Contract is approved and annually at the beginning of the calendar year.

### **8.7. Prior Authorization Program (PAP)**

Pursuant to authorization by the State of California Workers' Compensation Division, the City implemented a Prior Authorization Program on July 1, 2010. This Program requires providers in the City's First Care Panel to send injured workers to the City's Managed Care Providers for routine medical procedures on a pre-approved basis. Since prior authorization is not required, wait times associated with the Utilization Review or analyst-approval process is avoided allowing services to be rendered immediately.

## **8.8. PPO Savings**

The difference between the state fee schedule amount, or UCR in states without fee schedules, and the PPO contract amount. For example:

Provider Charges = \$100  
Fee Schedule or UCR Amount = \$80  
PPO Contract Amount = \$70  
PPO Savings = \$10

PPO Savings does not include the provider charges billed below Fee Schedule or UCR, whichever is applicable.

## **9. SCOPE OF SERVICES**

As specified in this Contract, Contractor shall take all necessary steps to reduce medical and disability costs, and enhance the quality and the level of the City's medical and disability management and cost containment services program. The Contractor shall provide workers' compensation medical and disability management and cost containment services for all existing claims as well as all new claims reported during the contract period for City and Third Party Administrators (TPAs) including, but not limited to:

1. Medical Bill Review
2. Preferred Provider Organizations (PPOs)
3. First Care Panel
4. Medical Provider Network (MPN)
5. Pharmacy Benefits Management (PBM) Network
6. Durable Medical Equipment Network
7. Radiology Network
8. Nurse Case Management
9. Home Health Network
10. Transportation and Translation Network
11. Ergonomic and Job Analysis Network
12. Dental Network
13. Physical Medicine Network
14. Utilization Review (UR)

## **10. PROJECT COORDINATION**

### **10.1. Account Executive and Program Manager**

- a. Before performing services under this Contract, Contractor shall designate in writing an account service team and designate an Account Executive and Program Manager, subject to approval of City. If Contractor elects to replace Account Executive or Program Manager, prior notice will be given to City, and City reserves the right to meet with, review and approve the

background, education, and experience of any potential assignee to this position throughout the term of this Contract at its sole and absolute discretion.

- b. The Account Executive will have full authority to administer the Contract and serve as the prime contact on behalf of Contractor with City and will have overall management responsibility for the supervision of Contractor's performance under this Contract.
- c. The Program Manager will be responsible for maintaining the day-to-day operational control of all ongoing medical service cost containment management activities related to this Contract. The Program Manager will be responsible for ensuring the quality of medical service cost containment activities provided to City and for promptly resolving any problem or concern that may develop during the term of this Contract.

## **10.2. New Medical Service Cost Review Cost Containment Team and Transition**

Contractor shall ensure that all necessary staff, equipment, systems, and facilities are available for full operation and performance of service under this Contract on July 1, 2013.

## **11. ADMINISTRATIVE MATTERS**

### **11.1. Designated Office**

- a. Contractor shall establish a single designated claim office to handle City claims. That office shall be located at:

17838 Gillette Avenue  
Irvine, CA 92614

- b. If, during the term of this Contract, any change of office location, alteration of existing office space, or reconfiguration takes place, it shall be the sole responsibility of Contractor to ensure the electronic data transfer process continues for ongoing City business and to directly bear any costs associated with such a reconfiguration.

### **11.2. Computerized Claims Management System – LINX**

- a. City requires Contractor to interface with City's own proprietary claims management system known as LINX. Contractor shall provide the City with an acceptable electronic data transfer process that can be used for direct input of reviewed bills into the City's automated Workers' Compensation System LINX. See Appendix 1, Systems Handout for additional information and requirements.

- b. City may at its discretion replace the LINX system with another computerized claims management system. When and if this occurs, Contractor shall assist City in the development and implementation of the new system to ensure a smooth transition.
- c. If City replaces the LINX system during the life of this agreement, Contractor will provide the necessary interfaces to the new replacement system at Contractor's cost, during the term of this Contract for all fields and functionality required as part of the Contractor's system and services.

### **11.3. Document Management and Workflow System**

- a. City requires Contractor to interface with Workers' Compensation Division's document management and workflow system, eFlo. The main function of this system is exporting bills and supporting documents for review and importing related explanation of review (EOR) documents back to the system for further processing. Contractor shall provide City with an acceptable electronic data transfer process that supports eFlo platform, and file formats. See Appendix 1, Systems Handout for additional information and requirements.
- b. The City may replace eFlo; therefore Contractor is required to interface with any platform and file formats that the new document management and workflow system will be utilizing.
- c. If City replaces the eFlo system during the life of this agreement, Contractor will provide the necessary interfaces to the new replacement system at Contractor's cost, during the term of this Contract for all fields and functionality required as part of the Contractor's system and services.

### **11.4. Reporting Responsibilities**

The Contractor will consistently update and enhance all software systems necessary to insure compliance with Contract and the State of California workers' compensation regulations and requirements at no cost to the City. See Appendix 1 Systems Handout for additional information.

### **11.5. Communication**

#### **11.5.1. Messenger Service**

Contractor shall provide bonded messenger services to transport medical bills and materials as necessary, except on weekends and City holidays, to the City and City's TPAs.

#### **11.5.2. Meetings**

- a. Contractor is required to attend in-person, monthly or as requested by the City, performance assessment meetings facilitated by City's

Contract Administrator. The meetings will focus on Contractor's and City's performance in fulfilling the services in this Contract. The meetings will provide a forum to informally discuss opportunities for improving procedures and conditions, service level agreements, and cost reductions for both parties.

- b. Contractor shall be responsible for preparing and distributing agenda at least (2) two business days prior to meetings and minutes to document such meetings within a week after the meetings, as well as any periodic reports as required by City.

#### **11.6. Legislation Reviews**

On an ongoing basis, Contractor shall monitor and evaluate any and all proposed legislative changes or State directives, rules, and regulations, which directly apply to the current scope and current functionality of services delivered under this Contract and implement, at no cost to the City any changes necessary for the performance of work under this Contract.

#### **11.7. Training**

Contractor shall provide City and TPA claims staff periodic training as necessary, at no additional cost, to ensure City achieves maximum cost containment including but not limited to legislative changes, Contractor's system, and other cost saving techniques and strategies related to services provided by Contractor.

#### **11.8. Computer Interface**

Contractor shall provide its own computers with Internet and e-mail capability and all necessary communication and office equipment that Contractor deems necessary to perform the services pursuant to this Contract.

### **12. STAFFING**

#### **12.1. Staff Assignments**

- a. Contractor shall use its own employees to perform the services required under this Contract. City shall have the right to discuss with Contractor the possibility of replacing any person assigned to City's Contract found to be in violation of any of the terms of this Contract. City reserves the right to have Contractor replace any Contract personnel with equally or better qualified staff upon submitting written notice to Contractor.
- b. Contractor may utilize subcontractors to assist in performance of this Contract. Notwithstanding the fact that Contractor may utilize subcontractors, Contractor shall remain primarily responsible for performing all aspects of this Contract. City has the right to approve or disapprove Contractor's subcontractors and City reserves the right, in its

own discretion, to request replacement of a subcontractor. City does not have any obligation to pay subcontractors and nothing in this Contract creates any privity of contract or otherwise between City and the subcontractors.

## **12.2. Experience/Training for Contractor Personnel**

- a. To ensure appropriate management of medical benefits, all bill reviewers assigned to the City's account must meet specific standards of training experience and skills.
  1. All medical bill reviewers assigned to the City's account must be a designated medical bill reviewer as stated in California Code of Regulations (CCR) Section 2592.01 and completed training as stated in CCR Section 2592.04.
  2. Additionally, Contractor shall ensure that Contractor's staff remain aware of and utilize sound and effective bill review techniques, procedures and strategies, and that they are aware of any adopted legislative changes or legal precedents which develop during the term of this Contract through continuing education and training.

## **13. Information Management Requirements**

- a. Contractor must be able to interface with systems utilized by the City related to the performance of the service(s) on which they submit proposals (at their own cost); these include the Department's document management and workflow system (eFlo) and the claims administration program (LINX) see Appendix 1 Systems Handout for additional information and requirements. The City may replace one or both of these systems. If and when this occurs, the Contractor must be able to integrate with any replacement system(s).
- b. Contractor must provide the City with an acceptable electronic data transfer process for all services covered under this Contract.
- c. Contractor will ensure all electronic files are received, processed and returned to the City and notify the City of missing files daily and implement corrective action subject to City approval.
- d. The Contractor will consistently update and enhance all software systems to ensure compliance with the State of California workers' compensation regulations and requirements at no cost to the City. See Appendix 1 Systems Handout for additional information.
- e. Contractor must provide the City with Electronic and standardized medical billing, in accordance with California Code of Regulations, Sections 9792.5 to 9792.5.3 and must ensure Electronic billing integrates seamlessly with the City's current

proprietary claims administration program known as LINX and document management and workflow system (imaging) known as eFlo (see Appendix 1 System Handout for details). The City may at its discretion replace one or both of these systems. If and when this occurs, the Contractor will assist the City in the implementation of the new system(s) to ensure a smooth transition. Contractor must be able to integrate with the current and new system(s) at no cost to the City.

#### **14. Internal Controls**

- a. Contractor shall provide City with its internal control procedures to prevent errors and misrepresentation of data and information related to the performance of work and delivery of services provided under this Contract and by subcontractor(s).
- b. Contractor shall audit these internal controls and implement any changes necessary, at no cost to the City.
- c. Thirty days after contract execution, Contractor shall submit an audit plan to audit subcontractors at least once a year.
- d. Contractor shall provide City with the audit results, at no cost to the City.

#### **15. MEDICAL BILL REVIEW, COST CONTAINMENT AND MANAGED CARE SERVICES PROGRAM**

##### **15.1. Contractor Responsibilities**

Contractor shall control costs in the Workers' Compensation Program by providing integrated medical and disability cost containment services in the following fourteen (14) areas:

1. Medical Bill Review
2. Preferred Provider Organizations (PPOs)
3. First Care Panel
4. Medical Provider Network (MPN)
5. Pharmacy Benefits Management (PBM) Network
6. Durable Medical Equipment Network
7. Radiology Network
8. Nurse Case Management
9. Home Health Network
10. Transportation and Translation Network
11. Ergonomic and Job Analysis Network
12. Dental Network
13. Physical Medicine Network
14. Utilization Review (UR)

## **15.2. Discounts and Fees for Services**

- a. Contractor must ensure that the City is listed as a payor on the payor list created by Contractor and/or subcontractor network(s) for all services under this Contract, and shall include any language required to ensure that the City obtains all benefits described in this Contract between the City and the Contractor, including but not limited to maximum PPO discounts and subcontractor network rates detailed in Appendix 2 Discount Rates and Fees. City must be provided a copy of all contracts and payor lists for all services under the Contract for the City's reference, at no cost to the City.
- b. Contractor agrees that when discounts have been applied as per the PPO contract, the Contractor shall enforce the terms of the Contractor's contracts with the PPO, including but not limited to compelling providers to refrain from filing liens for amounts discounted as per their contracts, from "selling" these liens for collections, or otherwise depriving the City of these discounts. If a network provider habitually and wrongly files liens and/or abuses the appeals process, the provider shall be given written notice by Contractor, of the City's concerns upon approval of the City, and shall be advised that continued abuse of the process will lead to recommendation of the removal from the City's PPO. At no additional cost, the Contractor and PPO shall provide any reasonable assistance to the City as requested in legal or other proceedings at the City's request, including but not limited to providing testimony and copies of documents, such as Contractor's contract with the PPO without necessity of subpoena. This provision shall extend beyond the term of this Agreement.

## **15.3. Fraud**

Contractor shall implement a program approved by City, to identify and intervene in potentially fraudulent billing issues. Contractor shall ensure that staff is properly trained in the identification of potential fraud and abuse of the workers' compensation process, and shall aggressively investigate and resolve such issues when raised. To the extent that fraudulent activity is discovered, Contractor shall immediately notify City and shall cooperate with appropriate local and State authorities in the development of cases for criminal prosecution. Additionally, there shall be efforts to identify instances of over utilization, questionable billing, and "self-referral" by vendors. Contractor shall provide written or other relevant documentation of any and all efforts taken to identify and intervene in potentially fraudulent claims upon reasonable request of City. Contractor will provide a report on this program in their annual report to the City.

## **15.4. Subcontractors**

- a. Contractor shall be responsible and liable for the performance of all subcontractors used for services under this Contract and for resolving any issue identified by City or Contractor.

- b. Contractor shall supply the City at no cost, within 30 days of Contract execution, all subcontractor agreements and pricing.

#### **15.5. Bill Review**

- a. Contractor shall analyze all medical, pharmacy and other invoices and provide maximum reductions for each bill to amounts allowed by the California Division of Workers' Compensation's Official Medical Fee Schedule or the respective fee schedule for out-of-state bills, PPO rates, usual customary and reasonable (UCR) rates, and other negotiated contract rates. Additionally Contractor shall identify and correct fee schedule excesses, duplicate charges, billing infractions and have the ability to unbundle service codes as needed to achieve savings. The bill review, analysis, and reduction shall be conducted by qualified staff according to above Section.
- b. Contractor shall identify and process duplicate bills at no cost to the City.
- c. Contractor must complete the bill review process within 7 business days and 4 days for electronic billing; provided that City provides Contractor with a "clean" bill that includes all necessary documentation, including without limitation all vendor and claimant information, and shall be calculated inclusive of the date the bill is available to the Contractor and inclusive of the availability of the completed bill to the City by Contractor.

City shall be reimbursed by Contractor for failure to meet these timeframes according to Contract Section 16.6, Adjustments for Overpayment, Fine Penalty, or Other Cost.

- d. Contractor shall analyze all invoices for medical-legal professional consultations and reduce each bill to amounts allowed by the Medical Fee Schedule (Relative Value Studies) of the State of California Division of Workers' Compensation. Contractor shall complete the medical-legal bill review process within five (5) business days.
- e. Contractor shall maintain a computer system capable of tracking such information as duplicate bills, service dates, diagnostic codes, original bill amount, and recommended reduction, and shall provide individual reports of discount savings by type (PPO, discount network, medical legal, etc.) and an integrated savings report. City reserves the right to exclude any specific claim from assignment to Contractor at its own discretion.
- f. Contractor shall audit all hospital bills, including those cases that received an initial Utilization Review and those that were not reviewed at the time of hospitalization, to ensure that only appropriate charges are made and appropriate standards, fee schedules, and discounts applied. All hospital

bills are to be analyzed and adjusted to disallow duplicate charges, charges for treatment not received, charges for treatment received but not ordered by a physician and charges that are outside the scope of the City's liability. Contractor also agrees to conduct cursory audit of hospital bills as requested by the City on a real-time basis

- g. Contractor must incorporate bill review with all services provided in this Contract to ensure only authorized services are paid and with maximum savings. Services not authorized will include non-certification language and a legal objection in the EOB and be sent to Provider, Injured Worker and Applicant Attorney.
- h. Contractor shall make licensed Registered Nurses and medical panel providers available to assist with difficult reviews such as pain management, experimental, new or not commonly performed procedures, multiple injuries/medications, addictive drug, catastrophic claim, head trauma and comatose patients, medical/legals, and review of surgical bills at no additional cost to the City.
- i. Contractor must defend any review recommendations and services provided in this Contract in arbitration or at the Workers' Compensation Appeals Board (WCAB) when requested by the City or its designated Third Party Administrator (TPA) within 15 business days of notice or sooner if mutually agreeable by both parties. At no additional cost Contractor shall:
  - Make WCAB appearances.
  - Re-evaluate bills.
  - Make recommendations and adjustments to bill review.
  - Gather all documentation necessary to defend bill review recommendation.
  - Prepare lien affidavits for arbitration at the WCAB.
  - Prepare and deliver Kunz package within 10 business days of request by City, on surgical center and outpatient hospital bill issues.

Contractor must provide a highly qualified representative(s) from their staff for all appearances including but not limited to hearings and mediations at the WCAB on lien, bill and UR issues. These services will not be performed by Contractor's on-site representatives as described below. This provision will survive the term of the Contract.

- j. Contractor shall provide three (3) on-site representatives to be located in the space provided by the City and TPAs. Services provided by these representatives will include but not be limited to, providing direct liaison to the City's workers' compensation management and TPA, resolving billing problems of an unusual nature, performing on-site rush reviews, preparing and completing lien affidavits, providing unique statistical reports, and

responding to quality service issues or problems. On-site representatives will not attend lien hearings or trials. Three (3) on-site representatives will be responsible for servicing the City located in the City of Los Angeles and the three (3) TPAs located in Alhambra, Temecula and Pomona California. One (1) on-site representative will service the Los Angeles location and one (1) on-site representative will service the Alhambra location on a full time basis during regular business hours. One (1) on-site representative will serve TPAs in Temecula and Pomona on a rotating, full time basis, dependent on service needs during regular business hours.

- k. Contractor shall provide and maintain an on-line terminal and office equipment in the space provided by the City and TPA(s) at Contractor's own expense. (See Appendix 1 Systems Handout)
- l. Contractor shall interface with eFlo for viewing of bill images and processing through the workflow system or other document imaging program if and when eFlo is replaced. (See Appendix 1 Systems Handout).
- m. Contractor shall provide the City with an itemized report of the bills reviewed by claim number, including the savings achieved, on a monthly basis or as otherwise requested by the City. The report may be a customized report as necessary to meet the City's needs, at no additional charge.
- n. Contractor shall provide the City with an acceptable electronic data transfer process that can be used for direct input of reviewed bills into the City's automated claims management system. (See Appendix 1 Systems Handout).
- o. Contractor shall be responsible for retrieving all bills and/or information necessary for review electronically from the City's Workers' Compensation Division and one TPA in Temecula through the eFlo System and manually from two TPAs located in Alhambra and Pomona through a courier service at no additional cost to the City. All materials are to be returned to the appropriate organizational entity at the completion of review. The three (3) TPAs currently utilized are located in Alhambra, California, Pomona, California and Temecula, California.
- p. Contractor shall be responsible for generating, faxing, and mailing an explanation of benefits (EOB) to vendors, injured workers and any appropriate parties including Applicant Attorneys at no additional charge to the City. The EOB shall meet all State requirements in accordance with but not limited to Labor Code Sections 5307.1 and 5307.3 and shall include, at minimum:
  - 1. An itemized listing of charges reviewed,

2. An indication of which services have had billing adjustments made, and the allowance made on each service adjusted,
  3. The reason and amount for each adjustment, including amount previously paid, and total recommended payment,
  4. A legal objection if appropriate, with legally acceptable language required by the Labor Code and defensible at the WCAB,
  5. A statement instructing the service provider to contact Contractor in writing or telephonically for any inquiries or disputes regarding the reduction of charges,
  6. For EOB sent to the injured worker, a statement advising them "This is not a bill" and to verify the services were provided and to contact the specific City or TPA contact for any questions or concerns, and
  7. Any additional State requirement which may be enacted.
- q. Contractor shall also be responsible for returning all original bills along with an EOB copy for each bill electronically or manually as directed by the City to the City's Workers' Compensation Division and TPA(s).
- r. Contractor shall be responsible for responding to inquiries from vendors who question the recommended payment, and for re-evaluations, reconsiderations, and WCAB appearances. Contractor shall provide a designated toll free phone number during Business days and hours for City and TPA analysts to refer such calls. These services are included in the service fee for medical bill review and there will be no additional charge for these services.
- s. Contractor must provide the City with Electronic and standardized medical billing, in accordance with California Code of Regulations, Sections 9792.5 to 9792.5.3 and must ensure Electronic billing integrates seamlessly with the City's current proprietary claims administration program known as LINX and document management and workflow system (imaging) known as eFlo (see Appendix 1 System Handout for details). The City may at its discretion replace one or both of these systems. If and when this occurs, the Contractor will assist the City in the implementation of the new system(s) to ensure a smooth transition. Contractor must be able to integrate with the current and new system(s).
- t. Contractor shall load all City's payment history data from prior Contractor, regardless of the amount of data, at no cost to the City, and, as requested by the City, will transmit this data to other vendor(s) or the City when the

workload is reassigned, and in the format and method designated by the City.

- u. Contractor shall work with the City in its use of the document management and workflow system, at no additional cost to the City, to ensure that the Contractor will interface with this system as required by the City.
- v. Contractor shall provide any systems requirements and a point-to-point T1 communication line or other agreed upon method to City for connection to eFlo and LINX at no additional cost.
- w. City, through its Workers' Compensation Division, may provide to Contractor specific written instructions detailing its requirements for cost containment strategies or procedural requirements. Contractor shall ensure that its staff is properly notified of such requirements, and that its entire staff consistently applies them.
- x. Contractor shall audit and negotiate Inpatient Hospital Rehabilitation Fees, Diagnosis Related Group (DRG) code 945, to ensure maximum discounts.

#### **15.6. Preferred Provider Organization (PPO)**

- a. Contractor shall utilize PPO(s) as approved by the City, for hospital, physician and other medical services, which will provide quality medical services at discount rates to the City and which includes a large number of participating providers in the greater Los Angeles area as well as throughout California and the United States. Contracts with PPO(s) shall be entered into and maintained by Contractor.
- b. Contractor shall be responsible for making and maintaining contracts with PPO networks (e.g. Anthem Blue Cross), which will be approved by the City. The PPO networks shall be responsible for making and maintaining contracts with hospitals, medical providers, pharmacies and other provider networks to provide a discounted rate, and will make an electronic and hardcopy listing of providers available, at no additional cost, to the City on a regular basis.
- c. Contractor shall be responsible for making and maintaining contracts with PPO networks (e.g. Anthem Blue Cross), which will be approved by the City. The PPO networks shall ensure that hospitals, physicians, medical providers, pharmacies and other provider networks within the PPO(s) comply with the Workers' Compensation treatment standard recognized by State law, which is currently the latest American College of Occupational and Environmental Medicine's Occupational Medicine Practice (ACOEM) guidelines or, when not applicable, the American Medical Association (AMA) guidelines, Medical Treatment Utilization Schedule (MTUS), or other industry recognized, evidence based, medical criteria.

- d. Contractor shall provide monthly, quarterly and annual savings reports that clearly demonstrate PPO penetration, savings below fee schedule and discounts by specialty.
- e. City has the right to approve or disapprove Contractor's PPO and City reserves the right, at its own discretion, to request replacement of a PPO. Should the City decide to switch PPOs, the City will negotiate associated costs.
- f. Contractor shall obtain for the City the maximum discounts available from the PPO(s) based on the pricing schedules provided by such PPO(s) for this Contract.
- g. Contractor agrees to continual quality assurance monitoring of the PPO(s) as well as individual hospitals, physicians, pharmacies, and other providers associated with the PPO.
- h. In no event shall the provider's billing, after discounted by the Contractor for services provided through PPO(s), be above the California Division of Workers' Compensation's official Medical Fee Schedule or the respective fee schedule for out-of-state bills except for those providers identified by the PPO(s) which may be above fee schedule.
- i. Contractor shall ensure that the City is listed as a payor on the payor list created by PPO(s) on all of their contracts, and Contractor's contracts with their PPO(s) shall include any language required to ensure that the City obtains all benefits described in this Contract between the City and the Contractor, including but not limited to maximum PPO discounts.

#### **15.7. First Care Panel (FCP)**

- a. The Contractor shall create a contracted panel of First Care Clinics, physicians and occupational health facilities experienced in workers' compensation to be utilized for the initial and ongoing treatment of employees. Initial treatment must be immediately scheduled and provided with timely reporting to the City.
- b. The Contractor's FCP must be educated and provide services according to the City's Mandatory Return-to-Work Program, Managed Care Program, PAP and the necessity of issuance of work restrictions (if any) during the initial visit and all follow up visits.
- c. Contractor shall be responsible for making and maintaining contracts with FCP hospitals, medical providers, pharmacies and other provider networks to provide services at or below FS rates, and will make an electronic and

hardcopy listing available, at no additional cost, to the City on a regular basis.

- d. Contractor shall ensure that hospitals, physicians, medical providers, pharmacies and other provider networks within the FCP comply with the Workers' Compensation treatment standard recognized by State law, which is currently the latest American College of Occupational and Environmental Medicine's Occupational Medicine Practice (ACOEM) guidelines or, when not applicable, the American Medical Association (AMA) guidelines, Medical Treatment Utilization Schedule (MTUS), or other industry recognized, evidence based, medical criteria. Contractor shall insure that all FCP providers comply with terms of this Contract. The City reserves the right to request any FCP provider be removed at the City's sole discretion.

#### **15.8. Medical Provider Network**

City may choose to utilize Contractor's PPO as its Medical Provider Network (MPN), at fees specified in this Contract. Contractor shall maintain at least one PPO under contract who is acceptable to the City and meets all State requirements and guidelines as an MPN for the City. Contractor shall, at the City's request, assist the City in completing the required State documents to certify the MPN is in compliance with State requirements and guidelines. The City may request the Contractor to provide ancillary services at Contract pricing, associated with certifying and maintaining the MPN, including, but not limited to State mandated employee notification. Contractor must provide City with online access to MPN provider directory and a toll free number for customer service.

#### **15.9. Utilization Review**

- a. Contractor shall provide utilization review services and will comply with those provisions of California Labor Code 4610 applicable to the services being provided by Contractor.
- b. Utilization Review (UR) will include determination of compliance with Workers' Compensation treatment standards recognized by State law (which is currently the California Code of Regulations 9792.21 Medical Treatment Utilization Schedule), latest American College of Occupational and Environmental Medicine's Occupational Medicine Practice (ACOEM) guidelines or, when not applicable, in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of Section 9792.25, and pursuant to the Utilization Review Standards found in Section 9792.6 through Section 9792.10.
- c. Contractor shall maintain a designated toll free phone number during business days from 8:00 a.m. to 5:30 p.m. PST for provider, City, or TPA

inquiries.

- d. Contractor shall request all medical information necessary to complete a UR review.
- e. Contractor shall coordinate UR with City's workers' compensation TPAs, in-house staff, Bill Review vendor and Managed Care vendors and enter UR data into bill review system to ensure adherence with treatment approvals and denials and payments only for approved services.
- f. Within five (5) business days of the receipt date of a UR request from the City or TPAs, Contractor shall provide a UR determination for UR request and all needed information to all parties including the City or TPA claims analysts, medical providers, and employees or their representative, so all State-mandated deadlines are met.
- g. Contractor shall perform outpatient UR upon request and notification by the claims analyst of a pending procedure, or for disability management upon request and notification by the physician, employer or claim analyst. Contractor's outpatient UR program shall include advance review upon notification by the claims analyst of a pending procedure of outpatient surgery. Contractor will determine the medical necessity, appropriateness of placement and the proposed treatment plan. Outpatient UR shall also include chiropractic and physical therapy services.
- h. In situations where pre-certification of treatment through UR did not occur, Contractor shall perform a retrospective review, as (or when) requested by the City, for medical necessity and appropriateness of care. Decisions for retrospective reviews will be completed within the State-mandated 30-day deadline.
- i. Contractor's UR reviewers shall contact attending physicians or other ordering providers by telephone or in-person to discuss appeals when necessary or as requested by the City. UR reviewers must be licensed physicians in accordance with Labor Code 4610 (e).
- j. Contractor review shall include the completion of the UR objective (approving, modifying, or denying treatment request) and any resulting appeal. Resubmission from the provider for a lack of medical information denial within 30 days of the lack of medical denial determination is also included. There will be no charge for incomplete reviews.
- k. Contractor must defend any UR recommendation in arbitration or at the Workers' Compensation Appeals Board (WCAB) when requested by the City or designated TPA. Contractor must provide a highly qualified

representative from their staff for all appearances at the WCAB at no additional cost.

I. Utilization Review has the following five (5) levels:

Level 1: UR determinations are made by City or TPA. City or TPA will enter request information into Utilization Review Organization (URO) system. City or TPA will produce letters and, fax and mail letters to stakeholders.

Level 2: UR determinations are made by City or TPA. City or TPA will enter request information into URO system. URO will produce letters, and fax and mail letters to stakeholders

Level 3: UR determinations are made by City or TPA. UR request is sent to URO via courier. URO will enter request information into its system, produce letters, and fax and mail letters to stakeholders

Level 4: UR determinations are made by URO Nurse or Chiropractor. URO will enter request information into its system, produce letters, and fax and mail letters to stakeholders.

Level 5: UR determinations are made by URO physician with peer-to-peer review when necessary or at City's request. URO will enter request information into its system, produce letters, and fax and mail letters to stakeholders. Please note each UR review will include the completion of the UR objective (approving, modifying, or denying treatment request) and any resulting appeal. Resubmission from the provider for a lack of medical information denial within 30 days of the lack of medical denial determination is also included.

#### **15.10. Managed Care Program**

- a. Contractor shall be responsible for making and maintaining contracts with a variety of providers and networks for services covered under the Contract to deliver prompt and appropriate medical care to the City's injured employees at the rates contained in this Contract.
- b. The City of Los Angeles Managed Care Program is designed to:
  1. Protect the health and safety of City employees.
  2. Provide immediate and appropriate quality medical care.
  3. Return injured workers to duty in a productive and timely manner.
  4. Provide these benefits at a reasonable cost to the City.
  5. Ensure compliance with all applicable State Workers' Compensation Laws.
  6. Prevent Fraud.

7. Increase the efficiency of the Workers' Compensation Analyst.
- c. Contractor shall provide monthly, quarterly, and annual savings reports that clearly demonstrate savings below fee schedule and other discounts.

**15.10.1. Pharmacy Benefits Management (PBM) and Durable Medical Equipment (DME) Networks**

- a. Contractor shall provide City with retail and mail order programs, which may be utilized by workers' compensation claimants to obtain pharmacy benefits and DME at or below State fee schedule. Approved City employees shall obtain prescriptions without incurring out-of-pocket expenses. All pharmacy and DME bills shall be re-priced to the corresponding State fee schedule or contracted rate, whichever is lower, to ensure maximum savings to City.
- b. The PBM/DME program will be capable of screening out medications/equipment that are not prescribed to cure or relieve the effects of the accepted injury as described in Sections 4600.1 and 4600.2 of the Labor Code. The PBM/DME program shall dispense authorized medications/equipment directly to injured employees in the most convenient and expedient method possible to the employee, minimizing any delays.
- c. Contractor's PBM/DME program will include/provide:
  1. The availability of a workers' compensation formulary so that prescriptions for drugs typically associated with workers' compensation claims are automatically approved and dispensed. Those drugs, which fall outside the formulary, shall only be dispensed upon approval from City or TPA. City reserves the right to modify such formulary at any time and to restrict or enable dispensing of specific drugs based on individual employee or other identifiable category, such as employee group.
  2. Twenty-four (24) hour turnaround time for non-mail orders, from the time the prescription is submitted to the pharmacy.
  3. Forty-eight (48) hour turnaround time for mail orders, from the receipt of order.
  4. On-line access of the Contractor's database of employee's bill information/utilization.

5. Preclusion of issuance of drugs that have an adverse interaction by notifying the prescribing physician.
  6. Prescription of generic drugs unless the prescribing physician specifies brand name only.
  7. Intake of prescriptions shall be accepted by employee's physician telephone call, fax, mail, or in person.
  8. A call center with a dedicated toll-free line to provide customer service support on a 24/7/365 basis. Call center shall be staffed by personnel who have a clear understanding of City's pharmacy design plan, drug coverage, formulary, and DME services.
  9. A process to identify RX or DME procedure(s) that fall outside the PBM DME program and provide a resolution process and timeline.
- d. At any time upon City's request, Contractor shall provide within (3) three business days of request, all employees' account information, including but not limited to all prescription information, authorizing physician, status of fill, refill available, etc. in an electronic format acceptable to the City. The Contractor shall fully cooperate as permitted by law to transfer prescriptions and related information to another provider, so as to facilitate uninterrupted prescription service with another vendor.
  - e. All pharmacy and DME bills will be subject to bill review before payment is made.

#### **15.10.2. Radiology Network**

- a. Contractor shall provide a full service Radiology Network to include MRI, CT scans and other radiology and diagnostic procedures at rates contained in this Contract.
- b. Contractor shall contact patients to schedule appointments within 24 hours of receiving referral information.
- c. Contractor shall complete all radiology services within 2 business days. Business days shall be calculated inclusive of the date and time MRI and/or CT scan is available to the Contractor and inclusive of the availability of the completed reading to the City by Contractor.
- d. Contractor shall provide referral and MRI/CT reading turnaround time report monthly or as requested by the City.

- e. All radiology bills will be subject to bill review before payment is made.

#### **15.10.3. Nurse Case Management and Home Health**

- a. Contractor shall provide a Nurse Case Management and Home Health Network which will include registered nurse case managers and peer review physicians licensed and based in California or as approved by the City for services outside California to ensure the appropriateness of treatment and adherence by medical providers to generally accepted treatment protocols.
- b. Contractor shall comply with workers' compensation treatment standards recognized by State law, which is the latest ACOEM guidelines or, when not applicable, the AMA guidelines, Medical Treatment Utilization Review Schedule (MTUS), or other industry recognized, evidence based medical criteria. All case management referrals are subject to review and approval by City.

#### **15.10.4. Transportation and Translation Network**

- a. Contractor shall provide a full service Transportation and Translation Network which will be reliable, timely and affordable.
- b. Contractor shall use appropriate mode of transportation, licensed and insured in California, based on the condition of the injured worker, and have a sufficient number of vans with lifts for non-ambulatory injured workers.
- c. Contractor shall provide safe transportation and follow all applicable safety standards. Drivers must be licensed in California and communicate effectively in English and treat injured workers with courtesy and respect.
- d. All vehicles and drivers must be licensed and insured. Vehicles must be clean, appropriately maintained and equipped with adequate heat and air conditioning.
- e. Translation services must be provided by a State approved and certified translator with fees at or below Fee Schedule and subject to bill review.

#### **15.10.5. Ergonomic Network**

- a. Contractor shall provide a full service ergonomic network and perform:

- On-site evaluations, follow-up evaluations and reevaluations for City employee work areas and workstations.
  - Direct consultation with employee on proper posture, ergonomic best practices, risk factors, tips, exercises, and behavior modification to prevent and/or reduce injuries and reduce pain
- b. Contractor shall provide ergonomic equipment and pricing in accordance to list provided by the City's Safety Division or as approved by the City on a case by case basis.
  - c. Contractor shall provide written reports in three formats, hard copy and electronically in Word and PDF. The written reports must include at minimum:
    1. Person authorizing evaluation.
    2. Date of evaluation.
    3. Employee name and location being evaluated.
    4. Description of current workstation configuration.
    5. Information on observations and discussions with employee including if any metrics, risk factors chart, pain and discomfort levels.
    6. Findings and recommendations, including the most cost effective product recommendations and/or specifications, adjustments and suggestions for improving workstation efficiency and safety, and work habit corrections.
    7. Photographs of workstation, before and, if applicable, after workstation modifications.
    8. Employee's supervisor name, comments and signature.
    9. Hard copy and PDF reports must be signed by the evaluator.

#### **15.10.6. Job Analysis Network**

- a. Contractor shall provide a full service Job Analysis Network and perform on-site evaluations to obtain a complete job analysis.
- b. Contractor shall develop a Job Bank consisting of job analyses for the City in an acceptable format.
- c. Contractor shall provide written reports in three formats, hard copy and electronically in Word and PDF. The written reports must include at minimum:
  1. Person authorizing evaluation.
  2. Date of evaluation.
  3. Employee name and location being evaluated and signature.
  4. Employee's supervisor name, comments and signature.

5. Observations and discussions with employee.
6. Metrics, risk factors chart, pain and discomfort levels.
7. Hard copy and PDF reports must be signed by the evaluator.

#### **15.10.7. Dental Network**

- a. Contractor shall provide City with a full service Dental Network and provide a discount rate below the provider's usual and customary fee. Dental specialists will include but not be limited to:
  - General Dentists
  - Endodontists (the root canal dentist)
  - Periodontists (the gum disease dentist)
  - Orthodontists (the braces dentist)
  - Prosthodontists (the fit/function dentist)
  - Oral Surgeons (the jaw and extraction dentist)
  - Dental Providers Specializing in TMJ (Surgical & Therapeutic)
- b. Dental network provider shall be knowledgeable with California Workers' Compensation laws and regulations.
- c. All dental bills will be subject to bill review before payment is made.

#### **15.10.8. Physical Medicine Network**

- a. Contractor shall provide City with Physical Medicine Network to include Physical Therapy, Occupational Therapy, Chiropractic treatment, functional capacity evaluations, work hardening/work conditioning, aqua therapy and other services.
- b. Contractor shall contact the patient to schedule appointments within 1 business day of receiving referral.
- c. Contractor shall provide report of turnaround times monthly or as requested by the City.
- d. All physical medicine bills will be subject to bill review before payment is made.

### **16. MINIMUM STANDARDS OF PERFORMANCE**

#### **16.1. General Performance Guarantee Provisions**

- a. City and Contractor have agreed to the following performance standards and to utilize Contractor's proposed "Quality Control Program" standards, procedure manuals, policy statements, and to utilize industry best practice standards, unless otherwise agreed or specified by the City. In addition,

Contractor must conform with PSC-33 Contractor Responsibility Ordinance, and agree to conduct activities in accordance with its requirements.

- b. One or more formal audits of medical cost containment services during the term of this Contract may be conducted at City's expense to independently assess and critique the degree to which Contractor adheres to industry best practice standards and the terms of this Contract.

## **16.2. Periodic Review and Performance Monitoring**

- a. City will review and audit all services provided under this Contract physically and electronically throughout the term of this Contract. Contractor shall assist the City with reports and other information as necessary. Additionally, experienced City staff will be available to Contractor to serve as a reference and consultant on existing City procedures and policies for the management of Cost Containment Services.
- b. To facilitate the review of activities and to establish and maintain effective lines of communication, monthly meetings shall be held with staff of the Personnel Department, or as reasonably determined to be desirable by City. The City expects meetings to include all subcontractors initially or as requested by the City. Contractor will meet with Council Committees as reasonably necessary to address Contract performance or other concerns which may arise. Working meetings to discuss the program, policies, and any problems which may occur will also be held with liaison staff of the Fire and Police Departments.
- c. Contractor shall provide copies to the City of written financial control procedures and internal audit procedures used in providing services under this Contract, notify City of any modifications to those procedures during the term of this Contract, and be subject to audit by City's Controller's Office with regard to systems for controlling payments and reporting financial information. City's Controller may audit any or all payments using a method to be determined by the Controller. Controller's audit may be performed by City staff or contracted auditors working for City's Controller.
- d. Upon demand by the Workers' Compensation Division Chief or designee, Contractor shall fully cooperate and make all relevant records available for any audit. The scope of any financial audit related to this Contract shall be determined by City, but shall only include financial records directly related to the services being provided by Contractor under this Contract. Notwithstanding any other provision of this Contract to the contrary, City's Controller may audit that portion of the books and records of Contractor which apply to City's account at the sole discretion of City's Controller. The scope of any financial audit related to this contract shall be determined by City's Controller, but shall only include financial records directly related to the services being provided by Contractor under this Contract.

- e. Contractor shall immediately notify City of any internal or external audit scheduled by State or Federal auditors, which involves City claims and services under this Contract. Contractor shall provide City with a copy of the results of any such audit.

### **16.3. Performance Reporting Requirements**

- a. Contractor shall provide the City with reports and records related to the performance of services under this Contract. The City reserves the right to final review and approval of the format on all reports, to request additional reports and/or request changes to existing reports, during the term of this Contract at no additional cost. Contractor generated report shall include, but are not limited to:
  - Utilization review status
  - Bill review status
  - PPO network(s) penetration and savings below Fee Schedule
  - Duplicate bills reviewed
  - Aging report
  - Bill review turnaround time
  - Savings
- b. Contractor shall provide ad hoc reports upon request within a mutually agreed upon timeframe at no cost to the City.
- c. Contractor shall provide a comprehensive annual statistical summary and narrative report evaluating the City's cost containment program documenting savings and making recommendations for improvement.

#### **16.3.1. WorkCompStat**

The City plans to utilize computerized statistics, called WorkCompStat, as a management tool to track and monitor Contractor's performance. Such statistics will include, but not be limited to, bill turnaround time, bill counts, PPO penetration and PPO savings, UR request turnaround, PBM savings and penetration and nurse case management outcomes. Contractor will compile statistics and charts as reasonably required by the City to track Contractor's performance, and meet with appropriate staff on a monthly basis to review the data and discuss methods for improvement. Contractor is expected to share such data and discussions with the City on a regular basis, and to aggressively pursue compliance with minimum goals established by the City in the area the City selects for inclusion in WorkCompStat. The City may also attend such meetings at its discretion.

#### **16.4. Quality Assurance**

- a. Contractor shall establish and maintain a Quality Control Plan to assure that the requirements of this Contract are met. The plan shall include, but not be limited to, the following.
  1. The methods for assuring and verifying that Contractor's staff are qualified and properly trained to perform the services required under this Contract.
  2. A system for monitoring compliance with all the services under this Contract. It must specify the activities to be inspected/audited on either a scheduled or unscheduled basis and the title of the individual(s) who will perform the inspection/audits.
  3. The methods of identifying, correcting and preventing deficiencies in the quality of service performed before the level of performance becomes unacceptable.

#### **16.5. Adjustments to Total Fees Paid**

The total fees paid pursuant to this Contract will be reduced for overpayments, fines, penalties, attorney's fees, interest, and other costs incurred by City due to the Contractor's or Subcontractor(s) acts, errors, and/or omissions which violate existing law, administrative procedure, or which fail to comply with industry generally accepted standard practices or failure to comply with any term or condition of this Contract as further set forth in Section 15.6 Adjustments for Overpayment, Fine, Penalty or Other Cost.

#### **16.6. Adjustments for Overpayment, Fine Penalty, or Other Cost**

The City shall offset payments due to Contractor for any overpayment, fine, penalty or defense cost incurred as a result of the Contractor's or Subcontractor(s) acts, errors, and/or omissions which violate existing law, administrative procedure, or which fail to comply with generally accepted standard practices or failure to comply with any term or condition of this Contract. No reimbursement by the Contractor is required under this Section if Contractor's or Subcontractor(s) act(s) and/or omission(s) were expressly approved or directed by an authorized City representative.

##### **16.6.1. Such failure includes but are not limited to the following:**

- Late payment or nonpayment of any medical bill as a result of Contractor's or Subcontractor(s) acts, errors, and/or omissions to any medical provider resulting in penalty, interest or attorney fees.
- Overpayment of any medical bill owed to any medical provider in a case due to Contractor's or Subcontractor(s) failure to comply with

the general standards of care and generally accepted best practices of the workers' compensation claims administration industry or any written City policy provided to Contractor prior to the overpayment.

- Excessive payment to any medical provider in a case due to Contractor's or Subcontractor(s) failure to apply contracted PPO/Network rates or complies in a timely manner with the general standards of care and generally accepted best practices of the workers' compensation claims administration industry or any written City policy provided to Contractor prior to the excessive payment.
- Fines or penalty assessed against the Contractor or the City due to the Contractor's or Subcontractor(s) failure to comply with the general standards of care and generally accepted practices in the workers' compensation claims administration industry or any written City policy provided to Contractor prior to the failure by Contractor.
- Any overpayments, fines, penalties and interest caused by Contractor's or Subcontractor(s) failure to provide services under the Contract.

### **16.7 Subrogation**

In the event Contractor indemnifies or reimburses, or is otherwise liable under this Agreement for indemnifying or reimbursing, the City for any payments under this Agreement related to any actual or alleged claim, fine, overpayment, penalty, attorneys' fee, award, judgment or other sum (individually and collectively, a "Claim"), Contractor shall be subrogated to all of the rights of City with respect to the Claim.

### **17. TERM OF CONTRACT**

- a. The term of this Contract is July 1, 2013 through June 30, 2017. The service fees shall be based on the fees specified in this Contract and payment shall be subject to the availability of City budgeted funds.
- b. At the expiration of this Contract, all data owned by the City and provided to or processed by Contractor under this Contract ("Data") as well as all documents created for the City or provided by the City to Contractor under this Contract ("Documents") must be returned to the City or to another vendor designated by the City within the time period designated by the City for all Data and Documents upon termination of this Contract. Contractor shall transition Data and Documents efficiently, cooperatively, responsibly, and according to industry best practice standards. Contractor shall be responsible for the reasonable cost of

transition. City may withhold any payments due Contractor until this requirement is satisfied.

## 18.METHOD OF PAYMENT

### 18.1. Flat Annual Service Fees

- a. The flat annual service fee shall be \$2,817,996 ("Flat Annual Fee") which will be invoiced to the City by Contractor on a monthly basis in an amount equal to \$234,833 ("Monthly Service Fee"). Any Overage Fees as detailed below will also be invoiced to the City by Contractor on a monthly basis or at the City's request as incurred. Services included in Appendix 2 are paid directly to the service providers by the City.

	<b>Services Included</b>	<b>Fee</b>	<b>Annual Maximum</b>	<b>Overage Fees</b>
1	Bill Review	\$1,749,996	232,050 Bills	\$6.90/bill includes PPO fees
2	Anthem Blue Cross PPO California, Nevada, Colorado, Missouri, Kansas, Illinois	\$1,020,000	none	none
2a	Rockport PPO All other States outside of Anthem Blue Cross PPO	\$48,000	\$400,000 in PPO Savings	12% of PPO Savings
2b	IQ Analysis PPO All other States outside of Anthem Blue Cross PPO	Not Applicable	See Section 18.1 d. for additional details on PPO change	
3	First Care Panel	Management included in Bill Review and PPO fees	none	none
4	Pharmacy Benefits Management Program	Management included in Bill Review and PPO fees	none	none
5	DME Network	Management included in Bill Review and PPO fees	none	none
6	Radiology Network	Management included in Bill Review and PPO fees	none	none
7	Nurse Case Management	Management included in Bill Review and PPO fees	none	none

	<b>Services Included</b>	<b>Fee</b>	<b>Annual Maximum</b>	<b>Overage Fees</b>
8	Home Health Network	Management included in Bill Review and PPO fees	none	none
9	Transportation and Translation Network	Management included in Bill Review and PPO fees	none	none
10	Ergonomic and Job Analysis Network	Management included in Bill Review and PPO fees	none	none
11	Dental Network	Management included in Bill Review and PPO fees	none	none
12	Specialty Physical Medicine Network	Management included in Bill Review and PPO fees	none	none

- b. Notwithstanding any other provision of this Contract, City shall not be obligated for Contractor's performance hereunder or by any provision of this Contract during any of City's future fiscal years unless and until City appropriates funds for this Contract in City's Budget for each such future fiscal year. If no appropriation is made, then Contractor's obligation to perform services shall cease when funding is exhausted and this Contract will terminate on the last day of the fiscal year for which there was an appropriation. City shall notify Contractor in writing of any such non-allocation of funds at the earliest possible date.
- c. Contractor understands and agrees that it may not make any financial commitment on behalf of City, incur any cost or expense on behalf of City, or obligate City to make payments for any costs or expenses, unless express prior written approval is granted by the City.
- d. Contractor agrees, effective August 1, 2015 that IQ Analysis (IQA) replaces Rockport as the PPO subcontractor, which results in the removal of the \$4000 per month Rockport PPO fee. The IQA fee will be 15% of incremental savings below State fee schedule or billed charges for those providers not subject to State fee schedule. IQA 15% fee will be invoiced per bill and paid by the City against the claim. Each invoice will clearly show services provided, total savings, 15% fee and include a copy of the agreement between IQA and provider. The IQA fee for any review which will result in a reduction of \$20,000 or more will require approval of specified City approvers. The IQA fee will be capped at \$3,000 per bill review.

**18.2. Other Service Fees**

a. Other service fees in addition to \$2,817,996 Flat Annual Fee shall be as follows:

<b>Services Included</b>	<b>Fee</b>	<b>Description</b>
1 Utilization Review	\$6	Level 1 – see Contract Section 15.9
	\$10	Level 2 – see Contract Section 15.9
	\$35	Level 3 – see Contract Section 15.9
	\$35	Level 4 – see Contract Section 15.9
	\$175	Level 5 – see Contract Section 15.9
2 MPN	\$15,000	MPN Self Service Administration System, Initial startup and MPN filing support
	\$15,000	MPN Self Service Administration System annual maintenance fee / \$1,250 per month. Not inclusive of any custom programmatic support (\$150 per hour).
	\$15,000	MPN Self Service Notification System Access annual maintenance fee / \$1,250 per month. Not inclusive of notification support to providers or employees (printing and postage at cost).
		* Above fees includes custom provider finder with up to 52 refreshes per year. However additional costs will apply based on scope if PBM or other non-Anthem networks are included in directory

b. The fees outlined in the table above (“Other Service Fees”) will be invoiced to City by Contractor on a monthly basis or at City’s request, as such Other Service Fees are incurred.

**18.3. Total Obligation**

City's total obligation for the period July 1, 2013 through June 30, 2014 will not exceed \$9,829,316 from the Workers' Compensation contractual services account, which includes Flat Annual Service Fee of up to \$2,817,996 and up to \$7,011,320 for Other Service Fees and overages for complete and satisfactory performance of the terms of this Contract. Should the City determine that the contract limit will be exceeded in any contract period, the Contract will be amended to cover the additional amount.

City's total obligation for the period July 1, 2014 through June 30, 2015 will not exceed \$9,829,316 from the Workers' Compensation contractual services account, which includes Flat Annual Service Fee of up to \$2,817,996 and up to \$7,011,320 for Other Service Fees and overages for complete and satisfactory performance of the terms of this Contract. Should the City

determine that the contract limit will be exceeded in any contract period, the Contract will be amended to cover the additional amount.

City's total obligation for the period July 1, 2015 through June 30, 2016 will not exceed \$9,829,316 from the Workers' Compensation contractual services account, which includes Flat Annual Service Fee of up to \$2,817,996 and up to \$7,011,320 for Other Service Fees and overages for complete and satisfactory performance of the terms of this Contract. Should the City determine that the contract limit will be exceeded in any contract period, the Contract will be amended to cover the additional amount.

City's total obligation for the period July 1, 2016 through June 30, 2017 will not exceed \$6,329,316 from the Workers' Compensation contractual services account, which includes Flat Annual Service Fee of up to \$2,817,996 and up to \$3,511,320 for Other Service Fees and overages for complete and satisfactory performance of the terms of this Contract. Should the City determine that the contract limit will be exceeded in any contract period, the Contract will be amended to cover the additional amount.

Any additional amounts due to be paid by City to Contractor for Other Service Fees and overages not paid under this Contract will be paid against the claim in which the service or overage occurred. Other Service Fees and overages will not exceed \$1,000,000 per contract year and will not exceed \$5,000,000 for the term of the contract.

## **19. WARRANTY AGAINST CONTINGENT FEES**

- a. Contractor warrants that no person or selling agency has been employed or retained to solicit or secure this Contract for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by Contractor for the purpose of securing business.
- b. For breach of this warranty, City shall have the right to terminate this Contract and, at its sole discretion, deduct from the Contract price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage or contingent fee.

## **20. RATIFICATION CLAUSE**

Due to the need for Contractor's services to be provided, Contractor may have provided services prior to the execution of this Contract. To the extent that said services were performed in accordance with the terms and conditions of this Contract, those services are hereby ratified.

## **21. FIRST SOURCE HIRING ORDINANCE**

Unless otherwise exempt in accordance with the provisions of the Ordinance, this Contract is subject to the First Source Hiring Ordinance (FSHO), Section 10.44 et seq. of the Los Angeles Administrative Code, as it may be amended from time to time. Failure to fully comply with the requirements of the FSHO may result in termination of this Contract.

## **22. LIMITATION OF CITY'S OBLIGATION TO MAKE PAYMENTS TO CONTRACTOR**

City's obligation to make payments under this Contract shall be limited to the current appropriation(s) for that purpose. If City appropriates additional funds for this Contract, City payment obligations shall be expanded to the extent of such appropriation(s), subject to the terms and conditions of the Contract. Contractor shall not provide any services, goods or equipment, and City shall not pay for any services, goods or equipment provided in excess of the funds appropriated by City for this Contract. City shall notify Contractor in writing of any subsequent appropriations of funds for services under this Contract.

### **22.1. Budget Reductions**

In the event that the City Council adopts, in any fiscal year, a City Budget which provides for reductions in the salaries and benefits paid to the majority of City employees and imposes similar reductions with respect to City Contracts, City reserves the right to reduce its payment obligation under this Contract correspondingly for that fiscal year and any subsequent fiscal year during the term of this Contract (including any extensions), and the services to be provided by Contractor under this Contract shall also be reduced correspondingly. City's notice to Contractor regarding said reduction in payment obligation shall be provided within thirty (30) calendar days of the City Council's approval of such actions. Except as set forth in the preceding sentence, Contractor shall continue to provide all of the services set forth in this Contract.

### **22.2. Most Favored Public Entity**

If Contractor's prices decline, or should Contractor at any time during the term of this Contract provide the same goods or services under similar quantity and delivery conditions to the State of California or any county, municipality, or district of the State at prices below those set forth in this Contract; then such lower prices shall be immediately extended to City.

### **22.3. Non Exclusivity**

Nothing herein is intended nor shall be construed as creating any exclusive arrangement with Contractor. This Contract shall not restrict City from acquiring similar, equal or like goods and/or services from other entities or sources.

#### **22.4. Invoices**

- a. Contractor shall prepare and submit invoices to City setting forth the services performed for which payment is requested. Invoices must be submitted to:

David Noltemeyer  
Workers' Compensation Division Chief  
City of Los Angeles Personnel Department  
700 E. Temple Street, Room 210  
Los Angeles, California 90012

- b. To ensure that services provided under personal services contracts are measured against services as detailed in the Contract, City's Controller has developed a policy requiring that specific supporting documentation be submitted with invoices.
- c. Contractor is required to submit invoices that conform to City standards and include, at a minimum, the following information:
1. Name and address of Contractor
  2. Name and address of City department being billed
  3. Date of the invoice and period covered
  4. Reference to Contract number or authority (purchase order) number
  5. Description of completed task and amount due for the task
  6. Original manufacturer's invoice for items where cost or cost plus is supported by Contract
  7. Payment terms, total due and due date
  8. Certification by a duly authorized officer
  9. Discounts and terms (if applicable)
  10. Remittance Address (if different from Contractor's address)
- d. All invoices shall be submitted electronically and will be on Contractor's letterhead, contain Contractor's official logo, or contain other unique and identifying information such as name and address of Contractor. Invoices shall be submitted on a calendar month basis and within 30 days of service. In no event shall payment be made prior to City's verifying and approving: 1) the services were received; 2) the work was approved and; 3) a full and

complete invoice has been submitted. City shall pay all properly submitted invoices within thirty (30) days of receipt of invoice.

- e. Invoices and supporting documentation shall be prepared at the sole expense and responsibility of Contractor. City shall not compensate Contractor for any costs incurred for invoice preparation. City may request, in writing, reasonable changes to the content and format of the invoice and supporting documentation at any time. City reserves the right to request additional supporting documentation to substantiate costs at any time.
- f. Tasks that are completed by subcontractors shall be supported by subcontractor invoices, reports, brochures, or other unique documentation that substantiates their charges or services.
- g. Failure to adhere to these policies may result in non-payment or non-approval of demands, pursuant to Charter Section 262(a), which requires City's Controller to inspect the quality, quantity, and condition of services, labor, materials, supplies or equipment received by any office or department of City, and approve demands before they are drawn on the Treasury.

## **23. TERMINATION**

### **23.1. Termination for Convenience**

City may terminate this Contract for City's convenience at any time by giving Contractor thirty (30) days written notice thereof. Refer to Standard Provisions for City Contracts (3-09), PSC-10.

### **23.2. Termination for Breach of Contract**

The termination language in the Standard Provisions will apply.

## **24. AMENDMENTS/MODIFICATIONS/CHANGES**

Provisions for amendment are in the Standard Provisions for City Contracts (Rev. 3/09).

## **25. CONTRACTOR RECORDS**

Contractor shall maintain and preserve books of account and other financial transactions which relate to the services performed pursuant to this Contract. Contractor shall retain such books and records for at least three (3) years following the final payment made by City hereunder. At any time during the term of this Contract or within three (3) years following payment hereunder, all of Contractor's books, documents, papers, and records pertaining to this Contract and services provided shall be subject to examination and audit by authorized City personnel or City's representative.

## **26. CONTRACTOR EVALUATION ORDINANCE**

When the term of this Contract has expired, City will conduct an evaluation of Contractor's overall performance. City will also conduct regular evaluations of Contractor's performance during the term of the Contract. As required by Section 10.39.2 of the Los Angeles Administrative Code, Evaluations of City Personal Services Contracts, evaluations will be based on a number of criteria, including the quality of the work product or service performed the timeliness of performance, financial issues and the expertise of personnel that Contractor assigns to this Contract. A Contractor who receives a "Marginal" or "Unsatisfactory" rating will be provided with a copy of the final City evaluation and allowed fourteen (14) calendar days to respond. City will use the final City evaluation and any response from Contractor to evaluate Proposals and to conduct reference checks when awarding future service contracts.

## **27. STANDARD PROVISIONS**

### **27.1. Standard Provisions for City Contracts**

Contractor agrees to comply with the Standard Provisions for City Contracts (Rev. 03/09), attached hereto in Appendix 3 and made a part hereof.

### **27.2. Warranty**

Contractor warrants that the work performed hereunder shall be completed in a manner consistent with professional standards among those firms in Contractor's profession, doing the same or similar work, under the same or similar circumstances.

### **27.3. Licenses and Permits**

Contractor must possess and maintain valid licenses and permits required to perform the services described herein.

### **27.4. Compliance with Statutes and Regulations**

Contractor, in the performance of this Contract, shall comply with all applicable statutes, rules, regulations, and orders of the United States, the State of California, the County and City of Los Angeles. Contractor shall comply with new, amended, or revised laws, regulations, and procedures that apply to the performance of this Contract.

### **27.5. Iran Contracting Act Of 2010**

Effective as of this amendment, Contractor agrees to the following: In accordance with California Public Contract Code Sections 2200-2208, all bidders submitting proposals for, entering into, or renewing contracts with the City of Los Angeles for goods and services estimated at \$1,000,000 or more is

required to complete, sign, and submit the "Iran Contracting Act of 2010 Compliance Affidavit."

## **28. TAXES**

All costs contained herein are inclusive of any applicable State of California Sales, California Use Taxes or Federal Excise Tax. Such taxes are the only taxes for which the City shall be liable for payment, and any such taxes shall be separately identified on Contractor's invoices. If the City asserts in writing that such fees are not subject to tax and provides reasonable support for its conclusions or provides Contractor with an exemption certificate, Contractor will refrain from collecting and remitting any taxes with respect to any fees charged pursuant to this Contract. Contractor agrees to abide by the Board of Equalization's determination for all Sales or Use Taxes and payment thereof, and shall adjust for any overpayment or underpayment of such taxes to date on the next regularly scheduled invoice following receipt of the determination. Contractor agrees to assist the City in preparing and filing any application for a refund of any overpayment of such taxes. Contractor will be solely responsible for reporting and paying taxes on its income or net worth and the taxes assessed by the City under the Business Tax Revenue Certificate (BTRC). Should Contractor become indebted to the City from its obligations to pay its taxes under its BTRC, the City reserves the right to offset any amounts owed pursuant to Charter Section 264 which requires the Controller to deduct the amount of the indebtedness from any demand on the Treasury.

## **29. INCORPORATION OF ATTACHMENTS**

This Contract consists of the following documents. In the event of an inconsistency between any of the provisions in these documents, the inconsistency shall be resolved by giving precedence in the following order:

- This Contract
- Appendix 1 System Handout
- Appendix 2 Discount Rates and Fees
- Appendix 3 Standard Provisions for City Contracts (Rev. 03/09)
- Appendix 4 Payor Agreement(s)

## **30. ENTIRE CONTRACT**

This Contract and the Exhibits hereto constitute the complete and exclusive statement of understanding between the parties, and supersede all previous Contracts, written and oral, and all communications between the parties relating to the subject matter of this Contract. No change to this Contract shall be valid unless prepared pursuant to Contract Section 24, Amendments/Modification/Changes, and signed by both parties.

This Contract is executed in three (3) duplicate originals, each of which is deemed to be an original.

**(Signature Page to Follow)**

**IN WITNESS THEREOF**, the parties hereto have caused this Contract to be signed by their respective duly authorized representatives.

**CITY OF LOS ANGELES  
PERSONNEL DEPARTMENT**

**STRATACARE, LLC**

By: \_\_\_\_\_  
WENDY G. MACY  
General Manager

By: \_\_\_\_\_  
Robert Willett  
Senior VP, Managing Director

Date: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Brent Maclean  
COO

Date: \_\_\_\_\_

**APPROVED AS TO FORM:**

**ATTEST:**

Michael N. Feuer, City Attorney

Holly L. Wolcott, City Clerk

By: \_\_\_\_\_  
Tanea Ysaguirre  
Deputy City Attorney

By: \_\_\_\_\_  
Deputy City Clerk

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Approved Signature Methods:

- 1) Two signatures: One of the Chairman of the Board of Directors, President, or Vice-President, and one of the Secretary, Assistant Secretary, Chief Finance Officer, or Assistant Treasurer.
- 2) One signature of a Corporate-designated individual together with a properly attested resolution of the Board of Directors authorizing the individual to sign.

City Business License Number \_\_\_\_\_

Internal Revenue Service Taxpayer Identification Number \_\_\_\_\_

Contract Number C-122496

**APPENDIX 1**  
**Systems Handout**

# **SYSTEMS HANDOUT FOR MEDICAL BILL REVIEW, COST CONTAINMENT AND MANAGED CARE SERVICES PROGRAM**

## **System Requirements**

1. Contractor will obtain a broadband T1 line connection or other City approved connection to the City's backbone network connection located at City's designated location and managed and administered by City's Information Technology Agency (ITA) Department.
2. Provide a dedicated File Transfer Protocol (FTP) Server for the purpose of importing and exporting documents between the City of Los Angeles' (City) document management and workflow system (eFlo) and the Contractor.
3. Provide professional staff as necessary to:
  - a. Support the system interface with eFlo and with AS400 Workers' Compensation System (LINX) or other City system(s) necessary to perform services under the Contract.
  - b. Modify the Contractor's applications in order to properly interface with any system requirements when needed to perform services under the Contract
4. Provide and maintain workstations for remote connection to eFlo as needed to perform services under the Contract.
5. Provide support staff and environment to import and export daily and weekly files related to claims, vendors, and payments to and from LINX, eFlo, and other City system(s).
6. Contractor will provide support staff and environment to import and export detail data related to Explanation of Benefits (EOBs) to City on a regular basis.
7. Provide support staff to respond timely to inquiries related to files imported, exported and Contractor's systems status.
8. Provide communication network and software to comply with the State of California's mandated Electronic Data Interchange (EDI) program.
9. Provide the State of California with mandated claim information.
10. Provide off-site disaster recovery facility for the storage of system data and application files.
11. Provide services, support, and system(s) necessary to perform services under the Contract.

## **1 System Interfaces**

### **1.1 eFlo**

eFlo is the Workers' Compensation Division's document management and workflow system, otherwise known as its imaging system. All claim-related documents received in the Division, such as claim forms, bills, medical reports, and correspondence are scanned into the system. The documents are then routed to the appropriate staff (Adjustors) for processing using information retrieved from both the LINX and City's Payroll (PAYSR) systems. The City may replace eFlo; therefore Contractor is required to be able to interface with the new imaging system platform.

### **1.2 LINX**

The City currently uses proprietary software, called LINX, to process its workers' compensation claims. It was specifically designed for the City by AON Corporation and has been in use since October 1990. LINX runs on an IBM AS/400 platform and has been customized to meet the City's unique requirements. Technical support and all system related equipment (routers, servers, tape backup, etc.) required for the operation of the system are currently provided by an outside vendor located in Irvine, CA. The City may replace LINX; therefore Contractor is required to be able to interface with any platform that the new computerized workers' compensation claim system will be utilizing.

## **2 System Input/Output**

### **2.1 eFlo**

The City's eFlo Imaging System has been in production since March 2006. One of the main functions of this system is exporting bills and supporting documents for review and importing related Explanation of Benefits (EOB) documents back to the system for further processing.

#### **2.1.1 Export and Import Documents**

The City initiates all the document exporting and importing between the eFlo Imaging System and the FTP Server. Documents are grouped in cases. Each case contains a bill with a sub-document-type of HCFA or Itemized Bill and its supporting documents. These supporting documents include but are not limited to the following file formats: Acrobat (.pdf), Image (tif, jpg, bmp, etc.), MS Word (doc, docx), MS Excel (xls, xlsx), and Text (csv, txt, log, etc.). Contractor is required to ensure that their computerized claim system can accept the above file formats and any other file formats that the City deems necessary for its computerized claim system. In addition, a Header File with

the file extension of .DAT that contains the data about the case is also being exported with each case (see Exhibit A for information on Import and Export file formats).

### **2.1.2 Exported Documents FTP Server**

Exported documents will be placed in one directory on the FTP Server (i.e. ToBillReviewVendorName). Each of these cases will have one of the following statuses in the Header File: Ancillary, D-Override, Export Failure, Hospital Bill, Med-Legal, New Bill, New Non-Reviewable, Partial Payment, PT over 24, Q-Override, Reconsideration, Review Only, State Non-Reviewable and T-Override. Statuses may be added or removed by the City as required. These statuses are utilized for bill review to distribute documents into folders for importing documents back to the City's eFlo Imaging System. Another use of the statuses is for the payment file. Bill Vendor is required to include the status of each bill being reviewed on payment file in the override indicator as follows:

D-Override as D  
Q-Override as Q  
T-Override as T  
Reconsideration as R  
Med-Legal blank  
New Bill blank

### **2.1.3 Bill Vendor Tracking**

Contractor is required to validate that each case of documents being imported to their system has a Bill-Vendor-Tracking-ID and that there is a document with a sub-document-type of HCFA or Itemized Bill in each case. Contractor will complete validation and notify the City of invalid cases daily and implement corrective action subject to City approval.

### **2.1.4 Explanation of Benefits and Related Documents**

The EOBs and related documents (i.e. denial letters) that are ready to be sent back to the City's eFlo Imaging System are to be placed in the eight different folders in the FTP Server as follow:

1. Review Only EOBs will be placed in the folder with this path:  
FromBillReviewVendorName/EORImages/ReviewOnly.
2. EOBs with a zero recommended amount will be placed in the folder with this path: FromBillReviewVendorName/EORImages/ZeroPay.

3. EOBs with a positive recommended amount and is not a late payment will be placed in the folder with this path:  
FromBillReviewVendorName/EORImages/Pay

4. Late payment EOBs with a positive recommended amount to pay will be placed in the folder with this path:  
FromBillReviewVendorName/EORImages/LatePayment

Late payment is calculated as follows:

Use the date the EOB is created minus DocCreateDate (from Header File). EOB is considered as late payment if the result of the calculation is 53 calendar days or more.

5. Reconsideration EOBs with a positive recommended amount to pay will be placed in the folder with this path:  
FromBillReviewVendorName/EORImages/ReconEOR

6. Reconsideration EOBs with a zero recommended amount to pay will be placed in the folder with this path:  
FromBillReviewVendorName/EORImages/ReconZeroPayDenial

7. Late payment Reconsideration EOBs with a positive amount to pay will be placed in the folder with this path:  
FromBillReviewVendorName/EORImages/ReconLatePayment

Late payment is calculated as follows:

Use the date the EOB is created minus DocCreateDate (from Header File). EOB is considered as late payment if the result of the calculation is 53 calendar days or more.

8. Bill images for electronic billing will be placed in the folder with this path:  
FromBillReviewVendorName/eorimages/urbill

Contractor must be able to add or delete folders as necessary to perform services under the Contract.

## 2.2 LINX

The City has been using LINX for claim processing since early 1990. This system also provides the claim payment processing functions. Bill Vendor is required to interface with this system to transmit the payment files and to obtain the necessary claim information for bill reviewing process. Bill Vendor is also required to send the State of California the updated claim payment information. This will require the Bill Vendor to obtain the payment information from LINX on a regular basis.

1. The three files that Bill Vendor obtains from LINX include Vendor information (File A), the Active Workers' Compensation Claim information (File B), and the EDI Data (File C), see Exhibit B.
2. The Bill Vendor uploads the Payment Data file (File D) on a daily basis, or whenever is available, into LINX, see Exhibit B for file format.
3. The Bill Vendor is required to provide a web site where the City's Workers' Compensation staff and its Third Party Administrator's (TPA) staff can access and verify the status of bills submitted for review. Staff should be able to view, print or download the documents (i.e. EOBs, bills) from the site into their computerized system for further processing when needed.
4. Bill Vendor is responsible to compile the Electronic Data Interchange (EDI) in the format that the State of California requires, at no cost to the City. This process includes downloading the EDI Data file from LINX, merging it with the related data that is in Contractor's claim database and transmitting the file based on the schedule that is determined by the State.

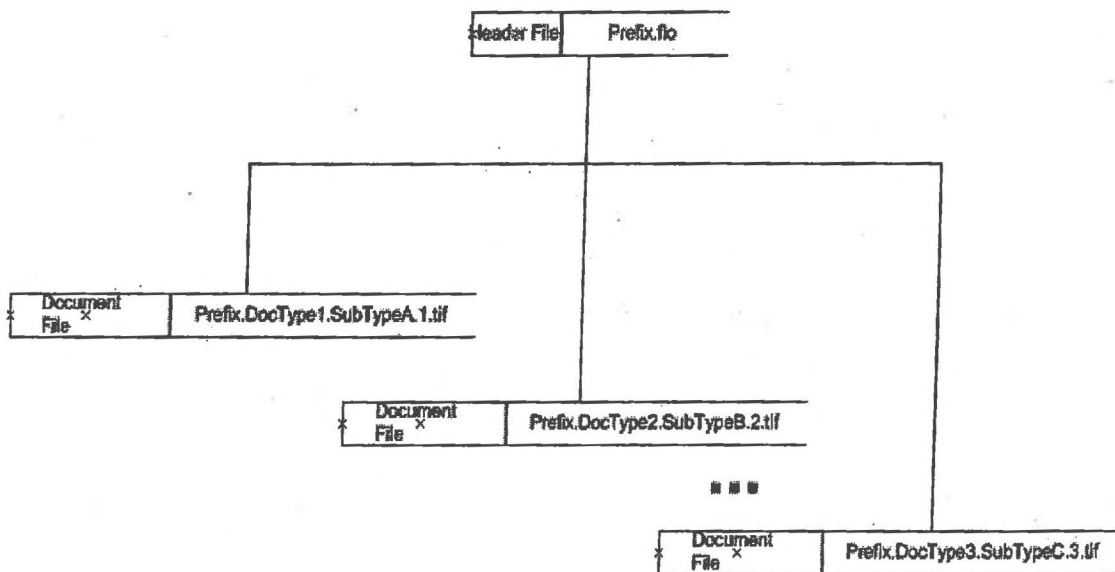
## Exhibit A

### Import/Export File Formats

The eFlo Import/Export functions require that data be transmitted via a Header File and associated Document Files, each of which must conform to a specified format and naming convention.

### Naming Convention

The diagram in Exhibit 1 provides an overview of the naming convention that eFlo writes out for the export process and expects when receiving data for the import process.



**Exhibit 1**  
**File Naming Convention**

The *Header File* name is a 2-part name as follows:

- **Prefix** – Any agreed upon value can be used as a prefix. Currently, the City utilizes the Case ID as the Prefix on the exporting header file because it is unique in the eFlo system. For the same reason, the Document Control Number (DCN) is suggested as the prefix on the importing header file. All relevant data values are expected to be in the contents of the Header File.
- **Extension** – To insure that eFlo does not pick up files from any other application, an extension of “flo” is to be used to identify Header Files relevant to the eFlo process. The file extension .DAT is being used on the Header File for exporting to Bill Vendor, while for importing to eFlo Imaging System the Header File is using the .FLO file extension.

The *Document File* name requires at least a 4-part name as follows:

- **Prefix** – Must match the prefix used to name the Header File, as this serves as the relational key indicating that the document file is support for the case identified in the Header File.
- **Document Type** – Any given eFlo implementation, contains one-to-many pre-configured document types. The external entity will be provided with the list of document types and descriptions expected in both the export and import process. The document type that best describes the content of the Document File is provided.
- **Sub Document Type** – Any given eFlo implementation, contains one-to-many pre-configured sub document types. The external entity will be provided with the list of document types and descriptions expected in both the export and import process. The document type that best describes the content of the Document File is provided.
- **Miscellaneous** – After the three required parts above, any number of additional parts can be added by the sender. Here, the sender could add any additional information that might, for instance, aid in troubleshooting.
- **Extension** – Identifies the type of document, such as:
  - **TIF** – TIFF files
  - **DOC** – Word document
  - **XLS** – Excel file
  - **PDF** – Adobe PDF file
  - **Add other types.**

These extensions must be the last part of the filename.

The eFloImporter retrieves and processes each header/document files collection. Each document file is committed as a separate document in the repository, using the index values stored in the header file. The document type and sub-document type assigned to the document are based either on the ImportPackages record (i.e., DefaultDocumentType and DefaultSubDocumentType properties), or on the Document Type and Sub-Documents Type parts of the Document File name.

#### **Header File Format**

The Header File uses a text file, CSV format (i.e., comma separated) and must include a header row with the name of each field in file. The next row contains the data specific to the case either being exported from or imported into eFlo. The following provides a sample of a possible import header file:

Name, Rank, SSN  
John, Doe, 123456789

The fields that must be included in the given file must be agreed to with the external entity and conform to specific naming conventions as dictated by the eFlo Administrator.

In the next section, the details specific to communication between LADOP and 3<sup>rd</sup> Party Vendors are defined.

**Customer Specific Notes – LADOP**

As LADOP processes bills in eFlo, users will forward those cases that require Bill Vendor review to the Bill Vendor – New Work mailbox. The eFlo Automaton monitors this mailbox and automatically exports each case and its associated documents to a directory that the Bill Vendor monitors.

After the Bill Vendor finishes processing the Bill, an Explanation of Benefits (EOB) will be returned through the eFlo import process. The Bill Vendor will format a Header File and return relevant identifying information along with a Document File containing the EOB.

**Export File Contents**

The Header File sent to the Bill Vendor will contain the data elements listed in the Export Header File Format table below. Since that data is transmitted in a file, the formats of each are included:

**Export Header File Format**

Field Name	Format	Required	Description
BillVendorTrackingID	#####0	Y	eFlo generated ID that the Bill Vendor must return with the EOB so that eFlo can match it with work in process.
case_id	#####0	Y	The eFlo case that originated the request to the Bill Vendor. This value must also be returned. The separate BillReviewID is required due to the fluid nature of the CaseID.
Year	0000	N	The first four characters of the claim number, which represents the claim year.
Location	000000	N	The next six characters of the claim number, which represents the department of the claimant.
Claim	000000	N	The final six characters which insures the uniqueness of the complete claim number.
SSN	000000000	N	The claimant's SSN.
LastName	string(30)	N	The claimant's last name.
FirstName	string(25)	N	The claimant's first name.

Field Name	Format	Required	Description
Status	string(25)	Y	The status of the case, in eFlo, prior to export. The Bill Vendor will be provided a list of statuses and their descriptions.
DocCreateDate		Y	The date the document (s) was scanned into the eFlo Imaging System.

### Exported Document Types

The following table provides a list of document types which may be included in related Document Files as part of the case export.

Document Type	Required	Description
Bill	Y	

### Import File Contents

The Header File returned by the Bill Vendor will contain the data elements listed in the Import Header File Format table below. Since that data is transmitted in a file, the formats of each are included:

### Import Header File Format

Field Name	Format	Required	Description
BillVendorTrackingID	#####0	Y	As provided to the Bill Vendor in the original export file.
case_id	#####0	Y	As provided to the Bill Vendor in the original export file.
Year	0000	N	As provided to the Bill Vendor in the original export file.
Location	000000	N	As provided to the Bill Vendor in the original export file.
Claim	000000	N	As provided to the Bill Vendor in the original export file.
SSN	000000000	N	As provided to the Bill Vendor in the original export file.
LastName	string(30)	N	As provided to the Bill Vendor in the original export file.
FirstName	string(25)	N	As provided to the Bill Vendor in the original export file.
BillReviewNumber	#####0	Y	Bill Vendor insert this field from their claim system
BillBatchID	#####0	Y	Bill Vendor insert this field from their claim system
Amount	#####0	Y	Bill Vendor insert this field

Field Name	Format	Required	Description
			from their claim system
PayToName	String(35)	Y	Bill Vendor insert this field from their claim system

**Imported Document Types**

The following table provides a list of document types which may be included in related Document Files as part of the case export.

Document Type	Required	Description
Evaluation of Bill	Y	

## Exhibit B

Bill review vendor will connect to the LINX system vendor network server daily to check for any data files that need to be downloaded. The three files that they download include the Vendor Information (File A), Active Workers' Comp Claims Information (File B), and the EDI Data file (File C). Bill review vendor also uploads the Payment Data file (File D) to the LINX system vendor for check printing after they finish reviewing the bills.

Following are the record layout for the three files.

### File A Vendor information

Note: This file is created every weeknight (Monday to Friday exclude City's Holidays). The file includes all vendors without the Restrict Pay Code "S". At this time there are approximately 69,000 vendor records.

```
FILE . . . : LWLAPTF  RECORD FORMAT . . : LWLAPTFM  RECORD LENGHT . . . : 199
LIBRARY . . : CITYDATA  FILE TYPE . . . . : PF          NUMBER OF FIELDS. . : 13
TEXT . . . : WORKER'S COMPENSATION BILLER TAPE - zoned number#
FIELD      TYPE      SIZE      KEY      TEXT
PRBSU#     Zoned     5,0      .        BILLER NUMBER
PRBNM1     Char       28      .        BILLER NAME 1
PRBNM2     Char       28      .        BILLER NAME 2
PRBAD1     Char       30      .        BILLER ADDRESS 1
PRBAD2     Char       30      .        BILLER ADDRESS 2
PRBCTY     Char       23      .        BILLER CITY
PRSTAT     Char        2      .        BILLER STATE
PRZIP5     Zoned     5,0      .        BILLER ZIP CODE 1-5
PRZIP4     Zoned     4,0      .        BILLER ZIP CODE 6-9
PRIRS#     Zoned     9,0      .        IRS #
PRSUFY     Char        2      .        IRS # SUFFIX
PRVTYP     Char        3      .        PROVIDER TYPE
PRFILL     Char       30      .        FILLER
```

### File B Active Workers' Compensation Claim Information

Note: This file is created every weeknight (Monday to Friday exclude City's Holidays). The file includes all records in Active Claim file which has last transaction on or later than 07/01/1991. As of July 3, 2008 there are 18,793 records.

```
FILE . . . : LWCLMSPF  RECORD FORMAT . . : LWCLMSFM  RECORD LENGHT . . . : 427
LIBRARY . . : RTSLADTA  FILE TYPE . . . . : PF          NUMBER OF FIELDS. . : 32
TEXT . . . : Claims File to be picked up by STRATCARE(new)
FIELD      TYPE      SIZE      KEY      TEXT
CLAIM#     Char       16      1        LOC+POLICY YEAR+CLAIM#
POLIC#     Char       12      .        POLICY NUMBER
EXAMN#     Char        4      .        EXAMINER#=ADJUSTER#
ADJTER     Char       15      .        ADJUSTER NAME
INJDAT     Char        8      .        INJURY DATE
SSN        Char        9      .        SOCIAL SECURITY#
STATUS     Char        1      .        POLICY STATUS:O,C
STCLM#     Char       25      .        STATE CLAIM# DN05
CLEMLN     Char       30      .        EMPLOYEE LAST NAME
CLEMFN     Char       25      .        EMPLOYEE FIRST NAME
CLEMIN     Char        1      .        EMPLOYEE INITIALS
CLEMA1     Char       30      .        EMPLOYEE ADDRESS #1
CLEMA2     Char       30      .        EMPLOYEE ADDRESS #2
CLEMCY     Char       24      .        EMPLOYEE CITY
CLSTAT     Char        2      .        EMPLOYEE STATE
```

CLESZ5	Char	5	EMPLOYEE ZIP 1-5
CLESZ4	Char	4	EMPLOYEE ZIP 6-10
CLBTDT	Char	8	EMPLOYEE BIRTHDAY YYMD
CLEMSX	Char	1	EMPLOYEE SEX
CLCLDT	Char	8	CLAIM CLOSE DAY YYMD
CLPOBZ	Char	3	PART OF BODY
TBPOBD	Char	45	PART OF BODY CODE DESC.
LGPFRM	Char	25	PETITIONER FIRM NAME
LGPATT	Char	20	PETITIONER ATTORNEY NAME
PIRS	Char	9	PET ATT IRS#
LGPADR	Char	20	PETITIONER ADDRESS
LGPCTY	Char	20	PETITIONER CITY
LGPSTE	Char	2	PETITIONER STATE
PZP5	Char	5	PETITIONER ZIP FIRST 5
PZP4	Char	4	PETITIONER ZIP LAST 4
PPHN	Char	10	PETITIONER PHONE
CLDPT#	Char	6	DEPARTMENT #

### File C EDI Data

**Note:** This file is created every Wednesday night (exclude City's Holidays). The file includes all Medical Payments which were paid on 10/01/2006 or later. At this time the number of records are between 5,000 and 6,000.

```

FILE . . . : LWMEDCPF RECORD FORMAT . . : LWMEDCFM RECORD LENGHT . . . : 58
LIBRARY . . : CITYDATA FILE TYPE . . . : PF NUMBER OF FIELDS. . : 4
TEXT . . . : WC MEDICAL CHECK PAID
FIELD TYPE SIZE KEY TEXT
MCVNTR Char 20 1 DOCUMENT CONTROL NO
MCPDAT Zoned 8,0 PAID DATE
MCPAMT Char 10 PAID AMOUNT
MCPCK# Char 20 CHECK NUMBER

```

### File D Payment Data

**Note:** The reviewed and approved medical payment, LINX system vendor expects this file every weekday (Monday through Friday except City's Holidays). This file will be processed in LINX nightly job. At this time the number of records is approximately 900 to 1,000. The file can be in flat file format, but must be mapped to the format below.

```

FILE . . . : LWMEDAPF RECORD FORMAT . . : LWMEDTFM RECORD LENGHT . . . : 488
LIBRARY . . : RTSLADTA FILE TYPE . . . : PF NUMBER OF FIELDS. . : 61
TEXT . . . : WC MEDICAL BILLS TRANSACTION TAPE FILE 0 x
FIELD TYPE SIZE KEY TEXT
MTTYPE Char 3 TYPE
MTCLMN Char 30 CLAIMANT NAME
MTLCCD Char 4 1 LOCATION CODE
MTPLY Y Char 2 POLICY YEAR
MTCLM# Zoned 4,0 3 CLAIM NUMBER
MTPSEQ Zoned 5,0 SEQ #
MTRSRS Zoned 2,0 SERVICE START MONTH
MTRSRS Zoned 2,0 SERVICE START DAY
MTRSRS Zoned 2,0 SERVICE START YEAR
MTRSRE Zoned 2,0 SERVICE END MONTH
MTRSRE Zoned 2,0 SERVICE END DAY
MTRSRE Zoned 2,0 SERVICE END YEAR
MTTCHR Zoned 9,2 TOTAL CHARGES
MTTALW Zoned 9,2 TOTAL ALLOWANCE
MTIRS# Zoned 9,0 PROVIDER IRS #
MTVSF# Zoned 2,0 PROVIDER IRS SUFFIX
MTFRNM Char 30 PROVIDER NAME
MTPRAD Char 30 PROVIDER ADDRESS
MTRVCD Char 1 RESERVE CODE

```

MTCRCD	Char	2	CREDIT CODE
MTVOCB	Char	2	VOID CODE
MTOVI1	Char	1	OVERRIDE IND #1
MTOVI2	Char	1	OVERRIDE IND #2
MTOVI3	Char	1	OVERRIDE IND #3
MTOVI4	Char	1	OVERRIDE IND #4
MTOVI5	Char	1	OVERRIDE IND #5
MTVNTR	Char	10	VENDOR TRANS 10 #
MTTRNM	Zoned	2,0	TRANS DATE - MM
MTTRND	Zoned	2,0	TRANS DATE - DD
MTTRNZ	Zoned	2,0	TRANS DATE - YY
MTRCK#	Zoned	10,0	REFUND CHECK #
MTFIL5	Char	38	FILLER
MTBNBR	Zoned	4,0	BATCH NUMBER
MTPRSM	Zoned	2,0	PROCESS DATE MONTH
MTPRSD	Zoned	2,0	PROCESS DATE DAY
MTPRSZ	Zoned	2,0	PROCESS DATE YEAR
MTFIL6	Char	2	FILLER
MTSUSM	Zoned	2,0	SUSPENSE DATE - MM
MTSUSD	Zoned	2,0	SUSPENSE DATE - DD
MTSUSZ	Zoned	2,0	SUSPENSE DATE - YY
MTCLPV	Char	5	CLIENT PROVIDER #
MTPMCT	Char	2	PAYMENT CATEGORY
MTFAMT	Zoned	12,2	FEE AMOUNT
MTPYC1	Zoned	2,0	PAYMENT SUB-CODE #1
MTPYA1	Zoned	9,2	SUB-CODE AMOUNT #1
MTSTB1	Char	40	STUB NOTE # 1
MTPYC2	Zoned	2,0	PAYMENT SUB-CODE #2
MTPYA2	Zoned	9,2	SUB-CODE AMOUNT #2
MTSTB2	Char	40	STUB NOTE # 2
MTPYC3	Zoned	2,0	PAYMENT SUB-CODE #3
MTPYA3	Zoned	9,2	SUB-CODE AMOUNT #3
MTSTB3	Char	40	STUB NOTE # 1
MTPYC4	Zoned	2,0	PAYMENT SUB-CODE #4
MTPYA4	Zoned	9,2	SUB-CODE AMOUNT #4
MTSTB4	Char	40	STUB NOTE # 4
MTPLYR	Char	4	2 POLICY YEAR
MTSRSY	Zoned	4,0	SERVICE START YEAR
MTSREY	Zoned	4,0	SERVICE END YEAR
MTTRNY	Zoned	4,0	TRANS DATE - YY
MTPRSY	Zoned	4,0	PROCESS DATE YEAR
MTSUSY	Zoned	4,0	SUSPENSE DATE - YY

**APPENDIX 2**  
**Discount Rates and Fees**

## APPENDIX 2: Discount Rates and Fees

### 1. First Care Panel (FCP)

There will be no separate FCP service or administrative fees charged to the City. PPO discounts will apply.

### 2. Pharmacy Benefits Management

	Brand*	Generic*
Retail (card program)	State FS minus 3%	State FS minus 5%
Mail Order	State FS minus 4%	State FS minus 6%
\$7.50 CA State dispensing fee is reduced to \$4.00 on both Retail and Mail Order. There will be no PBM Administrative Fees		

### 3. Durable Medical Equipment

	CA OMFS	Usual and Customary
Percentage discounts below CA OMFS and Usual and Customary:	30%	30%
<b>Pricing methodology on L Codes and E Codes:</b> Both L and E codes will be billed at 30% below CA OMFS. If no CA OMFS exists, then pricing will be based on 30% below Usual & Customary rates published by Fair Health. If neither CA OMFS nor U&C exists then pricing will be based on a Cost Plus methodology and quotes given to City or TPA claims analysts prior to order.		

### 4. Diagnostic Imaging/Neuro

	Fee	
MRI with & w/o Contrast	\$615	
MRI w/o Contrast	\$445	
MRI with Contrast	\$525	
CT with & w/o Contrast	\$320	
CT w/o Contrast	\$250	
CT with Contrast	\$275	
X-Rays	\$41.80	
EMGs / NCs	10% off fee schedule	
Other	Please see Attachment 1	

## 5. Dental Network

**Evaluations.** The evaluation pricing is a flat rate pricing that includes the dentist costs, clinical review of evaluation findings and recommendations and administrative fees which is a 10% discount off Dental Network usual & customary fee:

- General Dentist - \$180. Dental Network usual and customary or standard rate is \$200
- Dental Specialist - \$360. Dental Network usual and customary or standard rate is \$400
- TMJ - \$675. Dental Network usual and customary or standard rate is \$750

**Treatment.** Includes all other codes relating to treatment and diagnostics but is not an evaluation or follow up visit. The proposed pricing is 95th percentile. The 95th Dental Network refers to the Fair Health MDR databases to determine UCR at a code level and uses the most current updates provided by Fair Health on a quarterly bases.

**Retrospective.** These services include IME, Peers and In-House reviews. Dental Network usual and customary fee is flat rate pricing where a \$10-\$75 discount has been offered depending on the service. Overall, the discounts with this pricing reflect a 10-15% discount off Dental Network usual and customary (standard) fee.

## 6. Transportation Network

<b>a. Service Ambulatory</b>	<b>Fee</b>
Round trip service for the first 25 miles (includes first 2 hrs)	\$68.00 flat fee
Per Mile above 25 miles	\$3.50 per mile
Authorized wait time after 2 hour from drop off time. Per 15 min.	\$7.25 per quarter hour
No show fee	\$30.00
Late cancellation (less than 4 hours)	\$15.00
<b>b. Service Wheelchair</b>	<b>Fee</b>
Round trip service for the first 25 miles (includes first 2 hrs)	\$248.00 flat fee
Per Mile above 25 miles	\$4.80 per mile
Authorized wait time after 2 hours from drop off time. Per 15 min.	\$7.25 per quarter hour
No show fee	\$30.00
Late cancellation (less than 4 hours)	\$43.50

## 7. Translation Network

	<b>Fee</b>
Medical Interpreting fees per hour and languages covered (includes first 25 miles)	\$65.00 per hour
Missed Appointments/Cancellations (less than 4 hours)	\$65.00 per scheduled hour
Mileage & travel fees for mileage over 25 miles	\$0.61/mile. Travel time paid at \$5.80 per quarter hour or portion thereof
Translation rates and fees will be at or below State Fee Schedule.	

## 8. Ergonomic Network\*

### Flat Fee<sup>(1)</sup>

Ergonomic Assessment	\$325 6AM - 6PM \$405 6PM - 6AM
Workstation Analysis - Initial visit	\$125 <sup>(2)</sup> 6AM - 6PM
Workstation Analysis - Follow-up visit within 30 to 45 days	\$175 <sup>(3)</sup> 6AM - 6PM \$255 6PM - 6AM
Equipment Installation	\$100 6AM - 6PM \$180 6PM-6AM
Equipment Installation	\$130 Hourly Fee per 15 minute increments (\$32.50) <sup>(4)</sup>

\*All visits must include reports that are available within 48 hours of visit completion

(1) The Flat Fee for an ergonomic assessment and equipment/installation will be \$425 (\$325 for the Ergonomic Assessment and \$100 for the Equipment Installation). The charge for "Workstation Analysis – Follow up Visit is recommended for all evaluations conducted where modifications are made to the work environment and the City desires that the injured worker receive education and training on proper ergonomic posture, equipment use, and safe ergonomic habits that would reduce symptoms. This service also ensures that the employee receives follow up interactions with the ergonomist to ensure that the modifications have been successful in reducing ergonomic risk and symptoms. An additional charge of \$80 will apply for all services if they must be conducted during the hours of 6PM – 6AM because of the shift schedule of the injured worker.

(2) These services are included, however are not commonly ordered by the City. If they are ordered, this service would include the following: *Collection and Documentation of Objective Risk scores*: Objective quantification of risk utilizing the Modified RULA, biomechanical modeling, surface EMG, other risk quantification tools validated in the field of ergonomics, collection and documentation of detailed workstation dimensions.

(3) Workstation Analysis – Follow-up Visit within 30-45 days includes follow up documentation of the ergonomic observations described above AFTER the equipment has been installed. This is not part of the standard "Equipment Installation" or "Ergonomic Assessment" and will be applied whenever workstation modifications or employee training are required.

*Follow up onsite coaching and behavioral intervention*: Occupational Physicians on our Technical Advisory Board have often lamented that clinical professionals (MD's, PT's, OT's) have many visits during which they can coach behavioral change. But for some reason, the ergonomist, who is charged with altering a lifetime of unhealthy habits of injured workers at the worksite, are only provided a single intervention during which to do so. As a result, the results of those interventions may not always have the most powerful effect on worker symptoms and claim outcomes. OHS can screen injured workers for the need for repeat or follow-up onsite coaching sessions. These sessions are designed to facilitate behavioral change via face to face interactions between the certified evaluator/educator and the injured worker, thereby maximizing buy-in and affecting the best possible outcome for the injured worker and reducing claims life and cost.

(4) Additional onsite billing time will be added only for unusually complex office ergonomics cases (requiring greater than 2.0 hours onsite at the employee's workstation(s)) or for "non-office"/field ergonomic assessments when they take longer than 2.0 hours onsite.

**9. Job Analysis Network**

**Job Analysis Pricing is “Per Hour” at \$150/hour.** A flat rate cannot be identified without prior knowledge of the scope and type of jobs being evaluated. Office Job Analyses (JA) incorporating a single task and work environment are significantly less time consuming than a Job Analysis for a Street Maintenance position as an example. The Street Maintenance position may require the detailed observation, interview, and analysis across a myriad of tasks determined to be “essential functions” and/or “marginal functions.” This would be significantly more time consuming than analyzing a single task. An Office JA typically averages approximately 3-5 hours. A “Non-Office” JA can range from 3 hours to 8 hours depending on the complexity of the job being analyzed.

Understanding the essential functions of a job is critical to returning an injured worker to work after they’ve been off work from an injury. Without understanding the essential functions, the physicians who will be making the determination on whether an injured worker can do their previous job or a different job, will lack critical information to make decisions. Medical and legal professionals involved in a claim need to know what the job entails physically before returning an injured worker to the position. Job Analysis Network’s Essential Function Job Analysis provides the necessary information in a clear and concise format, complete with photographs, videos, and specific measures of lifting, pushing, pulling, and any other physical requirements of the job. Armed with this data, your medical and legal professionals can make educated assessments as to whether the injured worker can return to work safely.

Job Analysis Network’s Essential Function Job Analysis has become recognized in the industry as the most thorough, yet concise, and legally defensible documentation of the actual physical requirements of the job. In order to maximize the legal defensibility and quality of data documented through the JA, OHS includes the following components:

- Structured Interviews with management, supervisors, and employees
- Descriptive/detailed measurements of physical demands of both essential and nonessential/marginal functions
- Photographs of work environment
- Video recording of job tasks and essential functions

\*All JA reports must be available within 48 hours of receipt of all necessary information.

**10. Nurse Case Management**

**Fee**

Telephonic	\$80 per hour
Field	\$95 per hour
Task	\$285

**11. Home Health Care**

**Fee**

Registered Nurse	\$160 per visit
Licensed Vocational Nurse	\$90 per visit
Certified Nurses Aid	\$32 per hour, \$60 per visit
Companion Care	\$7.00 per 15 minutes
IV Infusion	\$160 per visit

**12. Physical Medicine Network****% Below State Fee Schedule**

Physical Therapy	13%
Occupational Therapy	13%
Chiropractic	13%
Acupuncture	13%
Functional Capacity Evaluations	\$800 flat rate
Other	Discount rates will be at or below State Fee Schedule

**13. Discounted Rate on Ancillary Bills**

Contractor and City agree that For the Contract year ending June 30, 2014 and all subsequent Contract years under the Contract as may be subsequently amended or extended, in computing the Flat Annual Fee of \$1,749,996 under Section 18.1a. the Bill Review Fee per Bill shall be \$7.54, namely, \$1,749,996 /232,050 Bills. In computing the Annual Maximum Bills for each year of this Contract, all Bills – both Ancillary Bills and non-Ancillary Bills - shall be counted. Based on a modified workflow for the Ancillary Bill Review process, StrataCare will provide a reduced rate of \$6.97 per Ancillary Bill processed within the Annual Maximum Bills and \$6.38 per Ancillary Bill over the Annual Maximum. The fee reduction for Ancillary Bills will be applied on the final invoice of each Contract year ending June 30<sup>th</sup> or on the overage invoice. The term “Ancillary Bill” means any Bill submitted by any of the following subcontractors that StrataCare currently uses under the Contract, namely: Express Scripts; Priority Care Solutions; Align, Inc.; Cypress Care and One Call Medical. Not sure if we want this but I’m sure SC does.

The following example illustrates the application of this provision:

Example: For the year ended June 30, 2016, StrataCare reviews 275,000 Bills of which 125,000 Bills are Ancillary Bills. In computing the Annual Maximum Bills of 232,050, all 125,000 Ancillary Bills are counted. StrataCare’s per bill fee to the City will be \$6.97 per Ancillary Bill until such time as the Annual Maximum is reached, and upon reaching the Annual Maximum, the per Ancillary Bill fee will be \$6.38. Prior to reaching the Annual Maximum, all the non-Ancillary Bill fee will be \$7.54 per Bill, and upon reaching the Annual Maximum, the non-Ancillary Bill fee will be \$6.90 per Bill. The City will be billed for the current monthly flat fee of \$145,833 for StrataCare bill processing and the fee reduction for Ancillary Bills will be applied on the final invoice of each Contract year ending June 30<sup>th</sup> or on the overage invoice if applicable. This method as applied to the Contract year ending June 30, 2014 results in a final overage invoice of \$ 204,015.07. For the Contract year ended June 30, 2015, the final overage invoice is \$ 242,878.86.

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT Description CALIFORNIA 90001 EMG	% BELOW FS
EMG	
20206 BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	10
27095 INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	10
25685 OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISL	10
29125 APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	10
51785 NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPH	10
62270 SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	10
62289 INJECTION INTO SPINAL CANAL	10
62360 IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDUR	10
72050 RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	10
73070 RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	10
73110 RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	10
64550 APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR	10
64613 CHEMODENERVATION OF MUSCLE(S); CERVICAL SPINAL MUSCLE(S) (EG, FO	10
73620 RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	10
76003 FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRAT	10
90862 PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND REV	10
90780 IV INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UN	10
90782 THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY MATER	10
90788 INTRAMUSCULAR INJECTION OF ANTIBIOTIC (SPECIFY)	10
93740 TEMPERATURE GRADIENT STUDIES	10
93762 THERMOGRAM; PERIPHERAL	10
95812 ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; UP TO ONE HOU	10
95816 ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND DRO	10
95819 ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND ASL	10
95822 ELECTROENCEPHALOGRAM (EEG); SLEEP ONLY	10
95831 MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTRE	10
95832 MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; HAND,	10
95833 MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL	10
95834 MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL	10
95851 RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE	10
95852 RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE)	10
95857 TENSILON TEST FOR MYASTHENIA GRAVIS;	10
95858 TENSILON TEST FOR MYASTHENIA GRAVIS; WITH ELECTROMYOGRAPHIC RE	10
95860 NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELATE	10
95861 NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RELA	10
95863 NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR WITHOUT RE	10
95864 NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT REL	10
95867 NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES, UNILA	10
95868 NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES, BILAT	10
95869 NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES	10
95872 NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QU	10
95900 NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NE	10

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	% BELOW FS
95903	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NE	10
95904	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NE	10
95920	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR (LIST SEPARATE	10
95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATI	10
95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATIO	10
92265	NEEDLE OCULOELECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSC	10
92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAG	10
92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDIN	10
92543	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIM	10
92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL	10
92545	OSCILLATING TRACKING TEST, WITH RECORDING	10
92547	USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE F	10
<b>CALIFORNIA 90001</b>		
<b>EMG</b>		
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AN	10
93040	RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATION AND REPORT	10
95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATI	10
95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CH	10
95933	ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING	10
95934	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD GASTROCNEMIUS/SO	10
95936	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD MUSCLE OTHER THAN	10
95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED S	10
95950	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SEIZ	10
95961	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/	10
96115	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, R	10
99271	CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WH	10
99272	CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WH	10
99273	CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WH	10
99274	CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WH	10
99275	CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WH	10
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, W	10
99354	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SE	10
99355	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SE	10
99356	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING D	10
99357	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING D	10
99358	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/OR AF	10
99361	MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF	10
99362	MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF	10
99371	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR M	10
99372	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR M	10
99373	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR	10
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHAN	10
97014	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMU	10
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THER	10
97250	MYOFASCIAL RELEASE	10

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	% BELOW FS
99081	REQUIRED REPORTS	10
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEM	10
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEM	10
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEM	10
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEM	10
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEM	10
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEM	10
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEM	10
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEM	10
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEM	10
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEM	10
99220	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEM	10
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	10
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAG	10
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAG	10
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQ	10
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQ	10
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQ	10
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQ	10
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQ	10
99251	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, W	10
99252	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, W	10
99253	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, W	10
99254	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, W	10
<b>CALIFORNIA 90001</b>		
<b>EMG</b>		
99255	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, W	10
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	10

The above net pricing may include pricing that can be based on a percentage off of the current state fee schedule or UCR table. These net prices may vary dependent on any changes/updates made by a particular state to their fee schedule/UCR table since the time that this report was generated.

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
<b>BASIC MRI</b>				
70541	MRI ANGIOGRAHY, HEAD AND/OR NECK, WITH OR WITHOUT CONTRAST MAT	445.00	760.00	41%
70551	MRI OF THE BRAIN STEM WITHOUT CONTRAST	445.00	665.00	33%
73721	MRI LOWER EXTREMITY, JOINT	445.00	665.00	33%
70336	MRI BILATERAL TMJ	445.00	687.56	35%
75552	CARDIAC MRI FOR MORPHOLOGY WITHOUT CONTRAST MATERIAL	445.00	632.94	30%
76093	MRI BREAST, WO AND/OR W	445.00	917.94	52%
76094	MRI BREAST, WO AND/OR W, BILATERAL	445.00	1,205.31	63%
71550	MRI CHEST, MEDIASTINUM	445.00	672.13	34%
72141	MRI CERVICAL SPINE WITHOUT CONTRAST	445.00	646.00	31%
72146	MRI THORACIC SPINE WITHOUT CONTRAST	445.00	640.00	30%
72148	MRI LUMBAR SPINE WITHOUT CONTRAST	445.00	640.00	30%
73221	MRI UPPER EXTREMITY, JOINT	445.00	695.88	36%
70541	MRI ANGIOGRAHY, HEAD AND/OR NECK, WITH OR WITHOUT CONTRAST MAT	445.00	760.00	41%
70540	MRI, ORBIT, FACE, AND/OR NECK WITHOUT CONTRAST MATERIAL(S)	445.00	665.00	33%
74181	MRI, ABDOMEN	445.00	672.13	34%
<b>MRI W/CONTRAST</b>				
70552	MRI BRAIN, STEM, W/CONTRAST	525.00	760.00	31%
75553	CARDIAC MRI FOR MORPHOLOGY WITH CONTRAST	525.00	650.75	19%
72142	MRI CERVICAL SPINE, W/CONTRAST	525.00	760.00	31%
72147	MRI THORACIC SPINE, W/CONTRAST	525.00	722.00	27%
72149	MRI LUMBAR SPINE, W/CONTRAST	525.00	722.00	27%
72196	MRI PELVIS, W/CONTRAST	525.00	694.39	24%
<b>MRI W/WO CONTRAST</b>				
73225	MRA UPPER EXTREMITY, W OR WO CONTRAST	615.00	695.88	12%
72198	MRA PELVIS W OR WO CONTRAST	615.00	786.13	22%
72159	MRA SPINE W OR WO CONTRAST	615.00	808.69	24%
71555	MRA CHEST, W OR WO CONTRAST	615.00	805.13	24%
74185	MRA, ABDOMEN W OR WO CONTRAST	615.00	771.88	20%
73725	MRA LOWER EXTREMITY, W OR WO CONTRAST	615.00	695.88	12%
74185	MRA, ABDOMEN W OR WO CONTRAST	615.00	771.88	20%
75554	CARDIAC MRI FOR FUNCTION WITH OR WITHOUT MORPHOLOGY; COMPLETE	615.00	643.63	4%
75555	CARDIAC MRI FOR FUNCTION WITH OR WITHOUT MORPHOLOGY; LIMITED ST	615.00	638.88	4%
72198	MRA PELVIS W OR WO CONTRAST	615.00	786.13	22%
71555	MRA CHEST, W OR WO CONTRAST	615.00	805.13	24%
72156	MRI CERVICAL SPINE W&WO CONTRAST	615.00	952.50	35%
72157	MRI THORACIC SPINE W&WO CONTRAST	615.00	896.25	31%
72158	MRI LUMBAR SPINE W&WO CONTRAST	615.00	896.25	31%
73220	MRI UPPER EXT.NOT JOINT, W&WO CONTRAST	615.00	676.25	9%
73720	MRI LOWER EXT.NOT JOINT, W&WO CONTRAST	615.00	676.25	9%
70553	MRI BRAIN, STEM, W&WO CONTRAST	615.00	980.00	37%
72159	MRA SPINE W OR WO CONTRAST	615.00	808.69	24%
73225	MRA UPPER EXTREMITY, W OR WO CONTRAST	615.00	695.88	12%

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc. Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
73725	MRA LOWER EXTREMITY, W OR WO CONTRAST	615.00	695.88	12%
<b>BASIC CT</b>				
73700	CT LOWER EXTREMITY	250.00	307.56	19%
74150	CT ABDOMEN WITHOUT CONTRAST	250.00	342.00	27%
71250	CT THORAX	250.00	329.51	24%
72125	CT CERVICAL SPINE	250.00	366.94	32%
70490	CT SOFT TISSUE NECK	250.00	387.13	35%
72131	CT LUMBAR SPINE	250.00	366.94	32%
72192	CT PELVIS WITHOUT CONTRAST	250.00	323.75	23%
73200	CT UPPER EXTREMITY	250.00	307.56	19%
70450	CT HEAD/BRAIN	250.00	319.44	22%
70480	CT ORBIT/EAR	250.00	342.00	27%
70486	CT MAXILLA FACIAL	250.00	358.63	30%
72128	CT THORACIC SPINE	250.00	366.94	32%
<b>CT W/ CONTRAST</b>				
73701	CT LOWER EXTREMITY W/CONTRAST	275.00	349.13	21%
74160	CT ABDOMEN WITH CONTRAST	275.00	396.63	31%
71260	CT THORAX W/CONTRAST	275.00	386.45	29%
72126	CT CERVICAL SPINE W/CONTRAST	275.00	418.00	34%
72129	CT THORACIC SPINE W/CONTRAST	275.00	418.00	34%
72132	CT LUMBAR SPINE W/CONTRAST	275.00	418.00	34%
72193	CT PELVIS W/CONTRAST	275.00	367.50	25%
73201	CT UPPER EXTREMITY W/CONTRAST	275.00	349.13	21%
70460	CT HEAD/BRAIN W/CONTRAST	275.00	364.56	25%
70481	CT ORBIT/EAR W/CONTRAST	275.00	396.63	31%
70487	CT MAXILLA FACIAL W/CONTRAST	275.00	413.25	33%
70491	CT SOFT TISSUE NECK W/CONTRAST	275.00	433.44	37%
<b>CT W/WO CONTRAST</b>				
71270	CT THORAX W&WO CONTRAST	320.00	473.71	32%
72127	CT CERVICAL SPINE W&WO CONTRAST	320.00	502.31	36%
72130	CT THORACIC SPINE W&WO CONTRAST	320.00	502.31	36%
72133	CT LUMBAR SPINE W&WO CONTRAST	320.00	502.31	36%
72194	CT PELVIS W&WO CONTRAST	320.00	445.00	28%
73202	CT UPPER EXTREMITY W&WO CONTRAST	320.00	422.75	24%
74170	CT ABDOMEN W&WO CONTRAST	320.00	478.56	33%
73702	CT LOWER EXTREMITY W&WO CONTRAST	320.00	422.75	24%
70492	CT SOFT TISSUE NECK W&WO CONTRAST	320.00	539.13	41%
70470	CT BRAIN/HEAD W&WO CONTRAST	320.00	433.44	26%
70482	CT ORBIT/EAR W&WO CONTRAST	320.00	471.44	32%
70488	CT MAXILLA FACIAL W&WO CONTRAST	320.00	490.44	35%

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc. Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 90901</b>				
<b>EXTENDED</b>				
75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN	448.00	560.00	20%
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND	438.00	547.50	20%
75660	ANGIOGRAPHY, HEAD AND NECK	438.00	547.50	20%
75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL	562.40	703.00	20%
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERV	346.00	432.50	20%
75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVIS	526.30	657.88	20%
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVIS	317.00	396.25	20%
75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISI	506.00	632.50	20%
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGI	320.00	400.00	20%
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTE	403.00	503.75	20%
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND	213.00	266.25	20%
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND	379.00	473.75	20%
75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTO	320.00	400.00	20%
75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOG	448.00	560.00	20%
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITH	384.00	480.00	20%
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERV	320.00	400.00	20%
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVIS	448.00	560.00	20%
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL S	320.00	400.00	20%
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPE	256.00	320.00	20%
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPER	352.00	440.00	20%
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJ	224.00	280.00	20%
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INT	288.00	360.00	20%
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BAS	97.00	121.25	20%
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOG	152.00	190.00	20%
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND	121.60	152.00	20%
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND I	182.40	228.00	20%
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SU	211.00	263.75	20%
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL S	205.00	256.25	20%
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISIO	192.00	240.00	20%
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION	240.00	300.00	20%
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERV	224.00	280.00	20%
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVIS	269.00	336.25	20%
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISIO	192.00	240.00	20%
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AN	192.00	240.00	20%
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATI	192.00	240.00	20%
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	134.90	168.63	20%
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATIO	224.00	280.00	20%
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALU	192.00	240.00	20%
36005	INJECTION PROCEDURE FOR CONTRAST VENOGRAPHY (INCLUDING INTROD	85.68	107.10	20%
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SU	86.00	107.50	20%
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPE	86.00	107.50	20%
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPER	58.00	72.50	20%
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVIS	86.00	107.50	20%
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISIO	83.00	103.75	20%

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
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**CITY OF LOS ANGELES**

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<b>CALIFORNIA 90001</b>				
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERV	101.00	126.25	20%
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPER	86.00	107.50	20%
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY	36.72	45.90	20%
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	61.20	76.50	20%
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	97.92	122.40	20%
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	183.60	229.50	20%
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	73.44	91.80	20%
27370	INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY	48.96	61.20	20%
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	73.44	91.80	20%
76075	DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY, ONE	90.00	112.50	20%
76355	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATIO	320.00	400.00	20%
76360	DO NOT USE—CT GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SUPE	230.00	287.50	20%
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	73.15	91.44	20%
76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LIST SEPARA	55.10	68.88	20%
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME	60.80	76.00	20%
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; W	91.20	114.00	20%
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VID	167.20	209.00	20%
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOG	76.00	95.00	20%
76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL S	64.00	80.00	20%
76088	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGIC	77.00	96.25	20%
76090	MAMMOGRAPHY; UNILATERAL	54.00	67.50	20%
76091	MAMMOGRAPHY; BILATERAL	70.00	87.50	20%
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO VIEW FILM STUDY OF EACH B	48.00	60.00	20%
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE	26.57	33.21	20%
99081	REQUIRED REPORTS	9.35	11.69	20%
99190	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHAN	419.26	524.07	20%
99191	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHAN	320.17	400.21	20%
76365	CAT SCAN FOR CYST ASPIRATION	218.50	273.13	20%
76370	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION T	182.40	228.00	20%
76400	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUP	532.00	665.00	20%
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH	85.50	106.88	20%
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSE	91.20	114.00	20%
76934	ECHO GUIDE FOR CHEST TAP	78.85	98.56	20%
85025	BLOOD COUNT; HEMOGRAM AND PLATELET COUNT, AUTOMATED, AND AUTO	10.58	13.22	20%
86325	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CSF) WITH CONCEN	30.40	38.00	20%
80299	QUANTITATION OF DRUG, NOT ELSEWHERE SPECIFIED	18.62	23.28	20%
90780	IV INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UN	76.26	95.33	20%
90782	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY MATER	12.30	15.38	20%
90784	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY MATER	25.10	31.37	20%
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMEN	198.18	247.72	20%
93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAV	125.73	157.16	20%
93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEP	88.07	110.09	20%
93544	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR AORTOG	275.77	344.71	20%
93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	180.57	225.71	20%

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc.Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY	117.10	146.37	20%
93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLE	200.74	250.92	20%
93924	NON-INVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT	122.51	153.14	20%
93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, B	105.29	131.61	20%
94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	9.84	12.30	20%
94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER	45.81	57.26	20%
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, W	58.14	72.68	20%
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THER	26.57	33.21	20%
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY	197.60	247.00	20%
78461	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES, (PLANAR) AT REST A	280.25	350.31	20%
78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUD	480.00	600.00	20%
78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUA	69.00	86.25	20%
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATE	66.00	82.50	20%
77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	76.00	95.00	20%
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	73.15	91.44	20%
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVIS	358.00	447.50	20%
44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOM	546.53	1,933.16	20%
49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PRO	85.68	107.10	20%
57000	COLPOTOMY; WITH EXPLORATION	290.70	363.38	20%
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL	73.44	91.80	20%
50660	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAG	197.69	1,497.11	20%
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOG	24.48	30.60	20%
52204	CYSTOURETHROSCOPY, WITH BIOPSY	232.56	290.70	20%
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF SPINAL FLUID (BY NEE	97.92	122.40	20%
62274	INJECT SPINAL ANESTHETIC	174.42	218.03	20%
62287	ASPIRATION OR DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLE	139.54	1,424.43	20%
62288	INJECTION INTO SPINAL CANAL	174.42	218.03	20%
62289	INJECTION INTO SPINAL CANAL	183.60	229.50	20%
62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL OR TH	171.36	214.20	20%
62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS M	232.56	290.70	20%
61795	STEREOTACTIC COMPUTER ASSISTED VOLUMETRIC (NAVIGATIONAL) PROCE	453.50	566.87	20%
71036	X-RAY GUIDANCE FOR BIOPSY	95.95	119.94	20%
71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICA	91.20	114.00	20%
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	141.00	176.25	20%
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL	122.40	153.00	20%
77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; THREE-DIMEN	518.00	647.50	20%
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SIT	648.72	810.90	20%
01906	ANESTH, LUMBAR MYELOGRAPHY	138.00	172.50	20%
01908	ANESTH, CERVICAL MYELOGRAPHY	138.00	172.50	20%
01912	ANESTH, LUMBAR DISCOGRAPHY	138.00	172.50	20%
11404	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE	163.40	204.25	20%
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	36.72	45.90	20%
22222	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SIN	1,093.04	2,616.30	20%
23222	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS; WITH PROSTH	1,390.86	1,738.58	20%

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**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc. Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 50001</b>				
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRO	744.19	930.24	20%
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	122.40	153.00	20%
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAG	651.17	813.96	20%
20000	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS);	36.72	45.90	20%
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS);	208.08	260.10	20%
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOM	674.42	843.03	20%
20200	BIOPSY, MUSCLE; SUPERFICIAL	134.64	168.30	20%
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	73.44	91.80	20%
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOU	73.44	91.80	20%
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING	906.98	1,133.73	20%
27070	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS	416.16	520.20	20%
27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OS	651.18	2,063.97	20%
27158	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)	825.60	2,282.00	20%
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	220.94	276.17	20%
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATER	304.90	1,293.62	20%
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	97.92	122.40	20%
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHO	318.24	397.80	20%
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOR	686.06	857.57	20%
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	73.44	91.80	20%
27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	465.12	581.40	20%
27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL O	581.40	726.75	20%
27645	RADICAL RESECTION OF TUMOR, BONE; TIBIA	918.75	1,148.44	20%
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDO	306.00	382.50	20%
33970	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE FEMO	744.19	930.24	20%
36410	VENIPUNCTURE, CHILD OVER AGE 3 YEARS OR ADULT, NECESSITATING PHY	23.26	29.07	20%
36415	ROUTINE VENIPUNCTURE OR FINGER/HEEL/EAR STICK FOR COLLECTION OF	2.88	3.60	20%
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	186.05	232.56	20%
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETAT	115.00	143.75	20%
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPR	115.00	143.75	20%
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND I	154.00	192.50	20%
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTE	115.00	143.75	20%
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETAT	115.00	143.75	20%
78458	VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL	166.00	207.50	20%
78580	PULMONARY PERFUSION IMAGING, PARTICULATE	166.25	207.81	20%
78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGL	158.74	198.43	20%
78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBR	224.00	280.00	20%
78586	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION	110.92	138.65	20%
78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG	127.30	159.13	20%
78591	PULMONARY VENTILATION IMAGING, GASEOUS; SINGLE BREATH, SINGLE PR	121.60	152.00	20%
78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WA	145.63	182.04	20%
78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WA	202.44	253.05	20%
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUS	96.00	120.00	20%
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	122.94	153.67	20%
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW	152.00	190.00	20%

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**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

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<b>CALIFORNIA 90001</b>				
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC	149.15	186.44	20%
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	171.00	213.75	20%
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	70.00	87.50	20%
78615	CEREBRAL BLOOD FLOW	157.72	197.15	20%
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF	194.00	242.50	20%
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF	144.40	180.50	20%
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF	148.48	185.60	20%
78650	CSF LEAKAGE DETECTION AND LOCALIZATION	199.50	249.38	20%
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	106.40	133.00	20%
78700	KIDNEY IMAGING; STATIC ONLY	120.00	150.00	20%
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	161.50	201.88	20%
78704	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)	174.93	218.66	20%
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WIT	203.04	253.80	20%
78715	KIDNEY VASCULAR FLOW ONLY	73.15	91.44	20%
78725	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	136.80	171.00	20%
78730	URINARY BLADDER RESIDUAL STUDY	64.00	80.00	20%
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)	109.25	136.56	20%
78760	TESTICULAR IMAGING;	125.55	156.94	20%
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW	146.61	183.26	20%
78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; LIMITED AREA	155.80	194.75	20%
78801	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; MULTIPLE AREAS	190.95	238.69	20%
78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; WHOLE BODY	227.00	283.75	20%
78805	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIMIT	112.00	140.00	20%
78806	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; WHO	192.00	240.00	20%
78000	THYROID UPTAKE; SINGLE DETERMINATION	45.60	57.00	20%
78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS	60.80	76.00	20%
78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLU	54.15	67.69	20%
78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION	112.10	140.13	20%
78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS	121.60	152.00	20%
78010	THYROID IMAGING; ONLY	72.00	90.00	20%
78011	THYROID IMAGING; WITH VASCULAR FLOW	109.25	136.56	20%
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND	136.80	171.00	20%
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (E	167.20	209.00	20%
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	233.68	292.10	20%
78070	PARATHYROID IMAGING	64.00	80.00	20%
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	96.00	120.00	20%
78102	BONE MARROW IMAGING; LIMITED AREA	106.40	133.00	20%
78103	BONE MARROW IMAGING; MULTIPLE AREAS	167.20	209.00	20%
78104	BONE MARROW IMAGING; WHOLE BODY	182.40	228.00	20%
78110	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (	60.80	76.00	20%
78111	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (	96.00	120.00	20%
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMP	70.00	87.50	20%
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SA	118.00	147.50	20%
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREM	179.00	223.75	20%

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc Rate	FSUCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
78130	RED CELL SURVIVAL STUDY;	136.80	171.00	20%
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, S	203.30	254.13	20%
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SP	170.05	212.56	20%
78160	PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE	147.26	184.07	20%
78162	RADIOIRON ORAL ABSORPTION	142.50	178.13	20%
78170	RADIOIRON RED CELL UTILIZATION	209.49	261.86	20%
78172	CHELATABLE IRON FOR ESTIMATION OF TOTAL BODY IRON	70.30	87.88	20%
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	103.55	129.44	20%
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL	174.00	217.50	20%
78191	PLATELET SURVIVAL STUDY	304.00	380.00	20%
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	192.00	240.00	20%
78201	LIVER IMAGING; STATIC ONLY	128.25	160.31	20%
78202	LIVER IMAGING; WITH VASCULAR FLOW	152.00	190.00	20%
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	212.80	266.00	20%
78220	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGE	167.20	209.00	20%
78223	HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH	176.70	220.88	20%
78230	SALIVARY GLAND IMAGING;	102.60	128.25	20%
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	136.80	171.00	20%
78232	SALIVARY GLAND FUNCTION STUDY	148.20	185.25	20%
78258	ESOPHAGEAL MOTILITY	152.95	191.19	20%
78261	GASTRIC MUCOSA IMAGING	180.50	225.63	20%
78262	GASTROESOPHAGEAL REFLUX STUDY	182.00	227.50	20%
78264	GASTRIC EMPTYING STUDY	187.15	233.94	20%
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSI	65.55	81.94	20%
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FA	68.40	85.50	20%
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRIN	95.59	119.49	20%
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	225.15	281.44	20%
78282	GASTROINTESTINAL PROTEIN LOSS	103.55	129.44	20%
78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKELS LOCALIZATION,	139.65	174.56	20%
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SH	128.00	160.00	20%
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	139.65	174.56	20%
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	182.40	228.00	20%
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	191.68	239.60	20%
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	208.00	260.00	20%
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY	152.00	190.00	20%
78455	VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN)	166.00	207.50	20%
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	128.00	160.00	20%
78891	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUC	96.00	120.00	20%
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRA	48.96	61.20	20%
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	73.44	91.80	20%
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	61.20	76.50	20%
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	73.44	91.80	20%
64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE	73.44	91.80	20%
64412	INJECTION, ANESTHETIC AGENT; SPINAL ACCESSORY NERVE	61.20	76.50	20%

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS	73.44	91.80	20%
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS	61.20	76.50	20%
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	61.20	76.50	20%
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	61.20	76.50	20%
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE	73.44	91.80	20%
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGION	146.88	183.60	20%
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES	61.20	76.50	20%
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	73.44	91.80	20%
94761	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; MULTIP	22.90	28.63	20%
99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEM	78.82	98.52	20%
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE	61.20	76.50	20%
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE	73.44	91.80	20%
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	48.96	61.20	20%
64622	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERV	122.40	153.00	20%
64623	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERV	61.20	76.50	20%
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL,	171.36	214.20	20%
62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL,	208.08	260.10	20%
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL,	195.84	244.80	20%
62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR	171.36	214.20	20%
64442	INJECTION FOR NERVE BLOCK	110.16	137.70	20%
64443	INJECTION FOR NERVE BLOCK	61.20	76.50	20%
62278	INJECT SPINAL ANESTHETIC	195.84	244.80	20%
62275	INJECT SPINAL ANESTHETIC	197.68	247.10	20%
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	296.40	370.50	20%
78647	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF	224.00	280.00	20%
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	241.91	302.39	20%
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; TOMOGRAPHIC (SPECT)	270.00	337.50	20%
78807	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; TOM	270.00	337.50	20%
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	182.40	228.00	20%
78205	LIVER IMAGING (SPECT);	273.60	342.00	20%
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPH	77.90	97.38	20%
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTR	121.60	152.00	20%
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	109.25	136.56	20%
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYR	106.40	133.00	20%
76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIM	121.60	152.00	20%
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR RE	96.90	121.13	20%
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUM	123.50	154.38	20%
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUM	91.20	114.00	20%
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AN	123.50	154.38	20%
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AN	70.00	87.50	20%
76778	ECHOGRAPHY OF TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH	126.35	157.94	20%
76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS	133.00	166.25	20%
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE	109.00	136.25	20%
76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE	146.30	182.88	20%

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc. Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE	80.00	100.00	20%
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATIO	67.00	83.75	20%
76830	ECHOGRAPHY, TRANSVAGINAL	121.60	152.00	20%
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IM	106.40	133.00	20%
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IM	96.90	121.13	20%
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	91.20	114.00	20%
76872	ECHOGRAPHY, TRANSRECTAL;	130.15	162.69	20%
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WIT	91.20	114.00	20%
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERP	194.75	243.44	20%
93875	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTRACRANIAL ARTERIES, COMPL	98.15	122.69	20%
93922	NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY AR	118.26	147.82	20%
93923	NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY AR	144.16	180.20	20%
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRA	180.57	225.71	20%
93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRA	117.10	146.37	20%
93930	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAF	176.63	220.79	20%
93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAF	105.78	132.23	20%
93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE BILA	118.26	147.82	20%
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESS	176.63	220.79	20%
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESS	114.64	143.30	20%
93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINA	152.52	190.65	20%
93976	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINA	91.51	114.39	20%
93978	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BY	168.26	210.33	20%
93979	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BY	100.86	126.08	20%
93980	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VES	108.24	135.30	20%
93981	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VES	64.94	81.18	20%
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUM	121.60	152.00	20%
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WIT	115.90	144.88	20%
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN	127.30	159.13	20%
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGME	127.30	159.13	20%
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	121.60	152.00	20%
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSE	50.35	62.94	20%
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSE	73.15	91.44	20%
70350	CEPHALOGRAM, ORTHODONTIC	36.10	45.13	20%
70355	ORTHOPANTOGRAM	36.10	45.13	20%
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	43.70	54.63	20%
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRE	91.20	114.00	20%
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	45.60	57.00	20%
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	70.00	87.50	20%
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	30.40	38.00	20%
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	35.15	43.94	20%
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	36.10	45.13	20%
20501	INJECTION OF SINUS TRACT; DIAGNOSTIC	48.96	61.20	20%
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	57.95	72.44	20%
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITU	38.00	47.50	20%

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc. Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
71040	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPR	77.00	96.25	20%
71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRE	96.00	120.00	20%
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	41.80	52.25	20%
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTER	46.55	58.19	20%
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	51.30	64.13	20%
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIO	57.95	72.44	20%
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	36.10	45.13	20%
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM	42.75	53.44	20%
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTE	76.00	95.00	20%
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	30.40	38.00	20%
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	41.80	52.25	20%
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	57.00	71.25	20%
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQ	73.15	91.44	20%
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSI	42.75	53.44	20%
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	41.80	52.25	20%
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	44.65	55.81	20%
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	51.30	64.13	20%
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	41.80	52.25	20%
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE A	51.30	64.13	20%
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRAO	30.40	38.00	20%
74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE, RADIO	60.80	76.00	20%
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUP	102.00	127.50	20%
74405	CONTRAST X-RAY URINARY TRACT	96.90	121.13	20%
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	99.75	124.69	20%
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH	109.25	136.56	20%
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	64.00	80.00	20%
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGR	51.00	63.75	20%
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION A	45.00	56.25	20%
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL S	55.00	68.75	20%
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPR	55.00	68.75	20%
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND	60.00	75.00	20%
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	41.80	52.25	20%
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEW	57.95	72.44	20%
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING B	73.15	91.44	20%
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, M	51.30	64.13	20%
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	35.15	43.94	20%
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	46.55	58.19	20%
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	36.10	45.13	20%
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	42.75	53.44	20%
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	38.95	48.69	20%
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND	141.00	176.25	20%
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	38.00	47.50	20%
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	39.90	49.88	20%
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	33.25	41.56	20%

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc. Rate	FSUJCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEW	42.75	53.44	20%
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH	41.80	52.25	20%
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	35.15	43.94	20%
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	31.35	39.19	20%
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	36.10	45.13	20%
73090	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	28.50	35.63	20%
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO V	32.30	40.38	20%
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	27.55	34.44	20%
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	36.10	45.13	20%
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	28.50	35.63	20%
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	33.25	41.56	20%
73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS	21.85	27.31	20%
73500	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; ONE VIEW	29.45	36.81	20%
73510	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; COMPLETE, MINIMUM OF TWO	38.00	47.50	20%
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF E	55.10	68.88	20%
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	50.35	62.94	20%
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM O	41.80	52.25	20%
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND	109.25	136.56	20%
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	42.75	53.44	20%
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	23.00	28.75	20%
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEW	56.05	70.06	20%
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	36.10	45.13	20%
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEW	61.75	77.19	20%
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	59.85	74.81	20%
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	39.90	49.88	20%
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE	41.80	52.25	20%
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE	30.40	38.00	20%
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISIO	56.05	70.06	20%
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	36.10	45.13	20%
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	49.40	61.75	20%
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	33.25	41.56	20%
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF	55.10	68.88	20%
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	31.35	39.19	20%
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITH	36.10	45.13	20%
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, W	55.10	68.88	20%
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	10.00	12.50	20%
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL	19.00	23.75	20%
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	39.90	49.88	20%
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTER	71.97	89.96	20%
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST	78.85	98.56	20%
74740	HYSTEOSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETA	64.11	80.14	20%
74775	PERINEOGRAM (EG, VAGINOGRAM OR HERNIOGRAM)	121.60	152.00	20%
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPE	179.00	223.75	20%
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPER	230.00	287.50	20%

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc. Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SU	224.00	280.00	20%
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPE	304.00	380.00	20%
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	202.00	252.50	20%
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVAL	224.00	280.00	20%
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC E	224.00	280.00	20%
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SI	27.55	34.44	20%
76020	BONE AGE STUDIES	42.75	53.44	20%
76040	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	51.30	64.13	20%
76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTAS	73.15	91.44	20%
76062	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPE	96.90	121.13	20%
76065	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	38.00	47.50	20%
76066	JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)	38.00	47.50	20%
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY	91.20	114.00	20%
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY	127.30	159.13	20%
76150	XERORADIOGRAPHY	30.40	38.00	20%
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; W	51.30	64.13	20%
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; W	53.20	66.50	20%
73550	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	36.10	45.13	20%
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	33.25	41.56	20%
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	38.00	47.50	20%
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	44.65	55.81	20%
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTER	33.25	41.56	20%
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	36.10	45.13	20%
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO V	36.10	45.13	20%
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	33.25	41.56	20%
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	34.20	42.75	20%
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	33.25	41.56	20%
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	35.15	43.94	20%
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	30.40	38.00	20%
73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS	26.60	33.25	20%
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	33.25	41.56	20%
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONA	37.05	46.31	20%
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS A	48.45	60.56	20%
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES	60.80	76.00	20%
74190	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOG	51.00	63.75	20%
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	59.85	74.81	20%
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	62.90	78.63	20%
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR W	77.00	96.25	20%
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR W	80.00	100.00	20%
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMAL	136.80	171.00	20%
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONT	83.00	103.75	20%
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONT	90.00	112.50	20%
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONT	139.65	174.56	20%
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILM	70.30	87.88	20%

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc. Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
74251	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FIL	74.00	92.50	20%
74260	DUODENOGRAPHY, HYPOTONIC	75.41	94.26	20%
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KU	98.80	123.50	20%
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DE	129.20	161.50	20%
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	48.45	60.56	20%
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINA	28.50	35.63	20%
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADI	60.80	76.00	20%
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING O	28.05	35.06	20%
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRE	18.70	23.37	20%

The above net pricing may include pricing that can be based on a percentage off of the current state fee schedule or UCR table. These net prices may vary dependent on any changes/updates made by a particular state to their fee schedule/UCR table since the time that this report was generated.

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**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc. Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
74251	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FIL	74.00	92.50	20%
74260	DUODENOGRAPHY, HYPOTONIC	75.41	94.26	20%
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KU	98.80	123.50	20%
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DE	129.20	161.50	20%
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	48.45	60.56	20%
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINA	28.50	35.63	20%
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADI	60.80	76.00	20%
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING O	28.05	35.06	20%
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRE	18.70	23.37	20%

The above net pricing may include pricing that can be based on a percentage off of the current state fee schedule or UCR table. These net prices may vary dependent on any changes/updates made by a particular state to their fee schedule/UCR table since the time that this report was generated.

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## **Payor and Worker's Compensation Network Access Agreement**

This Workers' Compensation Network Access Agreement is between the City of Los Angeles, a municipal corporation, acting by and through the Personnel Department ("Payor"), StrataCare, LLC and BC Life & Health Insurance Company ("BCL&H") and is effective July 1, 2013.

### **RECITALS**

1. Whereas BCL&H provides a network of participating providers which has entered, or will enter into provider agreements with BCL&H or an affiliate of BCL&H ("Network") to provide medical care services to employees covered under workers' compensation program, at per diem, case, procedure, discount or other special reimbursement rate; and
2. Payor has a need for a Preferred Provider Organization (PPO) network for Payor's employees covered under Payor's workers' compensation program; and
3. Whereas, StrataCare provides medical bill review, cost containment and managed care services, and has entered into a Contract with the Payor ("Prime Contract") to provide, among other services, Preferred Provider Organization (PPO) Network services; and
4. Whereas, in order to fulfill StrataCare's obligations under the Prime Contract to provide the Payor with PPO Network services, StrataCare entered into a Contract with BCL&H Network for Preferred Provider Organization (PPO) Network services.

NOW, THEREFORE, in consideration of the promises and of the terms, covenants and conditions set forth herein, the parties hereby covenant, represent, and agree as follows:

### **1. PPO Network Services**

- 1.1 BCL&H and StrataCare shall grant to Payor access to Network and all rights to participate in such Network, and use reasonable efforts to continually develop Network for Payor to enjoy the benefit of Network discount rates which may become available.
- 1.2 BCL&H shall ensure that Payor is listed on the payor list created by BCL&H on all of the Network contracts and shall include any language required to ensure that the Payor obtains all benefits, including but not limited to maximum PPO discounts.
- 1.3 With the exception of Managed Care Program providers described in Prime Contract, Payor and StrataCare will use reasonable efforts to channel covered employees to Network.

### **2. Term and Termination**

- 2.1 This Agreement shall become effective on July 1, 2013 and shall be for a three year term.
- 2.2 Payor may terminate this Agreement for Payor's convenience at any time by giving BCL&H and StrataCare, LLC thirty (30) days written notice thereof. Refer to Standard Provisions for City Contracts (3-09), PSC-10.

IN WITNESS WHEREOF, the parties hereto through their authorized representatives have entered into this Agreement the date and their signatures below.

**BCL&H**

**City of Los Angeles**

By \_\_\_\_\_  
Robert Mortensen  
President, Anthem Workers' Compensation

By \_\_\_\_\_  
Margaret Whelan  
General Manager, Personnel Department

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Address for Notices:**

**Address for Notices:**

Robert Mortensen  
Anthem Workers' Compensation  
3080 Bristol Street, Suite #200  
Costa Mesa, CA 92626

David Noltemeyer  
Workers' Compensation Division Chief  
700 E. Temple Street, Room 210  
Los Angeles, CA 90012

**StrataCare, LLC**

By \_\_\_\_\_  
E Harry Creasey  
President, StrataCare, LLC

Date: \_\_\_\_\_

**Address for Notices:**

E. Harry Creasey  
President  
StrataCare, LLC  
17838 Gillette Avenue  
Irvine, CA 92614

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

**BASIC MRI**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
72141	MRI CERVICAL SPINE WITHOUT CONTRAST	410.68	410.68	0.00	0
71550	MRI CHEST, MEDIASTINUM	445.00	711.22	266.22	37
70540	MRI, ORBIT, FACE, AND/OR NECK WITHOUT CONTRAST MATE	445.00	617.01	172.01	28
73721	MRI LOWER EXTREMITY, JOINT	431.59	431.59	0.00	0
73221	MRI UPPER EXTREMITY, JOINT	430.97	430.97	0.00	0
72148	MRI LUMBAR SPINE WITHOUT CONTRAST	411.03	411.03	0.00	0
72146	MRI THORACIC SPINE WITHOUT CONTRAST	410.68	410.68	0.00	0
73218	MRI UPPER EXTREMITY, NOT JOINT	445.00	627.75	182.75	29
70551	MRI OF THE BRAIN STEM WITHOUT CONTRAST	414.03	414.03	0.00	0
70336	MRI BILATERAL TMJ	445.00	551.47	106.47	19
72195	MRI PELVIS	445.00	644.75	199.75	31
74181	MRI, ABDOMEN	445.00	573.78	128.78	22
73718	MRI LOWER EXTREMITY	445.00	627.49	182.49	29
70547	MRA NECK	445.00	695.89	250.89	36
70544	MRA HEAD, W/OUT CONTRAST	445.00	694.05	249.05	36

**MRI W/CONTRAST**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
72149	MRI LUMBAR SPINE, W/CONTRAST	525.00	559.23	34.23	6
73719	MRI LOWER EXTREMITY W/CONTRAST	525.00	715.22	190.22	27
72142	MRI CERVICAL SPINE, W/CONTRAST	525.00	566.89	41.89	7
73722	MRI LOWER EXT., JOINT, W/CONTRAST	525.00	673.66	148.66	22
70552	MRI BRAIN, STEM, W/CONTRAST	525.00	564.78	39.78	7
74182	MRI ABDOMEN, W/CONTRAST	525.00	792.79	267.79	34
73222	MRI UPPER EXT., JOINT, W/CONTRAST	525.00	664.68	139.68	21
73219	MRI UPPER EXT. NOT JOINT, W/CONTRAST	525.00	712.75	187.75	26
71551	MRI CHEST, W/CONTRAST	525.00	803.88	278.88	35
72196	MRI PELVIS, W/CONTRAST	525.00	723.14	198.14	27
72147	MRI THORACIC SPINE, W/CONTRAST	525.00	561.34	36.34	6
70542	MRI, ORBIT, FACE, AND/OR NECK WITH CONTRAST MATERIAL	525.00	704.12	179.12	25
70548	MRA NECK, W/CONTRAST	525.00	731.02	206.02	28
70545	MRA HEAD, W/CONTRAST	525.00	684.18	159.18	23

**MRI W/WO CONTRAST**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
72157	MRI THORACIC SPINE W&WO CONTRAST	615.00	666.37	51.37	8
70553	MRI BRAIN, STEM, W&WO CONTRAST	615.00	665.14	50.14	8
73220	MRI UPPER EXT. NOT JOINT, W&WO CONTRAST	615.00	873.65	258.65	30
74183	MRI ABDOMEN, W&WO CONTRAST	615.00	885.27	270.27	31
70543	MRI, ORBIT, FACE, AND/OR NECK WITHOUT CONTRAST FOLL	615.00	861.33	246.33	29
73720	MRI LOWER EXTREMITY W&WO CONTRAST	615.00	878.58	263.58	30
72158	MRI LUMBAR SPINE W&WO CONTRAST	615.00	663.38	48.38	7
72156	MRI CERVICAL SPINE W&WO CONTRAST	615.00	665.76	50.76	8
73723	MRI LOWER EXT. JOINT, W&WO CONTRAST	615.00	825.58	210.58	26
77059	MRI BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL	615.00	935.80	320.80	34
77058	MRI BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL	615.00	939.49	324.49	35

**CALIFORNIA 90001**

**MRI W/WO CONTRAST**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
72197	MRI PELVIS W&WO CONTRAST	615.00	882.19	267.19	30

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

71552	MRI CHEST W&WO CONTRAST	615.00	1,011.62	396.62	39
73223	MRI UPPER EXT. JOINT, W&WO CONTRAST	615.00	823.11	208.11	25
72198	MRA PELVIS W OR WO CONTRAST	615.00	715.91	100.91	14
70546	MRA HEAD, W&WO CONTRAST	615.00	1,043.53	428.53	41
71555	MRA CHEST, W OR WO CONTRAST	615.00	707.22	92.22	13
72159	MRA SPINE W OR WO CONTRAST	615.00	738.28	123.28	17
74185	MRA, ABDOMEN W OR WO CONTRAST	615.00	717.76	102.76	14
73225	MRA UPPER EXTREMITY, W OR WO CONTRAST	615.00	728.25	113.25	16
70549	MRA NECK, W&WO CONTRAST	615.00	1,050.58	435.58	41
73725	MRA LOWER EXTREMITY, W OR WO CONTRAST	615.00	717.63	102.63	14

**BASIC CT**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
73700	CT LOWER EXTREMITY	250.00	323.68	73.68	23
72128	CT THORACIC SPINE	250.00	324.83	74.83	23
74176	CT ABDOMEN AND PELVIS WITHOUT CONTRAST	250.00	362.53	112.53	31
73200	CT UPPER EXTREMITY	250.00	323.68	73.68	23
74261	CT COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTI	250.00	816.58	566.58	69
72125	CT CERVICAL SPINE	250.00	331.16	81.16	25
72192	CT PELVIS WITHOUT CONTRAST	250.00	253.99	3.99	2
70486	CT MAXILLA FACIAL	250.00	350.43	100.43	29
70490	CT SOFT TISSUE NECK	250.00	345.31	95.31	28
74150	CT ABDOMEN WITHOUT CONTRAST	250.00	258.98	8.98	3
70450	CT HEAD/BRAIN	208.33	208.33	0.00	0
70480	CT ORBIT/EAR	250.00	426.05	176.05	41
71250	CT THORAX	250.00	324.08	74.08	23
72131	CT LUMBAR SPINE	250.00	323.59	73.59	23

**CT W/ CONTRAST**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
72129	CT THORACIC SPINE W/CONTRAST	275.00	406.09	131.09	32
49465	CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATOIN (	275.00	299.30	24.30	8
70491	CT SOFT TISSUE NECK W/CONTRAST	275.00	415.55	140.55	34
72193	CT PELVIS W/CONTRAST	275.00	399.70	124.70	31
72132	CT LUMBAR SPINE W/CONTRAST	275.00	404.86	129.86	32
70460	CT HEAD/BRAIN W/CONTRAST	275.00	285.17	10.17	4
71260	CT THORAX W/CONTRAST	275.00	405.97	130.97	32
73701	CT LOWER EXTREMITY W/CONTRAST	275.00	401.55	126.55	32
74160	CT ABDOMEN WITH CONTRAST	275.00	407.01	132.01	32
70481	CT ORBIT/EAR W/CONTRAST	275.00	497.25	222.25	45
73201	CT UPPER EXTREMITY W/CONTRAST	275.00	396.62	121.62	31
74177	CT ABDOMEN AND PELVIS WITH CONTRAST	275.00	548.76	273.76	50
72126	CT CERVICAL SPINE W/CONTRAST	275.00	406.09	131.09	32
70487	CT MAXILLA FACIAL W/CONTRAST	275.00	424.69	149.69	35

**CT W/WO CONTRAST**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
70488	CT MAXILLA FACIAL W&WO CONTRAST	320.00	509.32	189.32	37
73702	CT LOWER EXTREMITY W&WO CONTRAST	320.00	503.47	183.47	36
74178	CT ABDOMEN AND PELVIS WITHOUT CONTRAST FOLLOWED	320.00	639.73	319.73	50
71270	CT THORAX W&WO CONTRAST	320.00	490.74	170.74	35
70482	CT ORBIT/EAR W&WO CONTRAST	320.00	550.43	230.43	42

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

72130	CT THORACIC SPINE W&WO CONTRAST	320.00	490.21	170.21	35
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**CALIFORNIA 90001**

**CT W&WO CONTRAST**

CBT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
72194	CT PELVIS W&WO CONTRAST	320.00	468.96	148.96	32
73202	CT UPPER EXTREMITY W&WO CONTRAST	320.00	507.79	187.79	37
70470	CT BRAIN/HEAD W&WO CONTRAST	320.00	342.91	22.91	7
72127	CT CERVICAL SPINE W&WO CONTRAST	320.00	484.66	164.66	34
74262	CT COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTI	320.00	897.38	577.38	64
70492	CT SOFT TISSUE NECK W&WO CONTRAST	320.00	494.96	174.96	35
72133	CT LUMBAR SPINE W&WO CONTRAST	320.00	485.28	165.28	34
74170	CT ABDOMEN W&WO CONTRAST	320.00	470.62	150.62	32
75574	CT ANGIOGRAPHY HEART, CORONARY ARTERIES AND BYPA	320.00	711.37	391.37	55
73206	CTA UPPER EXTREMITY W&WO CONTRAST	320.00	568.46	248.46	44
71275	CTA CHEST W&WO CONTRAST	320.00	633.53	313.53	49
73706	CTA LOWER EXTREMITY W&WO CONTRAST	320.00	632.42	312.42	49
70496	CTA HEAD W&WO CONTRAST	320.00	761.84	441.84	58
74174	CT ANGIOGRAPHY, ABDOMEN AND PELVIS WITH CONTRAST	320.00	925.81	605.81	65
75635	CTA, W&WO, AB. AORTA & BILAT. ILIOfEMORAL LOWER EXT.	320.00	706.96	386.96	55
70498	CTA NECK W&WO CONTRAST	320.00	791.42	471.42	60
74175	CTA ABDOMEN W&WO CONTRAST	320.00	656.46	336.46	51

**EXTENDED**

CBT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
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**ANGIOGRAPHY**

75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUF	281.45	351.81	70.36	20
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SU	168.91	211.14	42.23	20
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGIC	239.95	299.94	59.99	20
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE	219.56	274.45	54.89	20
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMC	209.91	262.39	52.48	20
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL	210.90	263.62	52.72	20
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STU	133.89	167.36	33.47	20
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOL	245.06	306.32	61.26	20
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER	226.18	282.73	56.55	20
75791	ANGIOGRAPHY, ARTERIOVENOUS SHUNT, COMPLETE EVALL	444.99	556.24	111.25	20
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, F	232.02	290.03	58.01	20
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPER	330.80	413.50	82.70	20
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUP	209.34	261.67	52.33	20
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOG	208.50	260.63	52.13	20
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND	184.20	230.25	46.05	20
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLO	262.14	327.68	65.54	20
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION ANI	202.02	252.53	50.51	20
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPEI	244.42	305.53	61.11	20
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACEI	140.72	175.90	35.18	20
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL S	236.44	295.55	59.11	20
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, R	195.40	244.25	48.85	20
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLC	273.84	342.30	68.46	20
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SI	235.97	294.96	58.99	20
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLC	216.39	270.49	54.10	20

**CALIFORNIA 90001**

**EXTENDED**

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, F	198.07	247.59	49.52	20
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYN	208.43	260.54	52.11	20
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGI	205.75	257.19	51.44	20
36005	INJECTION PROCEDURE FOR CONTRAST VENOGRAPHY (INC	460.26	575.33	115.07	20
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIC	250.00	312.50	62.50	20
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RAD	216.71	270.89	54.18	20
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGI	113.24	141.55	28.31	20
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOI	173.96	217.45	43.49	20
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIC	151.98	189.98	38.00	20
27370	INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY	225.02	281.27	56.25	20
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIC	141.14	176.42	35.28	20
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLO	141.14	176.42	35.28	20
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOU	260.24	325.30	65.06	20
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	221.61	277.01	55.40	20
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	224.02	280.02	56.00	20
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADI	139.38	174.22	34.84	20
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY	180.36	225.45	45.09	20
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	228.61	285.76	57.15	20
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, R	144.10	180.12	36.02	20
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH AN	333.25	416.56	83.31	20
77082	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENS	37.17	46.46	9.29	20
77081	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENS	36.91	46.14	9.23	20
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENS	66.59	83.24	16.65	20
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COUR	128.50	160.63	32.13	20
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); M	1,359.37	1,699.21	339.84	20
77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPU	112.18	140.23	28.05	20
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR OI	27.40	34.25	6.85	20
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLE	207.90	259.88	51.98	20
77404	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT ARE	190.11	237.64	47.53	20
77406	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT ARE	189.12	236.40	47.28	20
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)	19.02	23.77	4.75	20
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERI	67.62	84.52	16.90	20
77762	INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMI	668.88	836.10	167.22	20
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATI	975.56	1,219.45	243.89	20
77411	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATM	259.14	323.92	64.78	20
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRAD	200.46	250.58	50.12	20
77305	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPU	77.91	97.39	19.48	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF C	523.70	654.63	130.93	20
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	94.31	117.89	23.58	20
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTIN	369.30	461.63	92.33	20
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTIN	575.66	719.57	143.91	20
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (II	537.69	672.11	134.42	20
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOL	204.46	255.57	51.11	20
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPU	177.68	222.10	44.42	20
77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING	102.84	128.55	25.71	20
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMI	140.91	176.14	35.23	20

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	476.32	595.40	119.08	20
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING	688.49	860.61	172.12	20
77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE	332.11	415.14	83.03	20
77408	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENTS	234.49	293.11	58.62	20
77416	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE	347.39	434.24	86.85	20
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA	192.58	240.72	48.14	20
77328	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLE)	361.55	451.94	90.39	20
77761	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	508.42	635.52	127.10	20
77776	INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE	567.10	708.88	141.78	20
77403	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA	170.38	212.98	42.60	20
77778	INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX	1,127.89	1,409.86	281.97	20
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	493.24	616.55	123.31	20
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX	199.46	249.33	49.87	20
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	156.94	196.17	39.23	20
77413	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE	308.44	385.55	77.11	20
77777	INTERSTITIAL RADIATION SOURCE APPLICATION; INTERMEDIATE	758.12	947.65	189.53	20
77014	CT GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELD	165.18	206.48	41.30	20
77327	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLE)	271.32	339.15	67.83	20
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY TYPE)	82.25	102.81	20.56	20
77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENTS	349.86	437.33	87.47	20
77409	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENTS	260.62	325.77	65.15	20
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLIFIED	107.33	134.16	26.83	20
77326	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION)	193.45	241.81	48.36	20
77011	CT GUIDANCE FOR STEREOTACTIC LOCALIZATION	303.86	379.83	75.97	20
77414	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE	347.39	434.24	86.85	20
77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	233.63	292.04	58.41	20
77789	SURFACE APPLICATION OF RADIATION SOURCE	155.60	194.50	38.90	20
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR MORE	1,363.06	1,703.83	340.77	20
77763	INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLEX	946.19	1,182.74	236.55	20
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, VIDEOTAPED	125.62	157.03	31.41	20
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR	69.22	86.52	17.30	20
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (VERTEBRAL BODY)	746.00	932.50	186.50	20
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION	124.53	155.66	31.13	20
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF 2 VIEWS	119.50	149.37	29.87	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
77051	COMPUTER-AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW	13.57	16.96	3.39	20
77057	SCREENING MAMMOGRAPHY, BILATERAL	109.26	136.57	27.31	20
G0204	DIAGNOSTIC MAMMOGRAPHY PRODUCING DIRECT DIGITAL IMAGES	159.68	199.60	39.92	20
77052	COMPUTER-AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW	13.57	16.96	3.39	20
77056	MAMMOGRAPHY; BILATERAL	154.02	192.53	38.51	20
G0206	DIAGNOSTIC MAMMOGRAPHY PRODUCING DIRECT DIGITAL IMAGES	125.56	156.95	31.39	20
G0202	SCREENING MAMMOGRAPHY PRODUCING DIRECT DIGITAL IMAGES	130.90	163.63	32.73	20
77055	MAMMOGRAPHY; UNILATERAL	119.61	149.51	29.90	20
J3360	INJECTION, DIAZEPAM, UP TO 5 MG	2.61	3.26	0.65	20
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	50.10	62.63	12.53	20
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT	488.74	610.92	122.18	20
77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING	640.34	800.43	160.09	20
77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	125.70	157.13	31.43	20

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

85025	BLOOD COUNT; HEMOGRAM AND PLATELET COUNT, AUTOM	10.18	12.73	2.55	20
75563	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION WITHOUT	691.61	864.51	172.90	20
00148	ANESTHESIA FOR EYE EXAM	111.62	139.52	27.90	20
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH II	127.74	159.68	31.94	20
93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL O	121.18	151.47	30.29	20
93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL AR	355.07	443.84	88.77	20
27645	RADICAL RESECTION OF TUMOR, BONE; TIBIA	2,358.20	2,947.75	589.55	20
77084	MRI, BONE MARROW BLOOD SUPPLY	536.78	670.97	134.19	20
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL E	637.58	796.97	159.39	20
44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY	2,457.95	3,072.44	614.49	20
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT M	313.92	392.40	78.48	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AN	184.43	230.54	46.11	20
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOU	358.34	447.93	89.59	20
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AN	91.79	114.74	22.95	20
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY	120.30	150.38	30.08	20
93924	NON-INVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMI	172.24	215.30	43.06	20
01850	ANESTH, LOWER ARM VEIN SURG	83.71	104.64	20.93	20
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	331.86	414.82	82.96	20
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA	281.50	351.88	70.38	20
27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGI	876.49	1,095.61	219.12	20
75559	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION WITHOUT	599.66	749.58	149.92	20
27070	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, I	1,136.06	1,420.08	284.02	20
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHEN	1,322.66	1,653.32	330.66	20
75561	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION WITHOUT	585.68	732.10	146.42	20
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR R	975.41	1,219.26	243.85	20
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT C	33.12	41.40	8.28	20
33970	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THR	461.38	576.72	115.34	20
27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; W	2,270.79	2,838.49	567.70	20
36410	VENIPUNCTURE, CHILD OVER AGE 3 YEARS OR ADULT, NECI	23.02	28.78	5.76	20
49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY	184.10	230.13	46.03	20
93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BIL	187.90	234.87	46.97	20
93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTE	193.10	241.38	48.28	20
00100	ANESTH, SKIN SURGERY	139.52	174.40	34.88	20
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND	133.74	167.17	33.43	20
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING UI	255.88	319.85	63.97	20
52204	CYSTOURETHROSCOPY, WITH BIOPSY	505.35	631.69	126.34	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PA	259.38	324.23	64.85	20
93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY M/	25.43	31.79	6.36	20
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSUR	1,258.28	1,572.85	314.57	20
62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF AR	967.34	1,209.18	241.84	20
57000	COLPOTOMY; WITH EXPLORATION	254.15	317.69	63.54	20
62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; C	449.01	561.26	112.25	20
77021	MR GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SL	539.54	674.43	134.89	20
94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRAI	7.18	8.97	1.79	20

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (M	727.88	909.85	181.97	20
27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR	816.65	1,020.81	204.16	20
80299	QUANTITATION OF DRUG, NOT ELSEWHERE SPECIFIED	17.94	22.42	4.48	20
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION,	765.30	956.63	191.33	20
70554	MRI BRAIN, FUNCTIONAL MRI, NOT REQUIRING MD OR PSYCI	615.80	769.75	153.95	20
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCI	671.83	839.79	167.96	20
36415	ROUTINE VENIPUNCTURE OR FINGER/HEEL/EAR STICK FOR	2.88	3.60	0.72	20
50660	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION /	1,510.07	1,887.59	377.52	20
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLOR.	959.14	1,198.92	239.78	20
75557	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION WITHOUT	442.21	552.76	110.55	20
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	244.32	305.40	61.08	20
62287	ASPIRATION OR DECOMPRESSION PROCEDURE, PERCUTAN	763.78	954.72	190.94	20
75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING	75.70	94.63	18.93	20
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	1.90	2.37	0.47	20
93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CC	52.78	65.97	13.19	20
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	50.39	62.99	12.60	20
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULT	11.89	14.86	2.97	20
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO O	417.27	521.59	104.32	20
22222	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOF	2,075.95	2,594.94	518.99	20
27158	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFOF	1,857.55	2,321.94	464.39	20
95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR	56.58	70.73	14.15	20
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 1E	30.23	37.79	7.56	20
86325	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CS	29.29	36.61	7.32	20
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICI	371.72	464.65	92.93	20
<b>CALIFORNIA 90001</b>					
<b>EXTENDED</b>					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISI	171.70	214.63	42.93	20
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	237.45	296.81	59.36	20
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUP	266.62	333.28	66.66	20
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION A	166.86	208.57	41.71	20
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AI	175.52	219.40	43.88	20
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPER	80.19	100.24	20.05	20
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	242.67	303.34	60.67	20
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC	274.60	343.25	68.65	20
78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; LIMITEI	262.87	328.59	65.72	20
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INC	279.31	349.14	69.83	20
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	433.93	542.41	108.48	20
J0150	INJECTION, ADENOSINE, 6 MG (NOT TO BE USED TO REPORT	4.66	5.83	1.17	20
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	592.10	740.13	148.03	20
78258	ESOPHAGEAL MOTILITY	305.57	381.96	76.39	20
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLAN	316.46	395.57	79.11	20
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SII	319.02	398.78	79.76	20
78725	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC S	150.06	187.57	37.51	20
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPAI	134.90	168.63	33.73	20
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	168.38	210.48	42.10	20
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND \	141.26	176.57	35.31	20
78291	PERITONEAL-VEIN SHUNT PATENCY TEST (EG, FOR LEVE	346.83	433.54	86.71	20
78458	VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL	221.98	277.48	55.50	20
78070	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION	413.03	516.29	103.26	20

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

78264	GASTRIC EMPTYING STUDY	399.22	499.03	99.81	20
78730	URINARY BLADDER RESIDUAL STUDY	105.31	131.64	26.33	20
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW	290.72	363.40	72.68	20
78261	GASTRIC MUCOSA IMAGING	350.48	438.10	87.62	20
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	254.28	317.85	63.57	20
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	482.70	603.37	120.67	20
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA	301.28	376.60	75.32	20
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	249.98	312.47	62.49	20
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIO	388.98	486.22	97.24	20
78111	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTIO	136.58	170.72	34.14	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
J2805	INJECTION SINCALIDE, 5 MCG	66.49	83.11	16.62	20
78014	THYROID IMAGING INCLUDING VASCULAR FLOW, WHEN PER	326.02	407.53	81.51	20
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	318.70	398.38	79.68	20
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	458.86	573.57	114.71	20
78806	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY	458.58	573.22	114.64	20
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	292.94	366.18	73.24	20
78267	UREA BREATH TEST, C-14; ACQUISITION FOR ANALYSIS	10.30	12.88	2.58	20
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; WHOLE	789.68	987.10	197.42	20
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT)	473.94	592.43	118.49	20
78103	BONE MARROW IMAGING; MULTIPLE AREAS	310.24	387.80	77.56	20
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOU	550.10	687.62	137.52	20
78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION	483.53	604.41	120.88	20
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	257.83	322.29	64.46	20
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING IN	449.92	562.40	112.48	20
78805	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY	251.66	314.58	62.92	20
78700	KIDNEY IMAGING; STATIC ONLY	240.98	301.23	60.25	20
78709	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MI	504.93	631.16	126.23	20
78230	SALIVARY GLAND IMAGING;	188.72	235.90	47.18	20
78801	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; MULTIP	346.52	433.15	86.63	20
78268	UREA BREATH TEST, C-14; ANALYSIS	88.22	110.27	22.05	20
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLC	300.34	375.42	75.08	20
78013	THYROID IMAGING INCLUDING VASCULAR FLOW, WHEN PER	269.43	336.79	67.36	20
78232	SALIVARY GLAND FUNCTION STUDY	135.86	169.83	33.97	20
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECT	271.24	339.05	67.81	20
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	296.99	371.24	74.25	20
78262	GASTROESOPHAGEAL REFLUX STUDY	338.34	422.93	84.59	20
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULT	399.03	498.79	99.76	20
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	268.22	335.28	67.06	20
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WI	124.78	155.97	31.19	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
78453	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QU	424.12	530.15	106.03	20
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDUR	131.60	164.50	32.90	20
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	177.94	222.42	44.48	20
79200	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	207.18	258.97	51.79	20
J1940	INJECTION, FUROSEMIDE, UP TO 20 MG (FUROMIDE M.D. OR	2.89	3.61	0.72	20

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

78020	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARAT	112.44	140.55	28.11	20
78191	PLATELET SURVIVAL STUDY	234.32	292.90	58.58	20
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	493.18	616.48	123.30	20
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TEC	329.02	411.27	82.25	20
78110	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTI	130.32	162.90	32.58	20
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAI	186.21	232.76	46.55	20
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT)	659.38	824.22	164.84	20
78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION	604.68	755.85	151.17	20
78650	CSF LEAKAGE DETECTION AND LOCALIZATION	467.74	584.68	116.94	20
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	347.14	433.93	86.79	20
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAP	311.06	388.82	77.76	20
J2785	INJECTION, REGADENOSON, 0.1 MG	42.74	53.43	10.69	20
78104	BONE MARROW IMAGING; WHOLE BODY	335.62	419.53	83.91	20
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDIN	304.96	381.20	76.24	20
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY	237.75	297.19	59.44	20
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SING	59.63	74.54	14.91	20
78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; WHOLE	446.74	558.43	111.69	20
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING IN	470.06	587.58	117.52	20
78012	THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE MEA	106.58	133.23	26.65	20
78579	PULMONARY VENTILATION IMAGING (EG AEROSOL OR GAS)	258.74	323.43	64.69	20
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WI	124.78	155.97	31.19	20
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	443.78	554.72	110.94	20

**CALIFORNIA 90001**  
**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIV	252.08	315.10	63.02	20
78582	PULMONARY VENTILATION IMAGING (EG AEROSOL OR GAS)	464.69	580.86	116.17	20
78481	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TEC	242.14	302.68	60.54	20
78454	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCD. QUALITA	604.60	755.75	151.15	20
78580	PULMONARY PERFUSION IMAGING, PARTICULATE	331.21	414.01	82.80	20
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE	487.31	609.14	121.83	20
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND	426.30	532.87	106.57	20
78290	INTESTINAL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECI	464.92	581.15	116.23	20
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING IN	472.33	590.41	118.08	20
78130	RED CELL SURVIVAL STUDY;	234.32	292.90	58.58	20
78102	BONE MARROW IMAGING; LIMITED AREA	233.57	291.96	58.39	20
78202	LIVER IMAGING; WITH VASCULAR FLOW	281.53	351.91	70.38	20
78708	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SII	235.19	293.99	58.80	20
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDUF	138.53	173.16	34.63	20
78201	LIVER IMAGING; STATIC ONLY	259.07	323.84	64.77	20
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	483.83	604.79	120.96	20
78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); I	122.11	122.11	0.00	0

**CALIFORNIA 90001**  
**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	0.48	0.60	0.12	20
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	133.95	167.44	33.49	20
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG(NDC KI	1.39	1.74	0.35	20
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARA'	243.15	303.94	60.79	20
64490	INJECTION(S) DIAGNOSTIC OR THERAPEUTIC AGENT, PARAV	267.44	334.30	66.86	20

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

64412	INJECTION, ANESTHETIC AGENT; SPINAL ACCESSORY NERV	190.26	237.82	47.56	20
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTER	157.76	197.20	39.44	20
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG	0.48	0.60	0.12	20
99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATIO	90.22	112.77	22.55	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
64491	SECOND LEVEL – INJECTION(S) DIAGNOSTIC OR THERAPEU	129.49	161.86	32.37	20
64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE	171.69	214.61	42.92	20
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	4.24	5.30	1.06	20
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	177.79	222.24	44.45	20
J0702	INJECTION, BETAMETHASONE ACETATE AND BETAMETHASC	4.56	5.70	1.14	20
64455	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANT	64.57	80.71	16.14	20
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALC	441.04	551.30	110.26	20
62319	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOL	154.15	192.69	38.54	20
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERV	110.70	138.38	27.68	20
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGA	181.06	226.32	45.26	20
62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; L	465.83	582.29	116.46	20
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	197.42	246.78	49.36	20
64483	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFC	309.47	386.84	77.37	20
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY C	171.05	213.81	42.76	20
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINI	155.57	194.46	38.89	20
64447	INJECTION, ANESTHETIC AGENT: FEMORAL NERVE (SINGLE	161.56	201.95	40.39	20
64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARA'	120.22	150.28	30.06	20
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE)	184.86	231.07	46.21	20
62310	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT	150.14	187.67	37.53	20
64484	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFC	121.25	151.56	30.31	20
62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALC	334.83	418.54	83.71	20
64480	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFC	157.74	197.17	39.43	20
64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARA'	119.71	149.64	29.93	20
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	189.57	236.96	47.39	20
64492	THIRD AND ANY ADDITIONAL LEVEL – INJECTION(S) DIAGNO:	130.52	163.15	32.63	20
96374	INJECTION INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTA	54.78	68.48	13.70	20
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, ML	209.66	262.08	52.42	20
62311	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT	147.85	184.81	36.96	20
J2001	LIDOCAINE INJECTION	0.02	0.02	0.00	20
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	168.25	210.31	42.06	20
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE	184.91	231.14	46.23	20
64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS	169.06	211.33	42.27	20
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERV	137.34	171.67	34.33	20
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS	161.66	202.08	40.42	20
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALC	399.81	499.76	99.95	20
64479	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFC	332.18	415.23	83.05	20
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	482.11	602.64	120.53	20
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; TOMOG	470.01	587.51	117.50	20
78647	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING IN	486.26	607.83	121.57	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	275.34	344.17	68.83	20

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	470.39	587.99	117.60	20
78205	LIVER IMAGING (SPECT);	294.66	368.33	73.67	20
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	269.87	337.34	67.47	20
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (	136.78	170.97	34.19	20
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-	137.26	171.57	34.31	20
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, I	371.52	464.40	92.88	20
76830	ECHOGRAPHY, TRANSVAGINAL	171.64	214.55	42.91	20
76801	ULTRASOUND PREGNANT UTERUS, REAL TIME WITH IMAGE	170.10	212.63	42.53	20
76881	ULTRASOUND EXTREMITY NONVASCULAR, REAL-TIME IMAGI	160.89	201.11	40.22	20
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	246.87	308.59	61.72	20
76872	ECHOGRAPHY, TRANSRECTAL;	124.59	155.74	31.15	20
76514	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYM	19.91	24.89	4.98	20
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGIN	112.50	140.63	28.13	20
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSE	183.86	229.83	45.97	20
76776	ULTRASOUND TRANSPLANTED KIDNEY, REAL TIME AND DUP	210.52	263.15	52.63	20
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	282.00	352.50	70.50	20
76831	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW I	168.04	210.05	42.01	20
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	128.54	160.68	32.14	20
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-S	133.74	167.18	33.44	20
76510	OPHTHALMIC ULTRASOUND, DOIAGNOSTIC; B-SCAN AND QU	234.58	293.22	58.64	20
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	98.71	123.39	24.68	20
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUI	42.50	53.12	10.62	20
93923	COMPLETE NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPEF	136.81	171.01	34.20	20
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERI	242.10	302.62	60.52	20
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	157.02	196.27	39.25	20
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITI	167.79	209.74	41.95	20
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR	70.18	87.72	17.54	20
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR R	168.68	210.85	42.17	20
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, IMAGING	43.06	53.83	10.77	20
93930	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERI/	227.58	284.48	56.90	20
93980	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLO	117.02	146.27	29.25	20
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTER	126.72	158.40	31.68	20
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSE	111.53	139.41	27.88	20
93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLO	350.57	438.21	87.64	20
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT	117.95	147.44	29.49	20
93981	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLO	72.19	90.24	18.05	20
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	197.72	247.15	49.43	20
76873	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY F	229.30	286.62	57.32	20
93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERI	138.46	173.07	34.61	20
76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) A	119.60	149.50	29.90	20
76885	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCI	202.24	252.80	50.56	20
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-	114.23	142.79	28.56	20
76886	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCI	145.30	181.63	36.33	20
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	88.58	110.73	22.15	20
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR	26.99	33.74	6.75	20
76950	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION TH	67.18	83.98	16.80	20

CALIFORNIA 90001

EXTENDED

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERI/	155.64	194.55	38.91	20

**APPENDIX 2, ATTACHMENT 1  
Diagnostic Imaging / Neurology Discount Rates (2014)  
CITY OF LOS ANGELES**

93976	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW	206.39	257.99	51.60	20
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	107.66	134.58	26.92	20
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THY	166.39	207.99	41.60	20
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WIT	191.53	239.41	47.88	20
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, I	223.19	278.99	55.80	20
93922	NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWE	87.44	109.30	21.86	20
93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS	119.18	148.97	29.79	20
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT STRESS OR NON-S	119.95	149.94	29.99	20
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	136.82	171.03	34.21	20
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR	101.62	127.03	25.41	20
76857	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR RI	72.15	90.19	18.04	20
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL	363.62	454.52	90.90	20
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WIT	147.50	184.38	36.88	20
76810	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	129.23	161.54	32.31	20
93979	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASC	153.58	191.98	38.40	20
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	163.88	204.85	40.97	20
76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS	186.43	233.04	46.61	20
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; AN	129.82	162.27	32.45	20
76775	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NOI	87.40	109.25	21.85	20
76882	ULTRASOUND EXTREMITY NONVASCULAR, REAL-TIME IMAGI	46.23	57.79	11.56	20
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-	105.78	132.22	26.44	20
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	161.53	201.91	40.38	20
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; C	124.79	155.99	31.20	20
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NOI	180.54	225.68	45.14	20
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	121.98	152.47	30.49	20
54240	PENILE PLETHYSMOGRAPHY	134.78	168.47	33.69	20
93978	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASC	221.79	277.24	55.45	20
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	65.06	81.32	16.26	20
76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	105.02	131.28	26.26	20
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	41.80	69.85	28.05	40
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMU	41.80	52.64	10.84	21
74740	HYSTEOSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION .	41.80	132.63	90.83	68
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SU	41.80	256.52	214.72	84
70355	ORTHOPANTOGRAM	34.55	34.55	0.00	0
73550	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	41.80	48.39	6.59	14
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE A	41.80	83.71	41.91	50
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, CO	41.80	94.67	52.87	56
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, II	41.80	106.34	64.54	61
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS T	41.80	191.18	149.38	78
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SL	41.80	191.91	150.11	78
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR	41.80	66.41	24.61	37
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	41.80	54.56	12.76	23
73510	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; COMPLETE, M	41.80	67.24	25.44	38
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM O	41.80	57.55	15.75	27
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF	41.80	64.95	23.15	36
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	41.80	63.74	21.94	34

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF	41.80	57.55	15.75	27

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	41.80	52.49	10.69	20
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	41.80	57.23	15.43	27
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM	41.80	49.54	7.74	16
73090	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	41.80	47.75	5.95	12
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING	41.80	69.24	27.44	40
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL /	41.80	79.46	37.66	47
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	41.80	49.01	7.21	15
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, U	41.80	246.95	205.15	83
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS T	41.80	238.64	196.84	82
76098	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	31.73	31.73	0.00	0
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUC	41.80	135.97	94.17	69
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THR	41.80	61.02	19.22	31
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	41.80	49.54	7.74	16
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, I	41.80	67.92	26.12	38
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MII	41.80	48.37	6.57	14
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM	41.80	68.13	26.33	39
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	41.80	120.69	78.89	65
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERV	41.80	144.04	102.24	71
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN	41.80	59.34	17.54	30
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF T	41.80	70.62	28.82	41
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOS	41.46	41.46	0.00	0
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR	41.80	61.02	19.22	31
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MO	41.80	73.96	32.16	43
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	41.80	51.13	9.33	18
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLI	41.80	88.72	46.92	53
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPI	41.80	306.91	265.11	86
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	40.42	40.42	0.00	0
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FC	41.80	46.39	4.59	10
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG	41.80	120.56	78.76	65
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE V	41.80	61.80	20.00	32
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LA	41.80	62.42	20.62	33
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VII	41.80	54.28	12.48	23
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY,	41.80	135.35	93.55	69
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION	41.80	1,269.17	1,227.37	97
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, C	41.80	84.22	42.42	50
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISIO	41.80	148.89	107.09	72
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CI	41.80	74.09	32.29	44
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	41.80	157.48	115.68	73
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULL	41.80	65.56	23.76	36
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLE	41.80	110.03	68.23	62
77076	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	41.80	181.56	139.76	77
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	41.80	62.22	20.42	33
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRI	41.80	174.01	132.21	76
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, I	41.80	140.73	98.93	70
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	25.33	25.33	0.00	0
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR	41.80	59.89	18.09	30
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, I	41.80	221.68	179.88	81

CALIFORNIA 90001

EXTENDED

CPT	Description	Net Price	Fee/UGR	\$ Savings	% Savings
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**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION,	41.80	65.63	23.83	36
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING,	41.80	60.72	18.92	31
77072	BONE AGE STUDIES	39.55	39.55	0.00	0
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RAI	41.80	166.21	124.41	75
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MIN	41.80	73.00	31.20	43
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF	41.80	81.11	39.31	48
71010	RADIOLOGIC EXAMINATION; CHEST; SINGLE VIEW, FRONTAL	39.61	39.61	0.00	0
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE	41.80	181.62	139.82	77
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINI	41.80	58.17	16.37	28
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING I	41.80	68.00	26.20	39
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR	41.80	64.01	22.21	35
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERC	41.80	344.07	302.27	88
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMU	41.80	98.99	57.19	58
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS TH	41.80	52.62	10.82	21
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY L	39.19	39.19	0.00	0
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MIN	41.80	48.37	6.57	14
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEW	41.80	56.32	14.52	26
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEW	41.80	64.01	22.21	35
73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VI	41.80	57.19	15.39	27
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTI	41.80	91.13	49.33	54
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF	41.80	78.84	37.04	47
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	41.80	56.00	14.20	25
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERC	41.80	255.85	214.05	84
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THR	41.80	51.26	9.46	18
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	41.80	49.60	7.80	16
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT,	41.80	100.71	58.91	58
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, C	41.80	54.40	12.60	23
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL /	41.80	63.69	21.89	34
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDIN	41.80	69.03	27.23	39
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	41.80	52.09	10.29	20
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPI	41.80	204.69	162.89	80
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR RI	41.80	117.14	75.34	64
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF	41.80	1,113.79	1,071.99	96
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, U	41.80	331.57	289.77	87
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO	41.80	61.63	19.83	32
20501	INJECTION OF SINUS TRACT; DIAGNOSTIC	41.80	205.41	163.61	80
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLE	41.80	66.28	24.48	37
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING PC	41.80	91.72	49.92	54
73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEW	41.80	52.26	10.46	20
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL /	41.80	51.68	9.88	19
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM	41.80	83.86	42.06	50
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM C	41.80	74.72	32.92	44
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	41.80	48.99	7.19	15
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS	41.80	63.88	22.08	35
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO	41.80	48.37	6.57	14
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULT	41.80	186.99	145.19	78
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH C	41.80	272.22	230.42	85
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	41.80	53.39	11.59	22

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
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**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	41.80	47.14	5.34	11
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STAN	41.80	65.33	23.53	36
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN	41.80	50.77	8.97	18
74260	DUODENOGRAPHY, HYPOTONIC	41.80	600.36	558.56	93
70350	CEPHALOGRAM, ORTHODONTIC	35.98	35.98	0.00	0
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF	41.80	76.34	34.54	45
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	41.80	232.49	190.69	82
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF	41.80	53.85	12.05	22
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM O	41.80	73.41	31.61	43
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VI	41.80	49.54	7.74	16
73500	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; ONE VIEW	41.80	45.93	4.13	9
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SF	41.80	380.36	338.56	89
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	41.80	48.43	6.63	14
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF I	41.80	82.63	40.83	49
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	41.80	47.07	5.27	11
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREI	41.80	50.15	8.35	17
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	41.80	46.52	4.72	10
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ES	41.80	135.22	93.42	69
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL	64.25	80.31	16.06	20
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RA	288.54	360.67	72.13	20
61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITI	156.67	195.84	39.17	20
10022	FINE NEEDLE ASPIRATION WITH IMAGING GUIDANCE	192.63	240.79	48.16	20
26080	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOV/	525.91	657.39	131.48	20
01922	ANESTH, CT OR MRI SCAN	195.33	244.16	48.83	20
27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	1,215.13	1,518.91	303.78	20
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	2.40	3.00	0.60	20
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE (VERSED), PER 1	0.10	0.13	0.03	20
75989	RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUN	167.18	208.97	41.79	20
76377	3D RENDERING WITH INTERPRETATION & REPORTING OF CT	110.77	138.46	27.69	20
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	2.19	2.74	0.55	20
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL	240.95	301.19	60.24	20
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPR	9.18	11.48	2.30	20
82565	SCREENING FOR CREATININE (BLOOD) FOR MRI WITH CONT	6.71	8.39	1.68	20

**CALIFORNIA 90001**  
**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	1,010.33	1,262.91	252.58	20
76390	MAGNETIC RESONANCE SPECTROSCOPY	607.89	759.86	151.97	20
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO UI	131.98	164.98	33.00	20
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADI	131.49	164.36	32.87	20
78807	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY	468.25	585.31	117.06	20
20200	BIOPSY, MUSCLE; SUPERFICIAL	283.96	354.95	70.99	20
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT	225.06	281.33	56.27	20
77012	CT GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SU	170.99	213.74	42.75	20
20205	BIOPSY, MUSCLE; DEEP	391.42	489.28	97.86	20
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR	80.64	100.80	20.16	20
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	312.98	391.22	78.24	20
11404	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LIST	292.15	365.19	73.04	20
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY	81.78	102.22	20.44	20
20551	INJECTION; SINGLE TENDON ORIGIN/INSERTION.	82.02	102.53	20.51	20

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

51605	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CC	50.93	63.66	12.73	20
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE	121.32	151.65	30.33	20
94761	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATL	4.83	6.04	1.21	20
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT	202.50	253.12	50.62	20
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TF	81.19	101.49	20.30	20
01916	ANESTHESIA FOR DIAGNOSTIC ARTERIOGRAPHY/VENOGRAI	139.52	174.40	34.88	20
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROG	226.13	282.66	56.53	20
62284	INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMP	269.38	336.72	67.34	20
70370	RADIOLOGIC EXAMINATION, PHARYNX OR LARYNX, INCLUDI	110.85	138.56	27.71	20
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLO	202.38	252.97	50.59	20
76942	ULTRASOUND GUIDANCE FOR NEEDLE PLACEMENT, RADIOLO	97.58	121.97	24.39	20
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	514.38	642.97	128.59	20
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION	274.36	342.95	68.59	20
J0585	BOTULINUM TOXIN TYPE A, PER UNIT	4.36	5.45	1.09	20
64633	DESTRUCTION BY NEUOLYTIC AGENT, PARAVERTEBRAL FAC	603.93	754.91	150.98	20
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPI	157.14	196.42	39.28	20
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR	757.17	946.46	189.29	20
74327	POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTA	190.12	237.65	47.53	20
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RE	131.98	164.98	33.00	20
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOC	203.50	254.37	50.87	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
77073	BONE LENGTH STUDIES	50.81	63.51	12.70	20
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WIT	155.90	194.88	38.98	20
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL	55.62	69.53	13.91	20
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, E	138.39	172.99	34.60	20
19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	155.33	194.16	38.83	20
10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	204.22	255.28	51.06	20
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL /	90.33	112.91	22.58	20
20553	INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), 3 OR M	86.86	108.58	21.72	20
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUD	126.88	158.60	31.72	20
74251	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULT	578.70	723.37	144.67	20
78351	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR I	19.46	24.32	4.86	20
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, C	177.42	221.77	44.35	20
26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOV/	422.43	528.04	105.61	20
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOL	528.10	660.12	132.02	20
25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH E	750.23	937.79	187.56	20
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CON	163.33	204.16	40.83	20
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOL	172.83	216.04	43.21	20
76376	3D RENDERING WITH INTERPRETATION & REPORTING OF CT	38.49	48.11	9.62	20
93306	ECHOCARIOGRAPHY TRANSTHORACIC, REAL-TIME WITH IM/	222.34	277.92	55.58	20
77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICI	67.42	84.28	16.86	20
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR I	43.81	54.76	10.95	20
20552	INJECTION; SINGLE OR MULTIPLE TRIGGER POINTS, ONE OR	75.02	93.78	18.76	20
26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOV/	443.54	554.42	110.88	20
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYS	334.62	418.27	83.65	20
75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETE	150.07	187.59	37.52	20
75885	PERCUTANEOUS TRANSEPTIC PORTOGRAPHY WITH HEM	225.91	282.39	56.48	20
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERN	67.00	83.75	16.75	20

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS	88.67	110.84	22.17	20
78428	CARDIAC SHUNT DETECTION	251.62	314.53	62.91	20
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATL	3.06	3.82	0.76	20
20550	INJECTION, TENDON SHEATH, LIGAMENT, TRIGGER POINTS (	78.94	98.68	19.74	20
77078	CT BONE MINERAL DENSITY STUDY, ONE OR MORE SITES; A	155.58	194.48	38.90	20
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	53.57	66.96	13.39	20
51610	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTI	145.70	182.12	36.42	20
19101	BIOPSY OF BREAST; OPEN, INCISIONAL	457.94	572.43	114.49	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBM	72.26	90.33	18.07	20
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL	1,293.93	1,617.41	323.48	20
79440	INTRA-ARTICULAR RADIOPHARMACEUTICAL THERAPY	191.18	238.98	47.80	20
62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS PULPO	340.58	425.72	85.14	20
61612	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS	1,883.36	2,354.20	470.84	20
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	8.04	10.05	2.01	20
61610	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNO	2,210.14	2,762.68	552.54	20
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBI	196.57	245.71	49.14	20
61609	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNO	736.77	920.96	184.19	20
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTE	199.04	248.80	49.76	20
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	7.77	9.71	1.94	20
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	15.80	19.75	3.95	20
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL	127.26	159.08	31.82	20
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL	119.52	149.40	29.88	20
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPEC	311.43	389.29	77.86	20
61611	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS	532.66	665.83	133.17	20
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER	233.20	291.50	58.30	20
34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD	2,012.52	2,515.65	503.13	20

The above net pricing may include pricing that can be based on a percentage off of the current state fee schedule or UCR table. These net prices may vary dependent on any changes/updates made by a particular state to their fee schedule/UCR table since the time that this report was generated.

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**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
<b>CALIFORNIA 90001</b>					
<b>EMG</b>					
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARA	19.20	21.33	2.13	10
95933	ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOS	90.21	100.23	10.02	10
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIOI	76.49	84.99	8.50	10
95910	7-8 NERVE CONDUCTION STUDIES	197.54	219.49	21.95	10
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIOI	46.19	51.32	5.13	10
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIOI	112.63	125.14	12.51	10
95922	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; VA	115.73	128.59	12.86	10
95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL ST	179.29	199.21	19.92	10
95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMUL	87.78	97.53	9.75	10
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUA	73.76	81.96	8.20	10
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELI	20.42	22.69	2.27	10
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 1.	46.48	51.64	5.16	10
95909	5-6 NERVE CONDUCTION STUDIES	150.46	167.18	16.72	10
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	41.87	46.52	4.65	10
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATH-	470.39	522.65	52.26	10
95833	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH	39.93	44.37	4.44	10
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIOI	172.00	191.11	19.11	10
95908	3-4 NERVE CONDUCTION STUDIES	125.00	138.89	13.89	10
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM O	58.46	64.95	6.49	10
95857	TENSILON TEST FOR MYASTHENIA GRAVIS;	59.20	65.78	6.58	10
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF	1,100.01	1,222.23	122.22	10
95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	146.04	162.27	16.23	10
95929	CENTRAL MOTOR EVOKED POTENTIAL STUDY; LOWER LIMB	268.88	298.75	29.87	10
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND);	100.71	111.90	11.19	10
93040	RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATIC	13.46	14.95	1.49	10
64550	APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTI	24.66	27.40	2.74	10
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	43.59	48.43	4.84	10
99356	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTIN	94.36	104.84	10.48	10
92265	NEEDLE OCULOELECTROMYOGRAPHY, ONE OR MORE EXT	82.82	92.02	9.20	10
95921	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CA	95.95	106.61	10.66	10
99354	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHEF	102.92	114.35	11.43	10
92545	OSCILLATING TRACKING TEST, WITH RECORDING	21.93	24.37	2.44	10
95864	NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH C	254.75	283.06	28.31	10
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 1.	34.01	37.79	3.78	10
95928	CENTRAL MOTOR EVOKED POENTIAL STUDY (TRANSCRANIA	276.08	306.76	30.68	10
99357	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTIN	93.56	103.95	10.39	10
99220	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATIC	189.56	210.62	21.06	10
<b>CALIFORNIA 90001</b>					
<b>EMG</b>					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH AI	374.90	416.56	41.66	10
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MI	35.27	39.19	3.92	10
95867	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED	100.99	112.21	11.22	10
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF	74.37	82.63	8.26	10
95923	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SU	227.36	252.62	25.26	10
95912	11-12 NERVE CONDUCTION STUDIES	281.69	312.99	31.30	10

**APPENDIX 2, ATTACHMENT 1  
Diagnostic Imaging / Neurology Discount Rates (2014)  
CITY OF LOS ANGELES**

92543	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL,	17.27	19.19	1.92	10
95885	NEEDLE EMG, EACH EXTREMITY, WITH NCS, LIMITED	63.90	71.00	7.10	10
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	182.25	202.50	20.25	10
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AI	140.57	156.19	15.62	10
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	373.34	414.82	41.48	10
95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERV	148.03	164.48	16.45	10
95870	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLE	96.67	107.41	10.74	10
95868	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED	140.45	156.06	15.61	10
95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR V	131.53	146.14	14.61	10
95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL S1	192.51	213.90	21.39	10
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIOI	112.85	125.39	12.54	10
99355	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHEF	100.51	111.68	11.17	10
95832	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH	26.72	29.69	2.97	10
95863	NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH	220.40	244.89	24.49	10
95905	MOTOR AND/OR SENSORY NERVE CONDUCTION USING PRE	75.97	84.41	8.44	10
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARA	18.20	20.22	2.02	10
95887	NEEDLE EMG, NON-EXTREMITY WITH NCS (CRANIAL NERVE	93.48	103.87	10.39	10
95806	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATIO	186.93	207.70	20.77	10
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIP	31.69	35.21	3.52	10
95886	NEEDLE EMG, EACH EXTREMITY, WITH NCS, COMPLETE	98.69	109.66	10.97	10
95913	13 OR MORE NERVE CONDUCTION STUDIES	325.71	361.90	36.19	10

**CALIFORNIA 90001**

**EMG**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	81.52	90.58	9.06	10
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH	29.17	32.41	3.24	10
95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL S1	160.12	177.91	17.79	10
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUA	40.05	44.50	4.45	10
95961	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY ST	306.53	340.59	34.06	10
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIOI	150.44	167.15	16.71	10
92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL (	25.42	28.24	2.82	10
95872	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECT	215.51	239.46	23.95	10
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TR.	16.81	18.68	1.87	10
95950	MONITORING FOR IDENTIFICATION AND LATERALIZATION OI	366.98	407.76	40.78	10
95911	9-10 NERVE CONDUCTION STUDIES	239.81	266.46	26.65	10
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	12.20	13.55	1.36	10
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (E)	485.05	538.94	53.89	10
51785	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OF	401.95	446.61	44.66	10
92547	USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDI	6.64	7.38	0.74	10
95834	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH	54.68	60.75	6.07	10
95907	1-2 NERVE CONDUCTION STUDIES	101.38	112.64	11.26	10
92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND F	32.45	36.05	3.60	10
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE /	144.60	160.67	16.07	10
95869	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL ML	82.65	91.83	9.18	10
92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, 1	27.93	31.03	3.10	10
95861	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OI	181.25	201.39	20.14	10
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIOI	45.79	50.88	5.09	10
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIOI	21.51	23.90	2.39	10
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIOI	78.26	86.95	8.69	10
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIOI	213.90	237.67	23.77	10

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

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**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

CALIFORNIA 90001					
BASIC MRI					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
70547	MRA NECK	508.16	635.20	127.04	20
70544	MRA HEAD, W/OUT CONTRAST	506.12	632.65	126.53	20
74181	MRI, ABDOMEN	445.00	533.10	88.10	17
76390	MAGNETIC RESONANCE SPECTROSCOPY	445.00	718.78	273.78	38
72195	MRI PELVIS	445.00	603.46	158.46	26
75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING	88.47	88.47	0.00	0
73218	MRI UPPER EXTREMITY, NOT JOINT	445.00	585.09	140.09	24
77084	MRI, BONE MARROW BLOOD SUPPLY	445.00	627.43	182.43	29
72146	MRI THORACIC SPINE WITHOUT CONTRAST	353.92	353.92	0.00	0
72148	MRI LUMBAR SPINE WITHOUT CONTRAST	352.17	352.17	0.00	0
73721	MRI LOWER EXTREMITY, JOINT	374.53	374.53	0.00	0
75559	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION WITHOUT	445.00	688.33	243.33	35
70540	MRI, ORBIT, FACE, AND/OR NECK WITHOUT CONTRAST	445.00	575.17	130.17	23
70554	MRI BRAIN, FUNCTIONAL MRI, NOT REQUIRING MD OR	445.00	721.49	276.49	38
71550	MRI CHEST, MEDIASTINUM	445.00	666.45	221.45	33
73221	MRI UPPER EXTREMITY, JOINT	375.11	375.11	0.00	0
75557	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION WITHOUT	445.00	503.34	58.34	12
70336	MRI BILATERAL TMJ	445.00	512.56	67.56	13
73718	MRI LOWER EXTREMITY	445.00	586.25	141.25	24
70551	MRI OF THE BRAIN STEM WITHOUT CONTRAST	365.00	365.00	0.00	0
72141	MRI CERVICAL SPINE WITHOUT CONTRAST	353.92	353.92	0.00	0
MRI W/CONTRAST					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
70545	MRA HEAD, W/CONTRAST	497.89	622.36	124.47	20
70548	MRA NECK, W/CONTRAST	533.65	667.06	133.41	20
72147	MRI THORACIC SPINE, W/CONTRAST	512.45	512.45	0.00	0
72149	MRI LUMBAR SPINE, W/CONTRAST	509.53	509.53	0.00	0
72196	MRI PELVIS, W/CONTRAST	525.00	659.52	134.52	20
73219	MRI UPPER EXT. NOT JOINT, W/CONTRAST	525.00	647.72	122.72	19
74182	MRI ABDOMEN, W/CONTRAST	525.00	730.68	205.68	28
73222	MRI UPPER EXT., JOINT, W/CONTRAST	525.00	606.95	81.95	14
72142	MRI CERVICAL SPINE, W/CONTRAST	515.95	515.95	0.00	0
73719	MRI LOWER EXTREMITY W/CONTRAST	525.00	649.31	124.31	19
71551	MRI CHEST, W/CONTRAST	525.00	735.13	210.13	29
73722	MRI LOWER EXT., JOINT, W/CONTRAST	525.00	611.98	86.98	14
70552	MRI BRAIN, STEM, W/CONTRAST	509.90	509.90	0.00	0
70542	MRI, ORBIT, FACE, AND/OR NECK WITH CONTRAST	525.00	646.40	121.40	19
MRI W/WO CONTRAST					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
72198	MRA PELVIS W OR WO CONTRAST	515.14	643.93	128.79	20
72159	MRA SPINE W OR WO CONTRAST	535.34	669.17	133.83	20
70549	MRA NECK, W&WO CONTRAST	777.38	971.72	194.34	20
CALIFORNIA 90001					
MRI W/WO CONTRAST					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
73225	MRA UPPER EXTREMITY, W OR WO CONTRAST	517.65	647.06	129.41	20
74185	MRA, ABDOMEN W OR WO CONTRAST	516.54	645.68	129.14	20
71555	MRA CHEST, W OR WO CONTRAST	509.97	637.46	127.49	20
73725	MRA LOWER EXTREMITY, W OR WO CONTRAST	516.45	645.56	129.11	20
70546	MRA HEAD, W&WO CONTRAST	774.11	967.64	193.53	20
75563	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION WITHOUT	615.00	802.08	187.08	23
71552	MRI CHEST W&WO CONTRAST	615.00	931.36	316.36	34
72158	MRI LUMBAR SPINE W&WO CONTRAST	601.63	601.63	0.00	0
77058	MRI BREAST, WITHOUT AND/OR WITH CONTRAST	615.00	873.01	258.01	30
75561	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION WITHOUT	615.00	675.22	60.22	9

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

73220	MRI UPPER EXT.NOT JOINT, W&WO CONTRAST	615.00	800.63	185.63	23
73720	MRI LOWER EXTREMITY W&WO CONTRAST	615.00	805.88	190.88	24
70543	MRI, ORBIT, FACE, AND/OR NECK WITHOUT CONTRAST	615.00	788.59	173.59	22
77059	MRI BREAST, WITHOUT AND/OR WITH CONTRAST	615.00	863.68	248.68	29
73723	MRI LOWER EXT. JOINT, W&WO CONTRAST	615.00	754.55	139.55	18
72156	MRI CERVICAL SPINE W&WO CONTRAST	603.81	603.81	0.00	0
70553	MRI BRAIN, STEM, W&WO CONTRAST	600.31	600.31	0.00	0
73223	MRI UPPER EXT. JOINT, W&WO CONTRAST	615.00	751.05	136.05	18
72197	MRI PELVIS W&WO CONTRAST	615.00	810.62	195.62	24
72157	MRI THORACIC SPINE W&WO CONTRAST	605.13	605.13	0.00	0
74183	MRI ABDOMEN, W&WO CONTRAST	615.00	812.37	197.37	24

**BASIC CT**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
77078	CT BONE MINERAL DENSITY STUDY, ONE OR MORE SITES;	147.30	184.13	36.83	20
72192	CT PELVIS WITHOUT CONTRAST	231.29	231.29	0.00	0
73200	CT UPPER EXTREMITY	250.00	284.91	34.91	12
72128	CT THORACIC SPINE	250.00	286.66	36.66	13
74263	CT COLONOGRAPHY, SCREENING, INCLUDING IMAGE	250.00	1,218.68	968.68	79
71250	CT THORAX	250.00	286.54	36.54	13
72131	CT LUMBAR SPINE	250.00	284.91	34.91	12
74150	CT ABDOMEN WITHOUT CONTRAST	236.31	236.31	0.00	0
75571	CT HEART, WITHOUT CONTRAST MATERIAL, WITH	160.13	160.13	0.00	0
70490	CT SOFT TISSUE NECK	250.00	305.76	55.76	18
73700	CT LOWER EXTREMITY	250.00	284.91	34.91	12
70480	CT ORBIT/EAR	250.00	371.66	121.66	33
74176	CT ABDOMEN AND PELVIS WITHOUT CONTRAST	250.00	314.97	64.97	21
72125	CT CERVICAL SPINE	250.00	293.24	43.24	15
74261	CT COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE	250.00	777.49	527.49	68
70450	CT HEAD/BRAIN	183.37	183.37	0.00	0
70486	CT MAXILLA FACIAL	222.45	222.45	0.00	0

**CALIFORNIA 90001**

**CT W/ CONTRAST**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
73201	CT UPPER EXTREMITY W/CONTRAST	275.00	354.89	79.89	23
49465	CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION	272.40	272.40	0.00	0
75572	CT HEART WITH CONTRAST MATERIAL, FOR EVALUATION	275.00	452.55	177.55	39
70460	CT HEAD/BRAIN W/CONTRAST	256.50	256.50	0.00	0
72129	CT THORACIC SPINE W/CONTRAST	275.00	365.61	90.61	25
70487	CT MAXILLA FACIAL W/CONTRAST	267.00	267.00	0.00	0
72126	CT CERVICAL SPINE W/CONTRAST	275.00	365.40	90.40	25
72193	CT PELVIS W/CONTRAST	275.00	360.14	85.14	24
74160	CT ABDOMEN WITH CONTRAST	275.00	367.64	92.64	25
70491	CT SOFT TISSUE NECK W/CONTRAST	275.00	374.93	99.93	27
73701	CT LOWER EXTREMITY W/CONTRAST	275.00	360.14	85.14	24
71260	CT THORAX W/CONTRAST	275.00	365.49	90.49	25
70481	CT ORBIT/EAR W/CONTRAST	275.00	440.26	165.26	38
72132	CT LUMBAR SPINE W/CONTRAST	275.00	364.23	89.23	24
74177	CT ABDOMEN AND PELVIS WITH CONTRAST	275.00	496.25	221.25	45

**CT WWO CONTRAST**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
71275	CTA CHEST W&WO CONTRAST	381.60	477.00	95.40	20
74175	CTA ABDOMEN W&WO CONTRAST	390.46	488.08	97.62	20
73706	CTA LOWER EXTREMITY W&WO CONTRAST	448.11	560.14	112.03	20
74174	CT ANGIOGRAPHY, ABDOMEN AND PELVIS WITH CONTRAST	495.57	619.46	123.89	20
75574	CT ANGIOGRAPHY HEART, CORONARY ARTERIES AND	534.02	667.52	133.50	20
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS,	387.25	484.06	96.81	20
73206	CTA UPPER EXTREMITY W&WO CONTRAST	416.18	520.22	104.04	20
70496	CTA HEAD W&WO CONTRAST	375.87	469.84	93.97	20
75635	CTA, W&WO, AB. AORTA & BILAT. ILIOFEMORAL LOWER EXT.	482.47	603.09	120.62	20

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

70498	CTA NECK W&WO CONTRAST	373.54	466.92	93.38	20
70470	CT BRAIN/HEAD W&WO CONTRAST	304.07	304.07	0.00	0
70492	CT SOFT TISSUE NECK W&WO CONTRAST	320.00	443.33	123.33	28
72133	CT LUMBAR SPINE W&WO CONTRAST	320.00	432.75	112.75	26
72194	CT PELVIS W&WO CONTRAST	320.00	416.35	96.35	23
70482	CT ORBIT/EAR W&WO CONTRAST	320.00	482.41	162.41	34
75573	CT HEART WITH CONTRAST FOR EVAL OF CARDIAC	320.00	618.41	298.41	48
74170	CT ABDOMEN W&WO CONTRAST	320.00	418.56	98.56	24
70488	CT MAXILLA FACIAL W&WO CONTRAST	320.00	325.65	5.65	2
74178	CT ABDOMEN AND PELVIS WITHOUT CONTRAST FOLLOWED	320.00	562.18	242.18	43
71270	CT THORAX W&WO CONTRAST	320.00	439.09	119.09	27
73702	CT LOWER EXTREMITY W&WO CONTRAST	320.00	437.56	117.56	27
74262	CT COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE	320.00	870.57	550.57	63
73202	CT UPPER EXTREMITY W&WO CONTRAST	320.00	444.93	124.93	28
72127	CT CERVICAL SPINE W&WO CONTRAST	320.00	432.38	112.38	26
72130	CT THORACIC SPINE W&WO CONTRAST	320.00	432.97	112.97	26

**TUMOR IMAGING/PET**

**PET SCAN**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
78428	CARDIAC SHUNT DETECTION	239.72	299.65	59.93	20
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE,	217.46	271.82	54.36	20
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY,	172.06	215.08	43.02	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
36005	INJECTION PROCEDURE FOR CONTRAST VENOGRAPHY	433.53	541.91	108.38	20
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL	297.45	371.81	74.36	20
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL	213.63	267.04	53.41	20
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL	146.91	183.64	36.73	20
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER,	181.90	227.38	45.48	20
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR	152.56	190.70	38.14	20
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY,	175.20	219.00	43.80	20
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL	235.76	294.70	58.94	20
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER	194.76	243.45	48.69	20
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY	126.94	158.68	31.74	20
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL	173.77	217.21	43.44	20
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH	198.82	248.53	49.71	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE,	191.69	239.61	47.92	20
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT	184.92	231.15	46.23	20
75791	ANGIOGRAPHY, ARTERIOVENOUS SHUNT, COMPLETE	409.49	511.86	102.37	20
61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR	72.81	91.01	18.20	20
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL	209.08	261.35	52.27	20
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL	112.66	140.83	28.17	20
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY,	173.80	217.25	43.45	20
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND	189.12	236.40	47.28	20
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND	187.42	234.28	46.86	20
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH	182.58	228.23	45.65	20
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY,	174.52	218.15	43.63	20
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE,	232.33	290.41	58.08	20
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE,	213.46	266.82	53.36	20
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE,	209.02	261.27	52.25	20
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE,	188.65	235.81	47.16	20
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT	201.62	252.03	50.41	20
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL	213.76	267.20	53.44	20
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL	204.34	255.43	51.09	20
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR	189.84	237.30	47.46	20

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**

**CITY OF LOS ANGELES**

75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE,	205.27	256.59	51.32	20
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE,	177.92	222.40	44.48	20
<b>CALIFORNIA 90001</b>					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE,	228.45	285.56	57.11	20
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL ARTHROGRAM	188.18	235.23	47.05	20
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY,	103.53	129.41	25.88	20
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY,	129.53	161.91	32.38	20
77012	CT GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL	156.53	195.66	39.13	20
87075	CULTURE, BACTERIAL; ANY SOURCE, ANAEROBIC WITH	12.37	15.46	3.09	20
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL	60.34	75.42	15.08	20
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	215.01	268.76	53.75	20
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY,	125.62	157.03	31.41	20
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	210.52	263.15	52.63	20
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY,	125.50	156.87	31.37	20
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY,	146.96	183.70	36.74	20
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY,	136.53	170.66	34.13	20
87076	CULTURE, BACTERIAL; ANAEROBIC ISOLATE, ADDITIONAL	10.56	13.20	2.64	20
76942	ULTRASOUND GUIDANCE FOR NEEDLE PLACEMENT,	75.24	94.05	18.81	20
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	212.06	265.07	53.01	20
87077	CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL	10.56	13.20	2.64	20
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH	319.16	398.95	79.79	20
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT	197.20	246.50	49.30	20
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT,	209.54	261.93	52.39	20
27370	INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY	204.62	255.77	51.15	20
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY	172.42	215.52	43.10	20
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY;	246.90	308.62	61.72	20
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY,	128.13	160.16	32.03	20
79440	INTRA-ARTICULAR RADIOPHARMACEUTICAL THERAPY BONE DENSITY	158.55	198.19	39.64	20
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE	52.82	66.03	13.21	20
78351	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR	18.28	22.85	4.57	20
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND	8.75	10.94	2.19	20
77081	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE	35.46	44.33	8.87	20
<b>CALIFORNIA 90001</b>					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR CT	41.99	52.49	10.50	20
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)	13.83	17.29	3.46	20
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE	122.34	152.93	30.59	20
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA,	168.21	210.26	42.05	20
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR	76.28	95.35	19.07	20
25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH	712.79	890.99	178.20	20
<b>CALIFORNIA 90001</b>					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS	69.04	86.30	17.26	20
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING;	135.19	168.99	33.80	20
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	594.64	743.30	148.66	20
77777	INTERSTITIAL RADIATION SOURCE APPLICATION;	722.85	903.56	180.71	20
77789	SURFACE APPLICATION OF RADIATION SOURCE	149.03	186.29	37.26	20
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5	1,336.77	1,670.96	334.19	20
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S);	1,309.52	1,636.90	327.38	20
77776	INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE	585.06	731.33	146.27	20
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	178.03	222.54	44.51	20
51605	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR	48.12	60.15	12.03	20
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL	104.55	130.69	26.14	20
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY,	258.00	322.50	64.50	20
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED	186.03	232.54	46.51	20

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG,	117.57	146.96	29.39	20
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	151.90	189.88	37.98	20
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR	26.90	33.62	6.72	20
77073	BONE LENGTH STUDIES	45.61	57.01	11.40	20
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA,	116.98	146.22	29.24	20
77011	CT GUIDANCE FOR STEREOTACTIC LOCALIZATION	281.04	351.30	70.26	20
20550	INJECTION, TENDON SHEATH, LIGAMENT, TRIGGER POINTS	75.38	94.23	18.85	20
26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR	403.21	504.01	100.80	20
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING;	197.29	246.61	49.32	20
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE	104.67	130.84	26.17	20
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION;	64.16	80.20	16.04	20
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF	497.66	622.08	124.42	20
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL	517.87	647.34	129.47	20
77761	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	484.73	605.91	121.18	20
77762	INTRACAVITARY RADIATION SOURCE APPLICATION;	667.51	834.39	166.88	20
64633	DESTRUCTION BY NEUOLYTIC AGENT, PARAVERTEBRAL	544.61	680.76	136.15	20
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	47.11	58.89	11.78	20
20552	INJECTION; SINGLE OR MULTIPLE TRIGGER POINTS, ONE OR	70.59	88.24	17.65	20
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL	46.65	58.31	11.66	20
<b>CALIFORNIA - 90001</b>					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	493.95	617.44	123.49	20
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION;	63.11	78.89	15.78	20
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE	320.45	400.56	80.11	20
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	965.85	1,207.31	241.46	20
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR	724.82	906.03	181.21	20
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR	155.25	194.06	38.81	20
76377	3D RENDERING WITH INTERPRETATION & REPORTING OF CT,	79.33	99.16	19.83	20
77021	MR GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL	530.00	662.50	132.50	20
77014	CT GUIDANCE FOR PLACEMENT OF RADIATION THERAPY	148.10	185.12	37.02	20
1916	ANESTHESIA FOR DIAGNOSTIC	131.04	163.80	32.76	20
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	208.52	260.65	52.13	20
<b>CALIFORNIA - 90001</b>					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
74327	POSTOPERATIVE BILIARY DUCT STONE REMOVAL,	171.69	214.61	42.92	20
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS	78.92	98.65	19.73	20
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION;	191.78	239.72	47.94	20
62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS	322.58	403.23	80.65	20
61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE;	152.15	190.19	38.04	20
62284	INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR	239.42	299.27	59.85	20
74251	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES	543.15	678.94	135.79	20
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO	117.57	146.96	29.39	20
77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING	99.98	124.98	25.00	20
77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	222.73	278.41	55.68	20
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	455.94	569.92	113.98	20
77763	INTRACAVITARY RADIATION SOURCE APPLICATION;	905.82	1,132.27	226.45	20
77071	MANUAL APPLICATION OF STRESS PERFORMED BY	60.29	75.36	15.07	20
75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE	135.19	168.99	33.80	20
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	91.15	113.94	22.79	20
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD	350.10	437.62	87.52	20
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY	191.32	239.15	47.83	20
77778	INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX	1,074.79	1,343.49	268.70	20
19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	148.06	185.08	37.02	20
20205	BIOPSY, MUSCLE; DEEP	372.86	466.08	93.22	20
26080	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR	497.98	622.48	124.50	20
10022	FINE NEEDLE ASPIRATION WITH IMAGING GUIDANCE	184.13	230.16	46.03	20
10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	193.69	242.11	48.42	20
11404	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS	277.93	347.41	69.48	20
19101	BIOPSY OF BREAST; OPEN, INCISIONAL	437.04	546.30	109.26	20
<b>CALIFORNIA - 90001</b>					

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY	78.03	97.54	19.51	20
1922	ANESTH, CT OR MRI SCAN	183.46	229.32	45.86	20
20200	BIOPSY, MUSCLE; SUPERFICIAL	270.10	337.63	67.53	20
20551	INJECTION; SINGLE TENDON ORIGIN/INSERTION.	77.30	96.63	19.33	20
20553	INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), 3 OR	81.98	102.47	20.49	20
26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR	425.85	532.31	106.46	20
27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	1,181.59	1,476.99	295.40	20
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL	1,224.80	1,531.00	306.20	20
51610	INJECTION PROCEDURE FOR RETROGRADE	138.86	173.57	34.71	20
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION	258.59	323.24	64.65	20
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO	117.57	146.96	29.39	20
75989	RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY,	151.67	189.59	37.92	20
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY	116.30	145.38	29.08	20
76376	3D RENDERING WITH INTERPRETATION & REPORTING OF CT,	28.56	35.70	7.14	20
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD	552.15	690.19	138.04	20
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD	658.07	822.59	164.52	20
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY)	78.48	98.10	19.62	20
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, FLUOROSCOPY	985.62	1,232.02	246.40	20
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (VERTEBRAL	704.53	880.66	176.13	20
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH	113.32	141.65	28.33	20
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT,	144.50	180.63	36.13	20
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL	80.54	100.68	20.14	20
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR	60.26	75.33	15.07	20
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE	108.42	135.52	27.10	20
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS,	164.74	205.93	41.19	20
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX,	103.23	129.04	25.81	20
<b>CALIFORNIA 90001</b>					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF MAMMOGRAPHY	107.22	134.03	26.81	20
77057	SCREENING MAMMOGRAPHY, BILATERAL	103.56	129.45	25.89	20
77051	COMPUTER-AIDED DETECTION WITH FURTHER PHYSICIAN	11.03	13.79	2.76	20
<b>CALIFORNIA 90001</b>					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
77052	COMPUTER-AIDED DETECTION WITH FURTHER PHYSICIAN	11.03	13.79	2.76	20
77056	MAMMOGRAPHY; BILATERAL	145.97	182.46	36.49	20
77055	MAMMOGRAPHY; UNILATERAL MRI	113.36	141.70	28.34	20
62287	ASPIRATION OR DECOMPRESSION PROCEDURE,	727.65	909.56	181.91	20
86325	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE,	29.22	36.53	7.31	20
94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY	7.15	8.94	1.79	20
00148	ANESTHESIA FOR EYE EXAM	104.83	131.04	26.21	20
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	315.58	394.48	78.90	20
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING	911.08	1,138.85	227.77	20
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR	1,256.59	1,570.74	314.15	20
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE;	339.98	424.97	84.99	20
27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION,	826.89	1,033.61	206.72	20
94761	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN	5.11	6.39	1.28	20
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	12.54	15.67	3.13	20
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT	34.87	43.59	8.72	20
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	52.97	66.21	13.24	20
01850	ANESTH, LOWER ARM VEIN SURG	78.62	98.28	19.66	20
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION,	719.11	898.89	179.78	20
27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	2,159.46	2,699.32	539.86	20
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL	604.83	756.04	151.21	20
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING	243.78	304.73	60.95	20
62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL;	442.53	553.16	110.63	20

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC	244.77	305.96	61.19	20
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT	1,191.90	1,489.88	297.98	20
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO	393.30	491.63	98.33	20
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE	635.58	794.47	158.89	20
52204	CYSTOURETHROSCOPY, WITH BIOPSY	482.79	603.49	120.70	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	232.33	290.41	58.08	20
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY	689.67	862.09	172.42	20
36415	ROUTINE VENIPUNCTURE OR FINGER/HEEL/EAR STICK FOR	2.88	3.60	0.72	20
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY,	114.95	143.69	28.74	20
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15	32.08	40.10	8.02	20
80299	QUANTITATION OF DRUG, NOT ELSEWHERE SPECIFIED	17.90	22.37	4.47	20
85025	BLOOD COUNT; HEMOGRAM AND PLATELET COUNT,	10.16	12.70	2.54	20
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN	3.23	4.04	0.81	20
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION	195.62	244.53	48.91	20
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT	465.43	581.79	116.36	20
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND	123.46	154.33	30.87	20
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION	97.50	121.87	24.37	20
00100	ANESTH, SKIN SURGERY	131.04	163.80	32.76	20
22222	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR	1,974.14	2,467.68	493.54	20
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR	925.46	1,156.83	231.37	20
27645	RADICAL RESECTION OF TUMOR, BONE; TIBIA	2,241.86	2,802.33	560.47	20
50660	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION	1,430.90	1,788.63	357.73	20
57000	COLPOTOMY; WITH EXPLORATION	230.66	288.33	57.67	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA;	350.26	437.83	87.57	20
27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR	773.63	967.04	193.41	20
33970	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE	436.84	546.05	109.21	20
49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY	174.73	218.41	43.68	20
62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF	1,010.30	1,262.88	252.58	20
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT	297.86	372.32	74.46	20
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA;	269.42	336.77	67.35	20
27070	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG,	1,074.32	1,342.90	268.58	20
27158	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL	1,767.09	2,208.86	441.77	20
36410	VENIPUNCTURE, CHILD OVER AGE 3 YEARS OR ADULT,	21.81	27.26	5.45	20
44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY;	2,337.29	2,921.61	584.32	20
95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR	56.85	71.06	14.21	20
	<b>MRS</b>				
82565	SCREENING FOR CREATININE (BLOOD) FOR MRI WITH	6.69	8.36	1.67	20
	<b>MYELOGRAM</b>				
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL	85.50	106.87	21.37	20
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	223.25	279.06	55.81	20
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION	122.44	153.05	30.61	20
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL	115.36	144.20	28.84	20
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL	158.81	198.51	39.70	20
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION	123.21	154.01	30.80	20
	<b>NUCLEAR MEDICINE</b>				
78582	PULMONARY VENTILATION IMAGING (EG AEROSOL OR GAS)	447.02	558.78	111.76	20
78226	HEPATOBIILIARY SYSTEM IMAGING INCLUDING	444.12	555.15	111.03	20
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	416.65	520.81	104.16	20
78130	RED CELL SURVIVAL STUDY;	208.98	261.23	52.25	20
78202	LIVER IMAGING; WITH VASCULAR FLOW	268.42	335.53	67.11	20
78268	UREA BREATH TEST, C-14; ANALYSIS	87.99	109.99	22.00	20
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST);	135.70	169.63	33.93	20
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS	313.22	391.52	78.30	20
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR	284.18	355.23	71.05	20
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR	525.31	656.64	131.33	20

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

78230	SALIVARY GLAND IMAGING;	231.09	288.86	57.77	20
78290	INTESTINAL IMAGING (EG, ECTOPIC GASTRIC MUCOSA,	446.10	557.63	111.53	20
78291	PERITONEAL-VEIN SHUNT PATENCY TEST (EG, FOR	331.29	414.11	82.82	20
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	306.97	383.71	76.74	20
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM,	56.81	71.01	14.20	20
78806	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY	446.17	557.71	111.54	20
<b>CALIFORNIA 90001</b>					
<b>CPT</b>	<b>Description</b>	<b>Net Price</b>	<b>Fee/UCR</b>	<b>\$ Savings</b>	<b>% Savings</b>
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR	77.10	96.37	19.27	20
78110	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-	137.62	172.03	34.41	20
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	166.08	207.60	41.52	20
78232	SALIVARY GLAND FUNCTION STUDY	130.16	162.70	32.54	20
78262	GASTROESOPHAGEAL REFLUX STUDY	325.76	407.20	81.44	20
78264	GASTRIC EMPTYING STUDY	386.90	483.63	96.73	20
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR;	302.50	378.13	75.63	20
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR	287.22	359.02	71.80	20
78725	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC	143.54	179.42	35.88	20
78801	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR;	347.12	433.90	86.78	20
78454	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCD.	581.80	727.25	145.45	20
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND	409.53	511.91	102.38	20
<b>CALIFORNIA 90001</b>					
<b>CPT</b>	<b>Description</b>	<b>Net Price</b>	<b>Fee/UCR</b>	<b>\$ Savings</b>	<b>% Savings</b>
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	446.63	558.29	111.66	20
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	233.51	291.89	58.38	20
78650	CSF LEAKAGE DETECTION AND LOCALIZATION	448.30	560.38	112.08	20
78730	URINARY BLADDER RESIDUAL STUDY	102.52	128.15	25.63	20
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL	292.23	365.29	73.06	20
78805	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY	241.36	301.70	60.34	20
78579	PULMONARY VENTILATION IMAGING (EG AEROSOL OR GAS)	246.76	308.45	61.69	20
78012	THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE	106.36	132.95	26.59	20
<b>CALIFORNIA 90001</b>					
<b>CPT</b>	<b>Description</b>	<b>Net Price</b>	<b>Fee/UCR</b>	<b>\$ Savings</b>	<b>% Savings</b>
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT);	630.03	787.54	157.51	20
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT);	453.75	567.19	113.44	20
78014	THYROID IMAGING INCLUDING VASCULAR FLOW, WHEN	322.90	403.62	80.72	20
78013	THYROID IMAGING INCLUDING VASCULAR FLOW, WHEN	254.81	318.51	63.70	20
78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION,	477.49	596.86	119.37	20
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION,	268.79	335.99	67.20	20
78227	HEPATOBIILIARY SYSTEM IMAGING INCLUDING	602.75	753.44	150.69	20
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	607.56	759.45	151.89	20
78103	BONE MARROW IMAGING; MULTIPLE AREAS	294.33	367.91	73.58	20
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	171.79	214.74	42.95	20
78261	GASTRIC MUCOSA IMAGING	337.97	422.46	84.49	20
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE,	239.89	299.86	59.97	20
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM;	305.31	381.64	76.33	20
77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD	613.21	766.51	153.30	20
78016	THYROID CARCINOMA METASTASES IMAGING; WITH	378.28	472.85	94.57	20
78020	THYROID CARCINOMA METASTASES UPTAKE (LIST	109.34	136.68	27.34	20
78102	BONE MARROW IMAGING; LIMITED AREA	226.07	282.59	56.52	20
78111	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-	128.62	160.77	32.15	20
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING	127.04	158.80	31.76	20
78191	PLATELET SURVIVAL STUDY	221.07	276.34	55.27	20
78267	UREA BREATH TEST, C-14; ACQUISITION FOR ANALYSIS	10.27	12.84	2.57	20
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST);	120.78	150.97	30.19	20
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	427.93	534.91	106.98	20
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING	455.43	569.29	113.86	20
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING	457.18	571.47	114.29	20
78700	KIDNEY IMAGING; STATIC ONLY	229.22	286.53	57.31	20
78709	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION;	480.67	600.84	120.17	20

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; LIMITED	253.37	316.71	63.34	20
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; WHOLE	765.21	956.51	191.30	20
79200	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	168.73	210.91	42.18	20
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA	294.08	367.60	73.52	20
78070	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION,	401.83	502.29	100.46	20
78121	RED CELL VOLUME DETERMINATION (SEPARATE	140.26	175.33	35.07	20
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE	470.56	588.20	117.64	20
78258	ESOPHAGEAL MOTILITY	293.45	366.81	73.36	20
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND	129.30	161.63	32.33	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	463.89	579.86	115.97	20
78481	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS	230.53	288.16	57.63	20
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC	265.36	331.70	66.34	20
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING	434.67	543.34	108.67	20
78104	BONE MARROW IMAGING; WHOLE BODY	326.75	408.44	81.69	20
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL	179.75	224.69	44.94	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	474.52	593.15	118.63	20
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	240.02	300.03	60.01	20
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	335.75	419.69	83.94	20
78458	VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL	272.27	340.34	68.07	20
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	235.37	294.21	58.84	20
78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; WHOLE	433.86	542.33	108.47	20
78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION,	545.21	681.51	136.30	20
78453	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING	406.17	507.71	101.54	20
77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	120.37	150.46	30.09	20
78120	RED CELL VOLUME DETERMINATION (SEPARATE	125.30	156.62	31.32	20
78201	LIVER IMAGING; STATIC ONLY	251.62	314.53	62.91	20
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	466.66	583.33	116.67	20
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	302.05	377.56	75.51	20
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	232.30	290.38	58.08	20
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR;	259.46	324.32	64.86	20
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH	256.42	320.53	64.11	20
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	281.42	351.77	70.35	20
93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR	55.95	69.94	13.99	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM;	382.10	477.63	95.53	20
78580	PULMONARY PERFUSION IMAGING, PARTICULATE	318.47	398.09	79.62	20
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	246.37	307.96	61.59	20
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION;	308.21	385.26	77.05	20
78708	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION;	227.34	284.17	56.83	20
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW	280.48	350.60	70.12	20
78807	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PET SCAN	455.50	569.37	113.87	20

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PAIN MANAGEMENT	92.32	115.40	23.08	20
64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT,	112.08	140.10	28.02	20
64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS	165.94	207.42	41.48	20
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES,	193.62	242.03	48.41	20
64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT,	112.56	140.70	28.14	20
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG,	391.30	489.13	97.83	20
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	181.10	226.37	45.27	20
64455	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID,	60.23	75.29	15.06	20
62311	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT	291.98	364.98	73.00	20
62319	INJECTION, INCLUDING CATHETER PLACEMENT,	217.00	271.25	54.25	20

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY	164.97	206.21	41.24	20
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL	130.32	162.90	32.58	20
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL,	167.95	209.94	41.99	20
64484	INJECTION, ANESTHETIC AGENT AND/OR STEROID,	112.91	141.14	28.23	20
96374	INJECTION INTRAVENOUS PUSH, SINGLE OR INITIAL	58.83	73.54	14.71	20
62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL;	437.23	546.54	109.31	20
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	149.99	187.49	37.50	20
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE)	174.55	218.19	43.64	20
64479	INJECTION, ANESTHETIC AGENT AND/OR STEROID,	306.73	383.41	76.68	20
64480	INJECTION, ANESTHETIC AGENT AND/OR STEROID,	146.28	182.85	36.57	20
64491	SECOND LEVEL – INJECTION(S) DIAGNOSTIC OR	121.20	151.50	30.30	20
64492	THIRD AND ANY ADDITIONAL LEVEL – INJECTION(S)	121.68	152.10	30.42	20
62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG,	300.87	376.09	75.22	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG,	386.29	482.86	96.57	20
62310	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT	315.73	394.66	78.93	20
64412	INJECTION, ANESTHETIC AGENT; SPINAL ACCESSORY	185.84	232.30	46.46	20
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	167.00	208.75	41.75	20
64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE (SINGLE	153.26	191.57	38.31	20
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE	174.27	217.84	43.57	20
64483	INJECTION, ANESTHETIC AGENT AND/OR STEROID,	286.48	358.10	71.62	20
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND	146.66	183.33	36.67	20
99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE	96.41	120.51	24.10	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT,	225.33	281.66	56.33	20
64490	INJECTION(S) DIAGNOSTIC OR THERAPEUTIC AGENT,	247.81	309.76	61.95	20
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	167.24	209.05	41.81	20
64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE	155.22	194.03	38.81	20
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS	150.96	188.70	37.74	20
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	191.09	238.86	47.77	20
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SPINAL INJECTION	145.90	182.37	36.47	20
	SPECT				
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	458.88	573.60	114.72	20
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	263.50	329.38	65.88	20
78205	LIVER IMAGING (SPECT);	280.18	350.23	70.05	20
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	259.49	324.36	64.87	20
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	469.88	587.35	117.47	20
78647	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING	470.28	587.85	117.57	20
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; MULTIPLE	454.69	568.36	113.67	20
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR	139.91	174.89	34.98	20
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION ULTRASOUND	117.50	146.88	29.38	20
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	101.90	127.37	25.47	20
76800	ULTRASOUND, SPINAL CANAL AND CONTENTS	175.21	219.01	43.80	20
76810	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	119.09	148.86	29.77	20
93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL	299.86	374.83	74.97	20
93924	NON-INVASIVE PHYSIOLOGIC STUDIES OF LOWER	180.44	225.55	45.11	20
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR	271.91	339.89	67.98	20
76510	OPHTHALMIC ULTRASOUND, DOIAGNOSTIC; B-SCAN AND	216.16	270.20	54.04	20
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	261.32	326.65	65.33	20
76604	ULTRASOUND CHEST (INCLUDES MEDIASTINUM), REAL TIME	112.86	141.07	28.21	20
76831	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW	152.12	190.15	38.03	20
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR	140.64	175.80	35.16	20
76873	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY	210.34	262.93	52.59	20
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH	133.38	166.73	33.35	20
93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR	135.11	168.89	33.78	20

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS,	125.98	157.48	31.50	20
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING	126.07	157.59	31.52	20
76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	101.78	127.22	25.44	20
93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY	27.18	33.97	6.79	20
93306	ECHOCARIOGRAPHY TRANSTHORACIC, REAL-TIME WITH	233.91	292.39	58.48	20
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	228.38	285.47	57.09	20
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME	152.42	190.53	38.11	20
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-	130.44	163.05	32.61	20
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC;	122.93	153.66	30.73	20
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-S	100.64	125.8	25.16	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE	157.16	196.45	39.29	20
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	84.13	105.16	21.03	20
93979	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC	124.99	156.24	31.25	20
76514	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL	18.90	23.63	4.73	20
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	123.98	154.97	30.99	20
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	59.26	74.08	14.82	20
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	118.15	147.69	29.54	20
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	182.03	227.54	45.51	20
76830	ECHOGRAPHY, TRANSVAGINAL	157.10	196.37	39.27	20
76857	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR	59.30	74.13	14.83	20
76885	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING	186.46	233.08	46.62	20
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, IMAGING	40.88	51.10	10.22	20
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	119.77	149.71	29.94	20
93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL	133.61	167.01	33.40	20
93922	NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER	93.41	116.76	23.35	20
93980	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS	121.24	151.55	30.31	20
93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING	167.54	209.42	41.88	20
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	81.42	101.78	20.36	20
54240	PENILE PLETHYSMOGRAPHY	127.48	159.35	31.87	20
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC;	117.38	146.72	29.34	20
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG,	149.84	187.30	37.46	20
76705	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE	117.33	146.66	29.33	20
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA,	144.60	180.75	36.15	20
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	107.83	134.79	26.96	20
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	154.05	192.56	38.51	20
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM,	355.51	444.39	88.88	20
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR	97.14	121.43	24.29	20
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR	67.38	84.22	16.84	20
76886	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING	136.61	170.76	34.15	20
93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE	209.86	262.33	52.47	20
93923	COMPLETE NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER	144.43	180.54	36.11	20
93976	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS	169.17	211.46	42.29	20
93978	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC	197.98	247.47	49.49	20
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	153.25	191.56	38.31	20
76775	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA,	72.28	90.35	18.07	20
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	146.66	183.32	36.66	20
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM,	211.78	264.72	52.94	20
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL	345.95	432.44	86.49	20
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING	40.88	51.10	10.22	20
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT	111.04	138.80	27.76	20
93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR	159.56	199.45	39.89	20
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING	205.24	256.55	51.31	20
93981	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS	73.94	92.42	18.48	20
76801	ULTRASOUND PREGNANT UTERUS, REAL TIME WITH IMAGE	157.77	197.21	39.44	20
76882	ULTRASOUND EXTREMITY NONVASCULAR, REAL-TIME IMAGE	44.55	55.69	11.14	20
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR	25.28	31.60	6.32	20
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-	108.11	135.14	27.03	20

**CALIFORNIA 90001**

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT STRESS OR NON-	112.68	140.85	28.17	20
76872	ECHOGRAPHY, TRANSRECTAL;	119.34	149.18	29.84	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
93930	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR	217.59	271.99	54.40	20
93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS	292.86	366.08	73.22	20
76881	ULTRASOUND EXTREMITY NONVASCULAR, REAL-TIME IMAGE	149.79	187.24	37.45	20
76776	ULTRASOUND TRANSPLANTED KIDNEY, REAL TIME AND X-RAY	201.73	252.16	50.43	20
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL;	41.80	99.29	57.49	58
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL,	41.80	63.73	21.93	34
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM	41.80	60.51	18.71	31
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX,	41.80	44.04	2.24	5
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	41.80	43.89	2.09	5
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO	41.80	42.08	0.28	1
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	41.80	43.37	1.57	4
73090	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	40.61	40.61	0.00	0
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	41.80	46.23	4.43	10
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	41.80	111.75	69.95	63
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS	41.80	170.43	128.63	75
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL	41.80	130.57	88.77	68
76098	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	25.44	25.44	0.00	0
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE	41.80	138.21	96.41	70
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION	41.80	1,167.59	1,125.79	96
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	23.47	23.47	0.00	0
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL	41.80	53.36	11.56	22
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE,	41.80	88.55	46.75	53
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	36.37	36.37	0.00	0
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE,	41.80	45.52	3.72	8
73550	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	41.80	42.67	0.87	2
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	41.80	46.17	4.37	9
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT,	41.80	225.17	183.37	81
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH	41.80	339.58	297.78	88
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT,	41.80	92.26	50.46	55
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE,	41.80	86.55	44.75	52
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI,	41.80	81.51	39.71	49
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT,	41.80	49.23	7.43	15
77072	BONE AGE STUDIES	36.34	36.34	0.00	0
77076	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	41.80	150.45	108.65	72
70350	CEPHALOGRAM, ORTHODONTIC	30.42	30.42	0.00	0
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	35.24	35.24	0.00	0
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO	41.80	46.20	4.40	10
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	41.80	49.36	7.56	15
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY,	41.80	67.24	25.44	38
73500	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; ONE VIEW	41.50	41.50	0.00	0
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR	41.80	63.15	21.35	34
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	41.71	41.71	0.00	0
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	40.61	40.61	0.00	0
73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO	41.80	44.29	2.49	6
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE	41.80	69.39	27.59	40

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS	41.80	219.21	177.41	81
20501	INJECTION OF SINUS TRACT; DIAGNOSTIC	41.80	195.46	153.66	79
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF	41.80	1,020.36	978.56	96
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE,	41.80	59.89	18.09	30
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE	41.80	53.90	12.10	22
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE,	41.80	65.67	23.87	36

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

CALIFORNIA 90001					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM	41.80	66.71	24.91	37
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL,	41.80	58.73	16.93	29
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL	41.80	85.31	43.51	51
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF	41.80	61.82	20.02	32
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO	41.80	52.65	10.85	21
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM	41.80	49.66	7.86	16
73510	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; COMPLETE,	41.80	58.76	16.96	29
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	41.80	54.27	12.47	23
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE	41.80	121.25	79.45	66
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF	41.80	43.46	1.66	4
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT,	41.80	74.91	33.11	44
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	41.80	43.22	1.42	3
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING	41.80	74.64	32.84	44
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR	41.80	52.28	10.48	20
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	41.80	43.25	1.45	3
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR	41.80	52.09	10.29	20
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS,	41.80	56.48	14.68	26
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	41.19	41.19	0.00	0
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF	41.80	62.32	20.52	33
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT,	41.80	293.03	251.23	86
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN	41.80	52.15	10.35	20
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR	41.80	56.45	14.65	26
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF	41.80	71.02	29.22	41
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION,	41.80	61.60	19.80	32
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL	41.80	121.53	79.73	66
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL	41.80	65.95	24.15	37
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF	41.80	65.36	23.56	36
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	41.80	58.61	16.81	29
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF	41.80	70.40	28.60	41
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR	41.80	55.20	13.40	24
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	41.80	44.04	2.24	5
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG,	41.80	51.57	9.77	19
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING	41.80	56.86	15.06	26
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY,	41.80	111.34	69.54	62
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR	41.80	62.32	20.52	33
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT,	41.80	42.94	1.14	3
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO	41.80	42.35	0.55	1
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE,	41.80	58.61	16.81	29
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL	41.80	123.76	81.96	66
CALIFORNIA 90001					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES	41.80	166.63	124.83	75
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION	41.80	119.93	78.13	65
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE,	41.80	51.63	9.83	19
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	41.80	55.47	13.67	25
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	41.80	47.21	5.41	11
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR	41.80	57.25	15.45	27
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY	34.25	34.25	0.00	0
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR,	41.80	50.53	8.73	17
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE	41.80	54.24	12.44	23
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM	41.80	77.19	35.39	46
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN	41.80	44.63	2.83	6
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT,	41.80	42.94	1.14	3
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE	41.80	48.13	6.33	13
CALIFORNIA 90001					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO	41.80	49.53	7.73	16

**APPENDIX 2, ATTACHMENT 1  
Diagnostic Imaging / Neurology Discount Rates (2015)**

**CITY OF LOS ANGELES**

73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF	41.80	45.79	3.99	9
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH	41.80	239.75	197.95	83
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	41.80	62.64	20.84	33
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE,	41.80	279.80	238.00	85
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING,	41.80	52.00	10.20	20
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC,	41.80	148.13	106.33	72
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE,	41.80	211.78	169.98	80
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL	41.80	244.26	202.46	83
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN	41.80	46.84	5.04	11
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS	41.80	46.96	5.16	11
70355	ORTHO PANTOGRAM	31.40	31.40	0.00	0
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	41.80	150.47	108.67	72
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL	41.80	43.74	1.94	4
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	41.80	47.83	6.03	13
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR	41.80	56.95	15.15	27
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL	41.80	178.53	136.73	77
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	41.80	47.33	5.53	12
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF	41.80	56.08	14.28	25
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	41.80	42.94	1.14	3
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF	41.80	49.66	7.86	16
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE	36.99	36.99	0.00	0
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR	41.80	55.35	13.55	24
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	41.80	141.03	99.23	70
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT,	41.80	186.88	145.08	78
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT,	41.80	273.20	231.40	85
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT,	41.80	203.74	161.94	79
74260	DUODENOGRAPHY, HYPOTONIC	41.80	567.73	525.93	93
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY,	41.80	127.35	85.55	67
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR	41.07	41.07	0.00	0
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, CARDIOLOGY	41.80	101.05	59.25	59
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL	110.34	137.92	27.58	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD	1,913.37	2,391.71	478.34	20
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12	8.20	10.25	2.05	20
61612	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS	1,766.81	2,208.51	441.70	20
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL	178.06	222.57	44.51	20
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12	17.05	21.31	4.26	20
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12	8.86	11.07	2.21	20
61610	TRANSECTION OR LIGATION, CAROTID ARTERY IN	2,295.96	2,869.95	573.99	20
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER	216.21	270.26	54.05	20
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM,	295.90	369.87	73.97	20
93040	RHYTHM ECG, ONE TO THREE LEADS; WITH	12.63	15.79	3.16	20
61611	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS	471.05	588.81	117.76	20
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL	113.94	142.42	28.48	20
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG,	176.19	220.24	44.05	20

The above net pricing may include pricing that can be based on a percentage off of the current state fee schedule or UCR table. These net prices may vary dependent on any changes/updates made by a particular state to their fee schedule/UCR table since the time that this report was generated.

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

CALIFORNIA 90001						
EMG	CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
95861		NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR W	197.32	219.24	21.92	10
95864		NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR V	277.92	308.80	30.88	10
95867		NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MU:	106.79	118.66	11.87	10
95868		NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MU:	150.99	167.77	16.78	10
95937		NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATI	95.18	105.75	10.57	10
95961		FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMU	329.21	365.79	36.58	10
99204		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AN	181.59	201.77	20.18	10
99220		INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION A	201.77	224.19	22.42	10
99222		INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND M	148.52	165.02	16.50	10
99356		PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, F	100.03	111.14	11.11	10
95908		3-4 NERVE CONDUCTION STUDIES	141.99	157.77	15.78	10
92541		SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATI	24.51	27.23	2.72	10
92542		POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WIT	28.79	31.99	3.20	10
92544		OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR F	17.06	18.96	1.90	10
92545		OSCILLATING TRACKING TEST, WITH RECORDING	15.89	17.65	1.76	10
95860		NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITH	141.30	157.00	15.70	10
95921		TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CARDI	99.57	110.63	11.06	10
95927		SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUD'	178.26	198.07	19.81	10
95933		ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC	96.71	107.45	10.74	10
99357		PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, F	98.91	109.90	10.99	10
95929		CENTRAL MOTOR EVOKED POTENTIAL STUDY; LOWER LIMBS	300.10	333.44	33.34	10
95806		SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, R	193.56	215.07	21.51	10
95831		MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REF	34.98	38.87	3.89	10
95832		MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REF	34.37	38.19	3.82	10
95833		MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REF	42.32	47.02	4.70	10
95834		MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REF	57.04	63.38	6.34	10
95852		RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE	18.76	20.84	2.08	10
95923		TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOM	223.06	247.84	24.78	10
99214		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AN	119.64	132.93	13.29	10
95885		NEEDLE EMG, EACH EXTREMITY, WITH NCS, LIMITED	67.71	75.23	7.52	10
CALIFORNIA 90001						
EMG	CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
92547		USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITIO	7.43	8.26	0.83	10
95857		TENSILON TEST FOR MYASTHENIA GRAVIS;	61.29	68.10	6.81	10
95870		NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN	103.02	114.47	11.45	10
97140		MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULA	33.37	37.08	3.71	10
97750		PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCI	36.93	41.03	4.10	10
99350		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN E!	192.38	213.75	21.37	10
99354		PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OL	108.88	120.98	12.10	10
95886		NEEDLE EMG, EACH EXTREMITY, WITH NCS, COMPLETE	103.96	115.51	11.55	10
95910		7-8 NERVE CONDUCTION STUDIES	223.25	248.05	24.80	10
29125		APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STA	94.90	105.44	10.54	10
51785		NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR UR	371.70	413.00	41.30	10
92543		CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BIT-	18.23	20.25	2.02	10
95851		RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE	21.07	23.41	2.34	10
95863		NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR'	243.88	270.98	27.10	10
95925		SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUD'	183.59	203.99	20.40	10
95930		VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS	150.59	167.32	16.73	10
95950		MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CE	382.31	424.79	42.48	10
95957		DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, F!	365.33	405.92	40.59	10

**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MI	48.92	54.36	5.44	10
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AN	160.73	178.59	17.86	10
95905	MOTOR AND/OR SENSORY NERVE CONDUCTION USING PRECOI	84.61	94.01	9.40	10
95928	CENTRAL MOTOR EVOKED POENTIAL STUDY (TRANSCRANIAL M	299.75	333.06	33.31	10
95907	1-2 NERVE CONDUCTION STUDIES	110.36	122.62	12.26	10
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHEC/	435.02	483.36	48.34	10
92265	NEEDLE OCULOEMG, ONE OR MORE EXTRAOC	98.16	109.07	10.91	10
95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUD	168.15	186.83	18.68	10
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AN	22.66	25.18	2.52	10
99355	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OL	105.51	117.23	11.72	10
95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	163.16	181.29	18.13	10
64550	APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMUL	23.11	25.68	2.57	10
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDI	158.09	175.66	17.57	10
95872	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTROI	220.75	245.28	24.53	10
<b>CALIFORNIA 90001</b>					
<b>EMG</b>					
95922	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; VASOM	114.48	127.20	12.72	10
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACT	17.72	19.69	1.97	10
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MI	36.09	40.10	4.01	10
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AN	49.13	54.59	5.46	10
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AN	83.39	92.65	9.26	10
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AN	49.13	54.59	5.46	10
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION	42.28	46.98	4.70	10
95887	NEEDLE EMG, NON-EXTREMITY WITH NCS (CRANIAL NERVE / AX	93.23	103.59	10.36	10
95911	9-10 NERVE CONDUCTION STUDIES	265.01	294.46	29.45	10
95912	11-12 NERVE CONDUCTION STUDIES	294.41	327.12	32.71	10
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	355.03	394.48	39.45	10
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FR/	1,047.86	1,164.29	116.43	10
95869	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCI	94.86	105.40	10.54	10
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTI	21.52	23.91	2.39	10
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AN	120.06	133.40	13.34	10
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AN	227.46	252.73	25.27	10
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AN	80.83	89.81	8.98	10
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION	78.54	87.27	8.73	10
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEI	86.09	95.66	9.57	10
95909	5-6 NERVE CONDUCTION STUDIES	168.14	186.82	18.68	10
95913	13 OR MORE NERVE CONDUCTION STUDIES	332.96	369.96	37.00	10

The above net pricing may include pricing that can be based on a percentage off of the current state fee schedule or UCR table. These net prices may vary dependent on any changes/updates made by a particular state to their fee schedule/UCR table since the time that this report was generated.

CADL000

FIRST AMENDED AND RESTATED CONTRACT  
BETWEEN

**CITY OF LOS ANGELES  
AND  
STRATACARE, LLC**

MEDICAL BILL REVIEW, COST CONTAINMENT AND  
MANAGED CARE SERVICES PROGRAM

CONTRACT #: C-122496

## TABLE OF CONTENTS

<b>1. PARTIES, REPRESENTATIVES AND CONDITIONS PRECEDENT</b> .....	6
1.1. Representatives of the Parties and Service of Notices .....	6
1.2. Conditions Precedent .....	6
<b>2. DISCLOSURE OF INFORMATION</b> .....	7
<b>3. CONFLICT OF INTEREST</b> .....	8
<b>4. CONFIDENTIALITY</b> .....	8
<b>5. PUBLIC RECORDS ACT</b> .....	9
<b>6. PUBLICITY</b> .....	10
<b>7. RECORD RETENTION AND INSPECTION/AUDIT</b> .....	10
<b>8. DEFINITIONS</b> .....	11
8.1. Utilization Review .....	11
8.2. Bill Review .....	11
8.3. Document Management and Workflow System (eFlo) .....	11
8.4. LINX 12	
8.5. Payor 12	
8.6. Business Days .....	12
8.7. Prior Authorization Program (PAP) .....	12
8.8. PPO Savings .....	12
<b>9. SCOPE OF SERVICES</b> .....	13
<b>10. PROJECT COORDINATION</b> .....	13
10.1. Account Executive and Program Manager .....	13
10.2. New Medical Service Cost Review Cost Containment Team and Transition .....	14
<b>11. ADMINISTRATIVE MATTERS</b> .....	14
11.1. Designated Office .....	14
11.2. Computerized Claims Management System – LINX .....	14
11.3. Document Management and Workflow System .....	15
11.4. Reporting Responsibilities .....	15
11.5. Communication .....	15
11.5.1. Messenger Service .....	15
11.5.2. Meetings .....	15
11.6. Legislation Reviews .....	16
11.7. Training .....	16
11.8. Computer Interface .....	16
<b>12. STAFFING</b> .....	16
12.1. Staff Assignments .....	16
12.2. Experience/Training for Contractor Personnel .....	17
<b>13. Information Management Requirements</b> .....	17
<b>14. Internal Controls</b> .....	18
<b>15. MEDICAL BILL REVIEW, COST CONTAINMENT AND MANAGED CARE SERVICES PROGRAM</b> .....	18
15.1. Contractor Responsibilities .....	18
15.2. Discounts and Fees for Services .....	18
15.3. Fraud 19	
15.4. Subcontractors .....	19
15.5. Bill Review .....	20
15.6. Preferred Provider Organization (PPO) .....	24
15.7. First Care Panel (FCP) .....	25
15.8. Medical Provider Network .....	26
15.9. Utilization Review .....	26
15.10. Managed Care Program .....	28
15.10.1. Pharmacy Benefits Management (PBM) and Durable Medical Equipment (DME) Networks .....	29
15.10.2. Radiology Network .....	30

15.10.3.	Nurse Case Management and Home Health .....	31
15.10.4.	Transportation and Translation Network .....	31
15.10.5.	Ergonomic Network .....	31
15.10.6.	Job Analysis Network .....	32
15.10.7.	Dental Network .....	33
15.10.8.	Physical Medicine Network .....	33
<b>16.</b>	<b>MINIMUM STANDARDS OF PERFORMANCE .....</b>	<b>33</b>
16.1.	General Performance Guarantee Provisions .....	33
16.2.	Periodic Review and Performance Monitoring .....	34
16.3.	Performance Reporting Requirements .....	35
16.3.1.	WorkCompStat .....	35
16.4.	Quality Assurance .....	35
16.5.	Adjustments to Total Fees Paid .....	36
16.6.	Adjustments for Overpayment, Fine Penalty, or Other Cost .....	36
16.6.1.	Such failure includes but are not limited to the following: .....	36
<b>17.</b>	<b>TERM OF CONTRACT .....</b>	<b>37</b>
<b>18.</b>	<b>METHOD OF PAYMENT .....</b>	<b>37</b>
18.1.	Flat Annual Service Fees .....	37
18.2.	Other Service Fees .....	39
18.3.	Total Obligation .....	39
<b>19.</b>	<b>WARRANTY AGAINST CONTINGENT FEES .....</b>	<b>40</b>
<b>20.</b>	<b>RATIFICATION CLAUSE .....</b>	<b>41</b>
<b>21.</b>	<b>FIRST SOURCE HIRING ORDINANCE .....</b>	<b>41</b>
<b>22.</b>	<b>LIMITATION OF CITY'S OBLIGATION TO MAKE PAYMENTS TO CONTRACTOR .....</b>	<b>42</b>
22.1.	Budget Reductions .....	42
22.2.	Most Favored Public Entity .....	42
22.3.	Non Exclusivity .....	43
22.4.	Invoices .....	43
<b>23.</b>	<b>TERMINATION .....</b>	<b>44</b>
23.1.	Termination for Convenience .....	44
23.2.	Termination for Breach of Contract .....	44
<b>24.</b>	<b>AMENDMENTS/MODIFICATIONS/CHANGES .....</b>	<b>44</b>
<b>25.</b>	<b>CONTRACTOR RECORDS .....</b>	<b>45</b>
<b>26.</b>	<b>CONTRACTOR EVALUATION ORDINANCE .....</b>	<b>45</b>
<b>27.</b>	<b>STANDARD PROVISIONS .....</b>	<b>45</b>
27.1.	Standard Provisions for City Contracts .....	45
27.2.	Warranty .....	45
27.3.	Licenses and Permits .....	45
27.4.	Compliance with Statutes and Regulations .....	45
27.5.	Compliance with Los Angeles City Charter Section 470(c)(12) .....	46
27.6.	Iran Contracting Act Of 2010 .....	46
<b>28.</b>	<b>TAXES .....</b>	<b>47</b>
<b>29.</b>	<b>INCORPORATION OF ATTACHMENTS .....</b>	<b>47</b>
<b>30.</b>	<b>ENTIRE CONTRACT .....</b>	<b>47</b>

**FIRST AMENDED AND RESTATED CONTRACT  
BETWEEN  
CITY OF LOS ANGELES  
AND  
STRATACARE, LLC**

**FOR**

**MEDICAL BILL REVIEW, COST CONTAINMENT AND MANAGED CARE  
SERVICES PROGRAM**

**CONTRACT #: C-122496**

This Contract, which includes the attached Appendices, is made and entered into by and between the City of Los Angeles, a municipal corporation, acting by and through the Personnel Department, hereinafter referred to as City, and StrataCare, LLC hereinafter referred to as Contractor, with reference to the following:

**RECITALS**

1. Whereas, the City released a Request for Proposals pursuant to Charter Section 372 after determining that the proposed Contract is for expert and technical services of a temporary and occasional character for which bidding under Charter Section 371 is not practical or advantageous to the City; and
2. Whereas, in response to City's Request for Proposal for such services, dated November 2, 2012, Contractor submitted a proposal dated January 4, 2013 which offers to provide the requested services; and
3. Whereas, Contractor is duly licensed and certified under the laws of the State of California to engage in the business of providing Medical Bill Review, Cost Containment and Managed Care Services Program, as described hereunder and possesses the competence, expertise and personnel required to provide such services; and
4. Whereas, City is legally self-insured for its workers' compensation liability; and
5. Whereas, City has a need for a contractor, including all professional and support staff and services necessary, to provide medical bill review, cost containment and managed care services, which include but are not limited to: Medical Bill Review, Preferred Provider Organizations (PPOs), First Care Panel, Medical Provider Network (MPN), Pharmacy Benefits Management (PBM) Network, Durable Medical Equipment Network, Radiology Network, Nurse Case Management Network, Home Health Network, Transportation and Translation Network, Ergonomic and Job Analysis Network, Dental Network, Physical Medicine Network, and Utilization

Review (UR), to manage costs in accordance to legal requirements, industry best practice standards, and financial accountability procedures; and

6. Whereas, the City performed a 1022 review and determined that it is more feasible for the City to contract for the required services than to have employees perform the work; and
7. Whereas, City has selected Contractor for award of this Contract; and
8. Whereas, effective July 1, 2013, City and Contractor entered into a three-year contract, expiring June 30, 2016; and
9. Whereas, at its meeting of October 27, 2015, (CF15-1146) the City Council authorized the Personnel Department General Manager or designee to extend the Contract for an additional two years;
10. Whereas, City and Contractor desire to amend the Contract to (a) change the termination date from June 30, 2016 to June 30, 2018, (b) increase the maximum payable to the Contractor, and (c) add additional provisions required by City ordinance;
11. Whereas, City and Contractor also desire to amend the Contract to specify Diagnostic Imaging and Neurology discount rates and pricing based on a new State Fee Schedule effective January 1, 2014 and January 1, 2015;
12. Whereas, City and Contractor agree that the Contract's payment section will be modified to provide funding allocation from July 1, 2016 through June 30, 2018;
13. Whereas, At its meeting of \_\_\_\_\_, 2016, the City Council authorized the Personnel Department General Manager to add additional services and increase the annual funding amounts for years four and five; and
14. Whereas, the Personnel Department is funded for these services; and
15. Whereas, the terms and conditions of the original agreement shall remain the same except as modified consistent with recitals number 9, 10, 11, 12, 13, and 14.

NOW, THEREFORE, in consideration of the promises and of the terms, covenants and conditions set forth herein, the parties hereby covenant, represent, and agree as follows:

## 1. PARTIES, REPRESENTATIVES AND CONDITIONS PRECEDENT

### 1.1. Representatives of the Parties and Service of Notices

- a. The representatives of the respective parties authorized to administer this Contract and to whom formal notices, demands, and communications will be given are as follows:

The representative of City will be, unless otherwise stated in the Contract:

Margaret Whelan, General Manager  
Personnel Department, or designee

Designee:

David Noltemeyer  
Workers' Compensation Division Chief  
City of Los Angeles Personnel Department  
700 E. Temple Street, Room 210  
Los Angeles, CA 90012

The representative of Contractor will be:

E. Harry Creasey  
President  
StrataCare, LLC  
17838 Gillette Avenue  
Irvine, CA 92614

- b. Formal notices and correspondence to be given hereunder by either party must be made in writing and may be effected by personal delivery or by registered or certified mail, postage prepaid, return receipt requested and will be deemed communicated three (3) days after the date of mailing.
- c. If the name of the person designated to receive the notices or correspondence, or if the address of such person changes, written notice will be given in accordance with this Section within five (5) business days of said change.

### 1.2. Conditions Precedent

- a. Without limiting Contractor's indemnification of City and during the term of this Contract, Contractor shall provide and maintain the programs of insurance listed below. Evidence of this coverage must be submitted by Contractor and approved no later than thirty (30) days prior to the inception of any operations. Such insurance shall be primary to and not contributing with any other insurance or self-insurance programs maintained by City.

Such coverage shall be provided and maintained at Contractor's own expense.

- Automobile liability insurance in the amount of not less than one million dollars (\$1,000,000)
  - Workers' compensation insurance in the amount of not less than one million dollars (\$1,000,000).
  - General liability insurance in the amount of not less than one million dollars (\$1,000,000).
  - Professional liability in the amount of not less than one million dollars (\$1,000,000).
  - Performance bond in the amount of not less than two million dollars (\$2,000,000).
- b. Evidence of insurance and performance security is an industry ACORD Certificate that Contractor must submit electronically at <http://track4la.lacity.org>.
- c. Within 90 days of commencement of this Contract, Contractor must provide City with copies of the following documents:
1. Contractor's Articles of Incorporation and all amendments thereto, as filed with the Secretary of State.
  2. Resolutions or other corporate actions of Contractor's Board of Directors, properly attested or certified, which specify the name(s) of the person(s) authorized to obligate Contractor and execute contractual documents.
  3. Certificate of Good Standing from Secretary of State.
- d. Contractor shall obtain and maintain in effect during the term of this Contract all required licenses, permits, registrations, and certificates required by law which are applicable to the performance of work and delivery of services required by this Contract.

## **2. DISCLOSURE OF INFORMATION**

In no event will Contractor, its employees, agents or subcontractors, disclose any detailed information regarding City's claim management program or about any individual claimant, including even confirmation of the existence or non-existence of a claim, without the express written permission of City, except as necessary to conduct its business and provide the services identified in this Contract. Contractor will issue no press release or respond to any media inquiry regarding the program as a whole or individual claimant.

### **3. CONFLICT OF INTEREST**

- a. No City employee whose position with City enables such employee to influence the award of this Contract or any competing Contract, and no spouse or economic dependent of such employee, shall be employed in any capacity by Contractor or have any other direct or indirect financial interest in this Contract. No officer or employee of Contractor who may financially benefit from the performance of work hereunder shall in any way participate in City's approval, or ongoing evaluation, of such work, or in any way attempt to unlawfully influence City's approval or ongoing evaluation of such work.
- b. Contractor shall comply with all conflict of interest laws, ordinances, and regulations now in effect or hereafter to be enacted during the term of this Contract. Contractor warrants that it is not now aware of any facts that create a conflict of interest. If Contractor hereafter becomes aware of any facts that might reasonably be expected to create a conflict of interest, it shall immediately make full written disclosure of such facts to City. Full written disclosure shall include, but is not limited to, identification of all persons implicated and a complete description of all relevant circumstances. Failure to comply with the provisions of Contract Section 3 shall be a material breach of this Contract.

### **4. CONFIDENTIALITY**

- a. Contractor shall be responsible for safeguarding all City claims and property provided for Contractor's use or in Contractor's care, custody and control. At the close of each workday, checks, cases, files, supplies, equipment and computer access shall be secured by Contractor.
- b. All documents, records and information provided by City to Contractor, or accessed, reviewed or produced by Contractor, during performance of this Contract, including but not limited to employee/claimants' medical information, shall remain the property of City. All documents, records, and information provided by City to Contractor, or accessed, reviewed, or produced by Contractor during performance of this Contract, are confidential (hereinafter collectively referred to as "Confidential Information").
- c. Contractor agrees not to provide Confidential Information, or disclose its content or any information contained in it either orally or in writing, to any other person or entity. Contractor agrees that all Confidential Information used or reviewed in connection with Contractor's work for City will be used only for the purpose of carrying out City business and cannot be used for any other purpose. Contractor shall be responsible for protecting the confidentiality and maintaining the security of all Confidential Information in its possession.
- d. Any Confidential Information provided by City to Contractor, or accessed, reviewed or produced by Contractor, during performance of this Contract, shall be made available to its employees, agents, and subcontractors only on a need-

to-know basis. Further, Contractor will provide written instructions to all of its employees, agents and subcontractors with access to the Confidential Information about the penalties for its unauthorized use or disclosure.

- e. Contractor must not remove Confidential Information or any other documents or information used or reviewed in connection with Contractor's work for City from City facilities or Contractor's office without prior approval from City. Contractor shall, at the conclusion of this Contract, or at the request of City, promptly return to City any and all Confidential Information and all other written materials, notes, documents or other information obtained by Contractor during the course of work under this Contract. Contractor shall not make or retain copies of any such information, materials or documents. Contractor and its employees, agents, and subcontractors may have access to confidential medical records information, which access is controlled by statute. Misuse of such information may adversely affect the subject individual's civil rights and violates the law.
- f. Contractor shall implement such reasonable and prudent measures to keep secure and private medical history information accessed by its employees, agents and subcontractors during the performance of this Contract as are required by law and this Contract. Contractor shall advise its employees, agents and subcontractors of this confidentiality requirement.
- g. All of Contractor's employees and subcontractors assigned to perform services, or to provide direct support to those performing services for City and who have access to the City's confidential information under this Contract shall sign and adhere to a Statement of Confidentiality, provided by City, which includes, but is not limited to, media contacts, nondisclosure of information relating to claims management issues, and prohibited relationships with vendors, and that conforms, to the extent possible, to City's own ethics and confidentiality statements. Such statements shall be reviewed annually by Contractor with its employees.
- h. Any breach of security that occurs through Contractor's website, offices or network shall require Contractor to be responsible for notifying City and all applicants affected by such breach. Contractor shall also be responsible for all costs associated with such notification
- i. The provisions of this Section shall survive termination/expiration of this Contract.

## **5. PUBLIC RECORDS ACT**

- a. Any documents submitted by Contractor and all information obtained in connection with City's right to audit and inspect Contractor's documents, books, and accounting records pursuant to Contract Section 7, Record Retention and Inspection/Audit of this Contract become the exclusive property of City. All such documents become a matter of public record and shall be regarded as public records. Exceptions will be those elements in the California Government Code

Section 6250 et seq. (Public Records Act) and which are marked "trade secret," "confidential," or "proprietary." City shall not in any way be liable or responsible for the disclosure of any such records including, without limitation, those so marked, if disclosure is required by law, or by an order issued by a court of competent jurisdiction.

- b. In the event City is required to defend an action on a Public Records Act request for any of the aforementioned documents, information, books, records, and/or contents of a proposal marked "trade secret," "confidential," or "proprietary," Contractor agrees to defend and indemnify City from all costs and expenses, including reasonable attorney's fees, in action or liability arising under the Public Records Act.

## **6. PUBLICITY**

- a. Contractor shall not disclose any details in connection with this Contract to any person or entity except as may be otherwise provided hereunder or required by law. However, in recognizing Contractor's need to identify its services and related clients to sustain itself, City shall not inhibit Contractor from publishing its role under this Contract within the following conditions:
  - 1. Contractor shall develop all publicity material in a professional manner.
  - 2. During the term of this Contract, Contractor shall not, and shall not authorize another to publish or disseminate any commercial advertisements, press releases, feature articles, or other materials using the name of City without the prior written consent of the Contract Administrator or designate. City shall not unreasonably withhold written consent.
- b. Contractor may, without the prior written consent of City, indicate in its proposals and sales materials that it has been awarded this Contract with the City of Los Angeles, provided that the requirements of this Section shall apply

## **7. RECORD RETENTION AND INSPECTION/AUDIT**

- a. Contractor shall maintain accurate and complete financial records of its activities and operations relating to this Contract in accordance with generally accepted accounting principles. Contractor shall also maintain accurate and complete employment and other records relating to its performance of this Contract. Contractor agrees that City, or its authorized representatives, shall have access to and the right to examine, audit, excerpt, copy, or transcribe any pertinent transaction, activity, or records relating to this Contract. All such material, including, but not limited to, all financial records, timecards and other employment records, and proprietary data and information, shall be kept and maintained by Contractor and shall be made available to City during the term of this Contract and for a period of three (3) years thereafter unless City's written permission is given to dispose of any such material prior to such time. All such

material shall be maintained by Contractor at a location in Los Angeles County, or another location approved by City, provided that if any such material is located outside Los Angeles County, then, at City's option, Contractor shall pay City for travel, per diem, and other costs incurred by City to examine, audit, excerpt, copy, or transcribe such material at such other location.

- b. In the event that an audit of Contractor is conducted specifically regarding this Contract by any Federal or State auditor, or by any auditor or accountant employed by Contractor or otherwise, Contractor shall immediately notify the City of such audit. Contractor shall also provide a copy of such audit report to the City within thirty (30) days of Contractor's receipt thereof, unless otherwise provided by applicable Federal or State law or under this Contract. City shall make a reasonable effort to maintain the confidentiality of such audit report(s).
- c. Failure on the part of Contractor to comply with any of the provisions of Contract Section 7 shall constitute a material breach of this Contract upon which City may terminate or suspend this Contract.

## **8. DEFINITIONS**

### **8.1. Utilization Review**

- a. "Utilization review" (UR) means utilization review or utilization management functions that prospectively, retrospectively, or concurrently review and approve, modify, delay, or deny, based in whole or in part on medical necessity to cure and relieve, treatment recommendations by physicians, as defined in Section 3209.3, prior to, retrospectively, or concurrent with the provision of medical treatment services, pursuant to Section 4600 of Labor Code of Workers' Compensation Laws of California.
- b. Each UR will include the completion of the UR objective (approving, modifying, or denying treatment request) and any resulting appeal. Resubmission from the provider for a lack of medical information denial within 30 days of the lack of medical denial determination is also included.

### **8.2. Bill Review**

Review of and the recommendation of Workers' Compensation medical and pharmacy or other invoices to State-mandated fee schedule(s), PPO rates, other negotiated contracted rates, for provider charges that exceed usual and customary charges, for services that are not medically necessary, and for fraud and other problems, such as inappropriate billing practices, miscoding, etc. in bills that require adjustments.

### **8.3. Document Management and Workflow System (eFlo)**

eFlo is the Workers' Compensation Division's document management and workflow system, otherwise known as its imaging system. All claim-related

documents received in the Division, such as claim forms, bills, medical reports, and correspondence are scanned into the system. The documents are then routed to the appropriate staff (Adjustors) for processing using information retrieved from both the LINX and City's Payroll (PAYSR) systems. It uses one or a combination of the claim number, social security number, claimant name, and Workers' Compensation Appeals Board (WCAB) Number to forward the document to the staff handling the claim.

#### **8.4. LINX**

The City currently uses proprietary software, called LINX, to process its workers' compensation claims. It was specifically designed for the City by Aon Corporation and has been in use since October 1990. LINX runs on an IBM AS/400 platform and has been customized to meet the City's unique requirements. Technical support and all computer equipment required for the operation of the system are currently outsourced to an outside vendor located in Irvine, CA.

#### **8.5. Payor**

Organization with an arrangement with a PPO network or other network and is entitled to network billing considerations, including discounts and freedom from balance billing.

#### **8.6. Business Days**

With the exception of Saturdays, Sundays, and City legal holidays, all other days are considered business days from 8:00 a.m. to 5:30 p.m. PST. The Contract Administrator will provide a list of the City holidays to the Contractor after Contract is approved and annually at the beginning of the calendar year.

#### **8.7. Prior Authorization Program (PAP)**

Pursuant to authorization by the State of California Workers' Compensation Division, the City implemented a Prior Authorization Program on July 1, 2010. This Program requires providers in the City's First Care Panel to send injured workers to the City's Managed Care Providers for routine medical procedures on a pre-approved basis. Since prior authorization is not required, wait times associated with the Utilization Review or analyst-approval process is avoided allowing services to be rendered immediately.

#### **8.8. PPO Savings**

The difference between the state fee schedule amount, or UCR in states without fee schedules, and the PPO contract amount. For example:

Provider Charges = \$100  
Fee Schedule or UCR Amount = \$80  
PPO Contract Amount = \$70

PPO Savings = \$10

PPO Savings does not include the provider charges billed below Fee Schedule or UCR, whichever is applicable.

## **9. SCOPE OF SERVICES**

As specified in this Contract, Contractor shall take all necessary steps to reduce medical and disability costs, and enhance the quality and the level of the City's medical and disability management and cost containment services program. The Contractor shall provide workers' compensation medical and disability management and cost containment services for all existing claims as well as all new claims reported during the contract period for City and Third Party Administrators (TPAs) including, but not limited to:

1. Medical Bill Review
2. Preferred Provider Organizations (PPOs)
3. First Care Panel
4. Medical Provider Network (MPN)
5. Pharmacy Benefits Management (PBM) Network
6. Durable Medical Equipment Network
7. Radiology Network
8. Nurse Case Management
9. Home Health Network
10. Transportation and Translation Network
11. Ergonomic and Job Analysis Network
12. Dental Network
13. Physical Medicine Network
14. Utilization Review (UR)

## **10. PROJECT COORDINATION**

### **10.1. Account Executive and Program Manager**

- a. Before performing services under this Contract, Contractor shall designate in writing an account service team and designate an Account Executive and Program Manager, subject to approval of City. If Contractor elects to replace Account Executive or Program Manager, prior notice will be given to City, and City reserves the right to meet with, review and approve the background, education, and experience of any potential assignee to this position throughout the term of this Contract at its sole and absolute discretion.
- b. The Account Executive will have full authority to administer the Contract and serve as the prime contact on behalf of Contractor with City and will have overall management responsibility for the supervision of Contractor's performance under this Contract.

- c. The Program Manager will be responsible for maintaining the day-to-day operational control of all ongoing medical service cost containment management activities related to this Contract. The Program Manager will be responsible for ensuring the quality of medical service cost containment activities provided to City and for promptly resolving any problem or concern that may develop during the term of this Contract.

## **10.2. New Medical Service Cost Review Cost Containment Team and Transition**

Contractor shall ensure that all necessary staff, equipment, systems, and facilities are available for full operation and performance of service under this Contract on July 1, 2013.

## **11. ADMINISTRATIVE MATTERS**

### **11.1. Designated Office**

- a. Contractor shall establish a single designated claim office to handle City claims. That office shall be located at:

17838 Gillette Avenue  
Irvine, CA 92614

- b. If, during the term of this Contract, any change of office location, alteration of existing office space, or reconfiguration takes place, it shall be the sole responsibility of Contractor to ensure the electronic data transfer process continues for ongoing City business and to directly bear any costs associated with such a reconfiguration.

### **11.2. Computerized Claims Management System – LINX**

- a. City requires Contractor to interface with City's own proprietary claims management system known as LINX. Contractor shall provide the City with an acceptable electronic data transfer process that can be used for direct input of reviewed bills into the City's automated Workers' Compensation System LINX. See Appendix 1, Systems Handout for additional information and requirements.
- b. City may at its discretion replace the LINX system with another computerized claims management system. When and if this occurs, Contractor shall assist City in the development and implementation of the new system to ensure a smooth transition.
- c. If City replaces the LINX system during the life of this agreement, Contractor will provide the necessary interfaces to the new replacement system at Contractor's cost, during the term of this Contract for all fields and functionality required as part of the Contractor's system and services.

### **11.3. Document Management and Workflow System**

- a. City requires Contractor to interface with Workers' Compensation Division's document management and workflow system, eFlo. The main function of this system is exporting bills and supporting documents for review and importing related explanation of review (EOR) documents back to the system for further processing. Contractor shall provide City with an acceptable electronic data transfer process that supports eFlo platform, and file formats. See Appendix 1, Systems Handout for additional information and requirements.
- b. The City may replace eFlo; therefore Contractor is required to interface with any platform and file formats that the new document management and workflow system will be utilizing.
- c. If City replaces the eFlo system during the life of this agreement, Contractor will provide the necessary interfaces to the new replacement system at Contractor's cost, during the term of this Contract for all fields and functionality required as part of the Contractor's system and services.

### **11.4. Reporting Responsibilities**

The Contractor will consistently update and enhance all software systems necessary to insure compliance with Contract and the State of California workers' compensation regulations and requirements at no cost to the City. See Appendix 1 Systems Handout for additional information.

### **11.5. Communication**

#### **11.5.1. Messenger Service**

Contractor shall provide bonded messenger services to transport medical bills and materials as necessary, except on weekends and City holidays, to the City and City's TPAs.

#### **11.5.2. Meetings**

- a. Contractor is required to attend in-person, monthly or as requested by the City, performance assessment meetings facilitated by City's Contract Administrator. The meetings will focus on Contractor's and City's performance in fulfilling the services in this Contract. The meetings will provide a forum to informally discuss opportunities for improving procedures and conditions, service level agreements, and cost reductions for both parties.
- b. Contractor shall be responsible for preparing and distributing agenda at least (2) two business days prior to meetings and minutes

to document such meetings within a week after the meetings, as well as any periodic reports as required by City.

#### **11.6. Legislation Reviews**

On an ongoing basis, Contractor shall monitor and evaluate any and all proposed legislative changes or State directives, rules, and regulations, which directly apply to the current scope and current functionality of services delivered under this Contract and implement, at no cost to the City any changes necessary for the performance of work under this Contract.

#### **11.7. Training**

Contractor shall provide City and TPA claims staff periodic training as necessary, at no additional cost, to ensure City achieves maximum cost containment including but not limited to legislative changes, Contractor's system, and other cost saving techniques and strategies related to services provided by Contractor.

#### **11.8. Computer Interface**

Contractor shall provide its own computers with Internet and e-mail capability and all necessary communication and office equipment that Contractor deems necessary to perform the services pursuant to this Contract.

### **12. STAFFING**

#### **12.1. Staff Assignments**

- a. Contractor shall use its own employees to perform the services required under this Contract. City shall have the right to discuss with Contractor the possibility of replacing any person assigned to City's Contract found to be in violation of any of the terms of this Contract. City reserves the right to have Contractor replace any Contract personnel with equally or better qualified staff upon submitting written notice to Contractor.
- b. Contractor may utilize subcontractors to assist in performance of this Contract. Notwithstanding the fact that Contractor may utilize subcontractors, Contractor shall remain primarily responsible for performing all aspects of this Contract. City has the right to approve or disapprove Contractor's subcontractors and City reserves the right, in its own discretion, to request replacement of a subcontractor. City does not have any obligation to pay subcontractors and nothing in this Contract creates any privity of contract or otherwise between City and the subcontractors.

## **12.2. Experience/Training for Contractor Personnel**

- a. To ensure appropriate management of medical benefits, all bill reviewers assigned to the City's account must meet specific standards of training experience and skills.
  1. All medical bill reviewers assigned to the City's account must be a designated medical bill reviewer as stated in California Code of Regulations (CCR) Section 2592.01 and completed training as stated in CCR Section 2592.04.
  2. Additionally, Contractor shall ensure that Contractor's staff remain aware of and utilize sound and effective bill review techniques, procedures and strategies, and that they are aware of any adopted legislative changes or legal precedents which develop during the term of this Contract through continuing education and training.

## **13. Information Management Requirements**

- a. Contractor must be able to interface with systems utilized by the City related to the performance of the service(s) on which they submit proposals (at their own cost); these include the Department's document management and workflow system (eFlo) and the claims administration program (LINX) see Appendix 1 Systems Handout for additional information and requirements. The City may replace one or both of these systems. If and when this occurs, the Contractor must be able to integrate with any replacement system(s).
- b. Contractor must provide the City with an acceptable electronic data transfer process for all services covered under this Contract.
- c. Contractor will ensure all electronic files are received, processed and returned to the City and notify the City of missing files daily and implement corrective action subject to City approval.
- d. The Contractor will consistently update and enhance all software systems to ensure compliance with the State of California workers' compensation regulations and requirements at no cost to the City. See Appendix 1 Systems Handout for additional information.
- e. Contractor must provide the City with Electronic and standardized medical billing, in accordance with California Code of Regulations, Sections 9792.5 to 9792.5.3 and must ensure Electronic billing integrates seamlessly with the City's current proprietary claims administration program known as LINX and document management and workflow system (imaging) known as eFlo (see Appendix 1 System Handout for details). The City may at its discretion replace one or both of these systems. If and when this occurs, the Contractor will assist the City in the implementation of the new system(s) to ensure a smooth transition.

Contractor must be able to integrate with the current and new system(s) at no cost to the City.

#### **14. Internal Controls**

- a. Contractor shall provide City with its internal control procedures to prevent errors and misrepresentation of data and information related to the performance of work and delivery of services provided under this Contract and by subcontractor(s).
- b. Contractor shall audit these internal controls and implement any changes necessary, at no cost to the City.
- c. Thirty days after contract execution, Contractor shall submit an audit plan to audit subcontractors at least once a year.
- d. Contractor shall provide City with the audit results, at no cost to the City.

#### **15. MEDICAL BILL REVIEW, COST CONTAINMENT AND MANAGED CARE SERVICES PROGRAM**

##### **15.1. Contractor Responsibilities**

Contractor shall control costs in the Workers' Compensation Program by providing integrated medical and disability cost containment services in the following fourteen (14) areas:

1. Medical Bill Review
2. Preferred Provider Organizations (PPOs)
3. First Care Panel
4. Medical Provider Network (MPN)
5. Pharmacy Benefits Management (PBM) Network
6. Durable Medical Equipment Network
7. Radiology Network
8. Nurse Case Management
9. Home Health Network
10. Transportation and Translation Network
11. Ergonomic and Job Analysis Network
12. Dental Network
13. Physical Medicine Network
14. Utilization Review (UR)

##### **15.2. Discounts and Fees for Services**

- a. Contractor must ensure that the City is listed as a payor on the payor list created by Contractor and/or subcontractor network(s) for all services under this Contract, and shall include any language required to ensure that the City obtains all benefits described in this Contract between the City and the Contractor, including but not limited to maximum PPO discounts and

subcontractor network rates detailed in Appendix 2 Discount Rates and Fees. City must be provided a copy of all contracts and payor lists for all services under the Contract for the City's reference, at no cost to the City.

- b. Contractor agrees that when discounts have been applied as per the PPO contract, the Contractor shall enforce the terms of the Contractor's contracts with the PPO, including but not limited to compelling providers to refrain from filing liens for amounts discounted as per their contracts, from "selling" these liens for collections, or otherwise depriving the City of these discounts. If a network provider habitually and wrongly files liens and/or abuses the appeals process, the provider shall be given written notice by Contractor, of the City's concerns upon approval of the City, and shall be advised that continued abuse of the process will lead to recommendation of the removal from the City's PPO. At no additional cost, the Contractor and PPO shall provide any reasonable assistance to the City as requested in legal or other proceedings at the City's request, including but not limited to providing testimony and copies of documents, such as Contractor's contract with the PPO without necessity of subpoena. This provision shall extend beyond the term of this Agreement.

### **15.3. Fraud**

Contractor shall implement a program approved by City, to identify and intervene in potentially fraudulent billing issues. Contractor shall ensure that staff is properly trained in the identification of potential fraud and abuse of the workers' compensation process, and shall aggressively investigate and resolve such issues when raised. To the extent that fraudulent activity is discovered, Contractor shall immediately notify City and shall cooperate with appropriate local and State authorities in the development of cases for criminal prosecution. Additionally, there shall be efforts to identify instances of over utilization, questionable billing, and "self-referral" by vendors. Contractor shall provide written or other relevant documentation of any and all efforts taken to identify and intervene in potentially fraudulent claims upon reasonable request of City. Contractor will provide a report on this program in their annual report to the City.

### **15.4. Subcontractors**

- a. Contractor shall be responsible and liable for the performance of all subcontractors used for services under this Contract and for resolving any issue identified by City or Contractor.
- b. Contractor shall supply the City at no cost, within 30 days of Contract execution, all subcontractor agreements and pricing.

## 15.5. Bill Review

- a. Contractor shall analyze all medical, pharmacy and other invoices and provide maximum reductions for each bill to amounts allowed by the California Division of Workers' Compensation's Official Medical Fee Schedule or the respective fee schedule for out-of-state bills, PPO rates, usual customary and reasonable (UCR) rates, and other negotiated contract rates. Additionally Contractor shall identify and correct fee schedule excesses, duplicate charges, billing infractions and have the ability to unbundle service codes as needed to achieve savings. The bill review, analysis, and reduction shall be conducted by qualified staff according to above Section.
- b. Contractor shall identify and process duplicate bills at no cost to the City.
- c. Contractor must complete the bill review process within 7 business days and 4 days for electronic billing; provided that City provides Contractor with a "clean" bill that includes all necessary documentation, including without limitation all vendor and claimant information, and shall be calculated inclusive of the date the bill is available to the Contractor and inclusive of the availability of the completed bill to the City by Contractor.

City shall be reimbursed by Contractor for failure to meet these timeframes according to Contract Section 15.6, Adjustments for Overpayment, Fine Penalty, or Other Cost.

- d. Contractor shall analyze all invoices for medical-legal professional consultations and reduce each bill to amounts allowed by the Medical Fee Schedule (Relative Value Studies) of the State of California Division of Workers' Compensation. Contractor shall complete the medical-legal bill review process within five (5) business days.
- e. Contractor shall maintain a computer system capable of tracking such information as duplicate bills, service dates, diagnostic codes, original bill amount, and recommended reduction, and shall provide individual reports of discount savings by type (PPO, discount network, medical legal, etc.) and an integrated savings report. City reserves the right to exclude any specific claim from assignment to Contractor at its own discretion.
- f. Contractor shall audit all hospital bills, including those cases that received an initial Utilization Review and those that were not reviewed at the time of hospitalization, to ensure that only appropriate charges are made and appropriate standards, fee schedules, and discounts applied. All hospital bills are to be analyzed and adjusted to disallow duplicate charges, charges for treatment not received, charges for treatment received but not ordered by a physician and charges that are outside the scope of the City's liability.

Contractor also agrees to conduct cursory audit of hospital bills as requested by the City on a real-time basis

- g. Contractor must incorporate bill review with all services provided in this Contract to ensure only authorized services are paid and with maximum savings. Services not authorized will include non-certification language and a legal objection in the EOB and be sent to Provider, Injured Worker and Applicant Attorney.
- h. Contractor shall make licensed Registered Nurses and medical panel providers available to assist with difficult reviews such as pain management, experimental, new or not commonly performed procedures, multiple injuries/medications, addictive drug, catastrophic claim, head trauma and comatose patients, medical/legals, and review of surgical bills at no additional cost to the City.
- i. Contractor must defend any review recommendations and services provided in this Contract in arbitration or at the Workers' Compensation Appeals Board (WCAB) when requested by the City or its designated Third Party Administrator (TPA) within 15 business days of notice or sooner if mutually agreeable by both parties. At no additional cost Contractor shall:
  - Make WCAB appearances.
  - Re-evaluate bills.
  - Make recommendations and adjustments to bill review.
  - Gather all documentation necessary to defend bill review recommendation.
  - Prepare lien affidavits for arbitration at the WCAB.
  - Prepare and deliver Kunz package within 10 business days of request by City, on surgical center and outpatient hospital bill issues.

Contractor must provide a highly qualified representative(s) from their staff for all appearances including but not limited to hearings and mediations at the WCAB on lien, bill and UR issues. These services will not be performed by Contractor's on-site representatives as described below. This provision will survive the term of the Contract.

- j. Contractor shall provide three (3) on-site representatives to be located in the space provided by the City and TPAs. Services provided by these representatives will include but not be limited to, providing direct liaison to the City's workers' compensation management and TPA, resolving billing problems of an unusual nature, performing on-site rush reviews, preparing and completing lien affidavits, providing unique statistical reports, and responding to quality service issues or problems. On-site representatives will not attend lien hearings or trials. Three (3) on-site representatives will be responsible for servicing the City located in the City of Los Angeles and the

three (3) TPAs located in Alhambra, Temecula and Pomona California. One (1) on-site representative will service the Los Angeles location and one (1) on-site representative will service the Alhambra location on a full time basis during regular business hours. One (1) on-site representative will serve TPAs in Temecula and Pomona on a rotating, full time basis, dependent on service needs during regular business hours.

- k. Contractor shall provide and maintain an on-line terminal and office equipment in the space provided by the City and TPA(s) at Contractor's own expense. (See Appendix 1 Systems Handout)
- l. Contractor shall interface with eFlo for viewing of bill images and processing through the workflow system or other document imaging program if and when eFlo is replaced. (See Appendix 1 Systems Handout).
- m. Contractor shall provide the City with an itemized report of the bills reviewed by claim number, including the savings achieved, on a monthly basis or as otherwise requested by the City. The report may be a customized report as necessary to meet the City's needs, at no additional charge.
- n. Contractor shall provide the City with an acceptable electronic data transfer process that can be used for direct input of reviewed bills into the City's automated claims management system. (See Appendix 1 Systems Handout).
- o. Contractor shall be responsible for retrieving all bills and/or information necessary for review electronically from the City's Workers' Compensation Division and one TPA in Temecula through the eFlo System and manually from two TPAs located in Alhambra and Pomona through a courier service at no additional cost to the City. All materials are to be returned to the appropriate organizational entity at the completion of review. The three (3) TPAs currently utilized are located in Alhambra, California, Pomona, California and Temecula, California.
- p. Contractor shall be responsible for generating, faxing, and mailing an explanation of benefits (EOB) to vendors, injured workers and any appropriate parties including Applicant Attorneys at no additional charge to the City. The EOB shall meet all State requirements in accordance with but not limited to Labor Code Sections 5307.1 and 5307.3 and shall include, at minimum:
  - 1. An itemized listing of charges reviewed,
  - 2. An indication of which services have had billing adjustments made, and the allowance made on each service adjusted,

3. The reason and amount for each adjustment, including amount previously paid, and total recommended payment,
  4. A legal objection if appropriate, with legally acceptable language required by the Labor Code and defensible at the WCAB,
  5. A statement instructing the service provider to contact Contractor in writing or telephonically for any inquiries or disputes regarding the reduction of charges,
  6. For EOB sent to the injured worker, a statement advising them 'This is not a bill' and to verify the services were provided and to contact the specific City or TPA contact for any questions or concerns, and
  7. Any additional State requirement which may be enacted.
- q. Contractor shall also be responsible for returning all original bills along with an EOB copy for each bill electronically or manually as directed by the City to the City's Workers' Compensation Division and TPA(s).
  - r. Contractor shall be responsible for responding to inquiries from vendors who question the recommended payment, and for re-evaluations, reconsiderations, and WCAB appearances. Contractor shall provide a designated toll free phone number during Business days and hours for City and TPA analysts to refer such calls. These services are included in the service fee for medical bill review and there will be no additional charge for these services.
  - s. Contractor must provide the City with Electronic and standardized medical billing, in accordance with California Code of Regulations, Sections 9792.5 to 9792.5.3 and must ensure Electronic billing integrates seamlessly with the City's current proprietary claims administration program known as LINX and document management and workflow system (imaging) known as eFlo (see Appendix 1 System Handout for details). The City may at its discretion replace one or both of these systems. If and when this occurs, the Contractor will assist the City in the implementation of the new system(s) to ensure a smooth transition. Contractor must be able to integrate with the current and new system(s).
  - t. Contractor shall load all City's payment history data from prior Contractor, regardless of the amount of data, at no cost to the City, and, as requested by the City, will transmit this data to other vendor(s) or the City when the workload is reassigned, and in the format and method designated by the City.

- u. Contractor shall work with the City in its use of the document management and workflow system, at no additional cost to the City, to ensure that the Contractor will interface with this system as required by the City.
- v. Contractor shall provide any systems requirements and a point-to-point T1 communication line or other agreed upon method to City for connection to eFlo and LINX at no additional cost.
- w. City, through its Workers' Compensation Division, may provide to Contractor specific written instructions detailing its requirements for cost containment strategies or procedural requirements. Contractor shall ensure that its staff is properly notified of such requirements, and that its entire staff consistently applies them.
- x. Contractor shall audit and negotiate Inpatient Hospital Rehabilitation Fees, Diagnosis Related Group (DRG) code 945, to ensure maximum discounts.

#### **15.6. Preferred Provider Organization (PPO)**

- a. Contractor shall utilize PPO(s) as approved by the City, for hospital, physician and other medical services, which will provide quality medical services at discount rates to the City and which includes a large number of participating providers in the greater Los Angeles area as well as throughout California and the United States. Contracts with PPO(s) shall be entered into and maintained by Contractor.
- b. Contractor shall be responsible for making and maintaining contracts with PPO networks (e.g. Anthem Blue Cross), which will be approved by the City. The PPO networks shall be responsible for making and maintaining contracts with hospitals, medical providers, pharmacies and other provider networks to provide a discounted rate, and will make an electronic and hardcopy listing of providers available, at no additional cost, to the City on a regular basis.
- c. Contractor shall be responsible for making and maintaining contracts with PPO networks (e.g. Anthem Blue Cross), which will be approved by the City. The PPO networks shall ensure that hospitals, physicians, medical providers, pharmacies and other provider networks within the PPO(s) comply with the Workers' Compensation treatment standard recognized by State law, which is currently the latest American College of Occupational and Environmental Medicine's Occupational Medicine Practice (ACOEM) guidelines or, when not applicable, the American Medical Association (AMA) guidelines, Medical Treatment Utilization Schedule (MTUS), or other industry recognized, evidence based, medical criteria.

- d. Contractor shall provide monthly, quarterly and annual savings reports that clearly demonstrate PPO penetration, savings below fee schedule and discounts by specialty.
- e. City has the right to approve or disapprove Contractor's PPO and City reserves the right, at its own discretion, to request replacement of a PPO. Should the City decide to switch PPOs, the City will negotiate associated costs.
- f. Contractor shall obtain for the City the maximum discounts available from the PPO(s) based on the pricing schedules provided by such PPO(s) for this Contract.
- g. Contractor agrees to continual quality assurance monitoring of the PPO(s) as well as individual hospitals, physicians, pharmacies, and other providers associated with the PPO.
- h. In no event shall the provider's billing, after discounted by the Contractor for services provided through PPO(s), be above the California Division of Workers' Compensation's official Medical Fee Schedule or the respective fee schedule for out-of-state bills except for those providers identified by the PPO(s) which may be above fee schedule.
- i. Contractor shall ensure that the City is listed as a payor on the payor list created by PPO(s) on all of their contracts, and Contractor's contracts with their PPO(s) shall include any language required to ensure that the City obtains all benefits described in this Contract between the City and the Contractor, including but not limited to maximum PPO discounts.

#### **15.7. First Care Panel (FCP)**

- a. The Contractor shall create a contracted panel of First Care Clinics, physicians and occupational health facilities experienced in workers' compensation to be utilized for the initial and ongoing treatment of employees. Initial treatment must be immediately scheduled and provided with timely reporting to the City.
- b. The Contractor's FCP must be educated and provide services according to the City's Mandatory Return-to-Work Program, Managed Care Program, PAP and the necessity of issuance of work restrictions (if any) during the initial visit and all follow up visits.
- c. Contractor shall be responsible for making and maintaining contracts with FCP hospitals, medical providers, pharmacies and other provider networks to provide services at or below FS rates, and will make an electronic and hardcopy listing available, at no additional cost, to the City on a regular basis.

- d. Contractor shall ensure that hospitals, physicians, medical providers, pharmacies and other provider networks within the FCP comply with the Workers' Compensation treatment standard recognized by State law, which is currently the latest American College of Occupational and Environmental Medicine's Occupational Medicine Practice (ACOEM) guidelines or, when not applicable, the American Medical Association (AMA) guidelines, Medical Treatment Utilization Schedule (MTUS), or other industry recognized, evidence based, medical criteria. Contractor shall insure that all FCP providers comply with terms of this Contract. The City reserves the right to request any FCP provider be removed at the City's sole discretion.

#### **15.8. Medical Provider Network**

City may choose to utilize Contractor's PPO as its Medical Provider Network (MPN), at fees specified in this Contract. Contractor shall maintain at least one PPO under contract who is acceptable to the City and meets all State requirements and guidelines as an MPN for the City. Contractor shall, at the City's request, assist the City in completing the required State documents to certify the MPN is in compliance with State requirements and guidelines. The City may request the Contractor to provide ancillary services at Contract pricing, associated with certifying and maintaining the MPN, including, but not limited to State mandated employee notification. Contractor must provide City with online access to MPN provider directory and a toll free number for customer service.

#### **15.9. Utilization Review**

- a. Contractor shall provide utilization review services and will comply with those provisions of California Labor Code 4610 applicable to the services being provided by Contractor.
- b. Utilization Review (UR) will include determination of compliance with Workers' Compensation treatment standards recognized by State law (which is currently the California Code of Regulations 9792.21 Medical Treatment Utilization Schedule), latest American College of Occupational and Environmental Medicine's Occupational Medicine Practice (ACOEM) guidelines or, when not applicable, in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of Section 9792.25, and pursuant to the Utilization Review Standards found in Section 9792.6 through Section 9792.10.
- c. Contractor shall maintain a designated toll free phone number during business days from 8:00 a.m. to 5:30 p.m. PST for provider, City, or TPA inquiries.

- d. Contractor shall request all medical information necessary to complete a UR review.
- e. Contractor shall coordinate UR with City's workers' compensation TPAs, in-house staff, Bill Review vendor and Managed Care vendors and enter UR data into bill review system to ensure adherence with treatment approvals and denials and payments only for approved services.
- f. Within five (5) business days of the receipt date of a UR request from the City or TPAs, Contractor shall provide a UR determination for UR request and all needed information to all parties including the City or TPA claims analysts, medical providers, and employees or their representative, so all State-mandated deadlines are met.
- g. Contractor shall perform outpatient UR upon request and notification by the claims analyst of a pending procedure, or for disability management upon request and notification by the physician, employer or claim analyst. Contractor's outpatient UR program shall include advance review upon notification by the claims analyst of a pending procedure of outpatient surgery. Contractor will determine the medical necessity, appropriateness of placement and the proposed treatment plan. Outpatient UR shall also include chiropractic and physical therapy services.
- h. In situations where pre-certification of treatment through UR did not occur, Contractor shall perform a retrospective review, as (or when) requested by the City, for medical necessity and appropriateness of care. Decisions for retrospective reviews will be completed within the State-mandated 30-day deadline.
- i. Contractor's UR reviewers shall contact attending physicians or other ordering providers by telephone or in-person to discuss appeals when necessary or as requested by the City. UR reviewers must be licensed physicians in accordance with Labor Code 4610 (e).
- j. Contractor review shall include the completion of the UR objective (approving, modifying, or denying treatment request) and any resulting appeal. Resubmission from the provider for a lack of medical information denial within 30 days of the lack of medical denial determination is also included. There will be no charge for incomplete reviews.
- k. Contractor must defend any UR recommendation in arbitration or at the Workers' Compensation Appeals Board (WCAB) when requested by the City or designated TPA. Contractor must provide a highly qualified representative from their staff for all appearances at the WCAB at no additional cost.

I. Utilization Review has the following five (5) levels:

Level 1: UR determinations are made by City or TPA. City or TPA will enter request information into Utilization Review Organization (URO) system. City or TPA will produce letters and, fax and mail letters to stakeholders.

Level 2: UR determinations are made by City or TPA. City or TPA will enter request information into URO system. URO will produce letters, and fax and mail letters to stakeholders

Level 3: UR determinations are made by City or TPA. UR request is sent to URO via courier. URO will enter request information into its system, produce letters, and fax and mail letters to stakeholders

Level 4: UR determinations are made by URO Nurse or Chiropractor. URO will enter request information into its system, produce letters, and fax and mail letters to stakeholders.

Level 5: UR determinations are made by URO physician with peer-to-peer review when necessary or at City's request. URO will enter request information into its system, produce letters, and fax and mail letters to stakeholders. Please note each UR review will include the completion of the UR objective (approving, modifying, or denying treatment request) and any resulting appeal. Resubmission from the provider for a lack of medical information denial within 30 days of the lack of medical denial determination is also included.

#### **15.10. Managed Care Program**

- a. Contractor shall be responsible for making and maintaining contracts with a variety of providers and networks for services covered under the Contract to deliver prompt and appropriate medical care to the City's injured employees at the rates contained in this Contract.
- b. The City of Los Angeles Managed Care Program is designed to:
  1. Protect the health and safety of City employees.
  2. Provide immediate and appropriate quality medical care.
  3. Return injured workers to duty in a productive and timely manner.
  4. Provide these benefits at a reasonable cost to the City.
  5. Ensure compliance with all applicable State Workers' Compensation Laws.
  6. Prevent Fraud.
  7. Increase the efficiency of the Workers' Compensation Analyst.

- c. Contractor shall provide monthly, quarterly, and annual savings reports that clearly demonstrate savings below fee schedule and other discounts.

#### **15.10.1. Pharmacy Benefits Management (PBM) and Durable Medical Equipment (DME) Networks**

- a. Contractor shall provide City with retail and mail order programs, which may be utilized by workers' compensation claimants to obtain pharmacy benefits and DME at or below State fee schedule. Approved City employees shall obtain prescriptions without incurring out-of-pocket expenses. All pharmacy and DME bills shall be re-priced to the corresponding State fee schedule or contracted rate, whichever is lower, to ensure maximum savings to City.
- b. The PBM/DME program will be capable of screening out medications/equipment that are not prescribed to cure or relieve the effects of the accepted injury as described in Sections 4600.1 and 4600.2 of the Labor Code. The PBM/DME program shall dispense authorized medications/equipment directly to injured employees in the most convenient and expedient method possible to the employee, minimizing any delays.
- c. Contractor's PBM/DME program will include/provide:
  - 1. The availability of a workers' compensation formulary so that prescriptions for drugs typically associated with workers' compensation claims are automatically approved and dispensed. Those drugs, which fall outside the formulary, shall only be dispensed upon approval from City or TPA. City reserves the right to modify such formulary at any time and to restrict or enable dispensing of specific drugs based on individual employee or other identifiable category, such as employee group.
  - 2. Twenty-four (24) hour turnaround time for non-mail orders, from the time the prescription is submitted to the pharmacy.
  - 3. Forty-eight (48) hour turnaround time for mail orders, from the receipt of order.
  - 4. On-line access of the Contractor's database of employee's bill information/utilization.
  - 5. Preclusion of issuance of drugs that have an adverse interaction by notifying the prescribing physician.

6. Prescription of generic drugs unless the prescribing physician specifies brand name only.
  7. Intake of prescriptions shall be accepted by employee's physician telephone call, fax, mail, or in person.
  8. A call center with a dedicated toll-free line to provide customer service support on a 24/7/365 basis. Call center shall be staffed by personnel who have a clear understanding of City's pharmacy design plan, drug coverage, formulary, and DME services.
  9. A process to identify RX or DME procedure(s) that fall outside the PBM DME program and provide a resolution process and timeline.
- d. At any time upon City's request, Contractor shall provide within (3) three business days of request, all employees' account information, including but not limited to all prescription information, authorizing physician, status of fill, refill available, etc. in an electronic format acceptable to the City. The Contractor shall fully cooperate as permitted by law to transfer prescriptions and related information to another provider, so as to facilitate uninterrupted prescription service with another vendor.
  - e. All pharmacy and DME bills will be subject to bill review before payment is made.

#### **15.10.2. Radiology Network**

- a. Contractor shall provide a full service Radiology Network to include MRI, CT scans and other radiology and diagnostic procedures at rates contained in this Contract.
- b. Contractor shall contact patients to schedule appointments within 24 hours of receiving referral information.
- c. Contractor shall complete all radiology services within 2 business days. Business days shall be calculated inclusive of the date and time MRI and/or CT scan is available to the Contractor and inclusive of the availability of the completed reading to the City by Contractor.
- d. Contractor shall provide referral and MRI/CT reading turnaround time report monthly or as requested by the City.
- e. All radiology bills will be subject to bill review before payment is made.

### **15.10.3. Nurse Case Management and Home Health**

- a. Contractor shall provide a Nurse Case Management and Home Health Network which will include registered nurse case managers and peer review physicians licensed and based in California or as approved by the City for services outside California to ensure the appropriateness of treatment and adherence by medical providers to generally accepted treatment protocols.
- b. Contractor shall comply with workers' compensation treatment standards recognized by State law, which is the latest ACOEM guidelines or, when not applicable, the AMA guidelines, Medical Treatment Utilization Review Schedule (MTUS), or other industry recognized, evidence based medical criteria. All case management referrals are subject to review and approval by City.

### **15.10.4. Transportation and Translation Network**

- a. Contractor shall provide a full service Transportation and Translation Network which will be reliable, timely and affordable.
- b. Contractor shall use appropriate mode of transportation, licensed and insured in California, based on the condition of the injured worker, and have a sufficient number of vans with lifts for non-ambulatory injured workers.
- c. Contractor shall provide safe transportation and follow all applicable safety standards. Drivers must be licensed in California and communicate effectively in English and treat injured workers with courtesy and respect.
- d. All vehicles and drivers must be licensed and insured. Vehicles must be clean, appropriately maintained and equipped with adequate heat and air conditioning.
- e. Translation services must be provided by a State approved and certified translator with fees at or below Fee Schedule and subject to bill review.

### **15.10.5. Ergonomic Network**

- a. Contractor shall provide a full service ergonomic network and perform:
  - On-site evaluations, follow-up evaluations and reevaluations for City employee work areas and workstations.

- Direct consultation with employee on proper posture, ergonomic best practices, risk factors, tips, exercises, and behavior modification to prevent and/or reduce injuries and reduce pain
- b. Contractor shall provide ergonomic equipment and pricing in accordance to list provided by the City's Safety Division or as approved by the City on a case by case basis.
  - c. Contractor shall provide written reports in three formats, hard copy and electronically in Word and PDF. The written reports must include at minimum:
    1. Person authorizing evaluation.
    2. Date of evaluation.
    3. Employee name and location being evaluated.
    4. Description of current workstation configuration.
    5. Information on observations and discussions with employee including if any metrics, risk factors chart, pain and discomfort levels.
    6. Findings and recommendations, including the most cost effective product recommendations and/or specifications, adjustments and suggestions for improving workstation efficiency and safety, and work habit corrections.
    7. Photographs of workstation, before and, if applicable, after workstation modifications.
    8. Employee's supervisor name, comments and signature.
    9. Hard copy and PDF reports must be signed by the evaluator.

#### **15.10.6. Job Analysis Network**

- a. Contractor shall provide a full service Job Analysis Network and perform on-site evaluations to obtain a complete job analysis.
- b. Contractor shall develop a Job Bank consisting of job analyses for the City in an acceptable format.
- c. Contractor shall provide written reports in three formats, hard copy and electronically in Word and PDF. The written reports must include at minimum:
  1. Person authorizing evaluation.
  2. Date of evaluation.
  3. Employee name and location being evaluated and signature.
  4. Employee's supervisor name, comments and signature.
  5. Observations and discussions with employee.
  6. Metrics, risk factors chart, pain and discomfort levels.
  7. Hard copy and PDF reports must be signed by the evaluator.

#### **15.10.7. Dental Network**

- a. Contractor shall provide City with a full service Dental Network and provide a discount rate below the provider's usual and customary fee. Dental specialists will include but not be limited to:
  - General Dentists
  - Endodontists (the root canal dentist)
  - Periodontists (the gum disease dentist)
  - Orthodontists (the braces dentist)
  - Prosthodontists (the fit/function dentist)
  - Oral Surgeons (the jaw and extraction dentist)
  - Dental Providers Specializing in TMJ (Surgical & Therapeutic)
- b. Dental network provider shall be knowledgeable with California Workers' Compensation laws and regulations.
- c. All dental bills will be subject to bill review before payment is made.

#### **15.10.8. Physical Medicine Network**

- a. Contractor shall provide City with Physical Medicine Network to include Physical Therapy, Occupational Therapy, Chiropractic treatment, functional capacity evaluations, work hardening/work conditioning, aqua therapy and other services.
- b. Contractor shall contact the patient to schedule appointments within 1 business day of receiving referral.
- c. Contractor shall provide report of turnaround times monthly or as requested by the City.
- d. All physical medicine bills will be subject to bill review before payment is made.

### **16. MINIMUM STANDARDS OF PERFORMANCE**

#### **16.1. General Performance Guarantee Provisions**

- a. City and Contractor have agreed to the following performance standards and to utilize Contractor's proposed "Quality Control Program" standards, procedure manuals, policy statements, and to utilize industry best practice standards, unless otherwise agreed or specified by the City. In addition, Contractor must conform with PSC-33 Contractor Responsibility Ordinance, and agree to conduct activities in accordance with its requirements.

- b. One or more formal audits of medical cost containment services during the term of this Contract may be conducted at City's expense to independently assess and critique the degree to which Contractor adheres to industry best practice standards and the terms of this Contract.

## **16.2. Periodic Review and Performance Monitoring**

- a. City will review and audit all services provided under this Contract physically and electronically throughout the term of this Contract. Contractor shall assist the City with reports and other information as necessary. Additionally, experienced City staff will be available to Contractor to serve as a reference and consultant on existing City procedures and policies for the management of Cost Containment Services.
- b. To facilitate the review of activities and to establish and maintain effective lines of communication, monthly meetings shall be held with staff of the Personnel Department, or as reasonably determined to be desirable by City. The City expects meetings to include all subcontractors initially or as requested by the City. Contractor will meet with Council Committees as reasonably necessary to address Contract performance or other concerns which may arise. Working meetings to discuss the program, policies, and any problems which may occur will also be held with liaison staff of the Fire and Police Departments.
- c. Contractor shall provide copies to the City of written financial control procedures and internal audit procedures used in providing services under this Contract, notify City of any modifications to those procedures during the term of this Contract, and be subject to audit by City's Controller's Office with regard to systems for controlling payments and reporting financial information. City's Controller may audit any or all payments using a method to be determined by the Controller. Controller's audit may be performed by City staff or contracted auditors working for City's Controller.
- d. Upon demand by the Workers' Compensation Division Chief or designee, Contractor shall fully cooperate and make all relevant records available for any audit. The scope of any financial audit related to this Contract shall be determined by City, but shall only include financial records directly related to the services being provided by Contractor under this Contract. Notwithstanding any other provision of this Contract to the contrary, City's Controller may audit that portion of the books and records of Contractor which apply to City's account at the sole discretion of City's Controller. The scope of any financial audit related to this contract shall be determined by City's Controller, but shall only include financial records directly related to the services being provided by Contractor under this Contract.
- e. Contractor shall immediately notify City of any internal or external audit scheduled by State or Federal auditors, which involves City claims and

services under this Contract. Contractor shall provide City with a copy of the results of any such audit.

### **16.3. Performance Reporting Requirements**

- a. Contractor shall provide the City with reports and records related to the performance of services under this Contract. The City reserves the right to final review and approval of the format on all reports, to request additional reports and/or request changes to existing reports, during the term of this Contract at no additional cost. Contractor generated report shall include, but are not limited to:
  - Utilization review status
  - Bill review status
  - PPO network(s) penetration and savings below Fee Schedule
  - Duplicate bills reviewed
  - Aging report
  - Bill review turnaround time
  - Savings
- b. Contractor shall provide ad hoc reports upon request within a mutually agreed upon timeframe at no cost to the City.
- c. Contractor shall provide a comprehensive annual statistical summary and narrative report evaluating the City's cost containment program documenting savings and making recommendations for improvement.

#### **16.3.1. WorkCompStat**

The City plans to utilize computerized statistics, called WorkCompStat, as a management tool to track and monitor Contractor's performance. Such statistics will include, but not be limited to, bill turnaround time, bill counts, PPO penetration and PPO savings, UR request turnaround, PBM savings and penetration and nurse case management outcomes. Contractor will compile statistics and charts as reasonably required by the City to track Contractor's performance, and meet with appropriate staff on a monthly basis to review the data and discuss methods for improvement. Contractor is expected to share such data and discussions with the City on a regular basis, and to aggressively pursue compliance with minimum goals established by the City in the area the City selects for inclusion in WorkCompStat. The City may also attend such meetings at its discretion.

### **16.4. Quality Assurance**

- a. Contractor shall establish and maintain a Quality Control Plan to assure that the requirements of this Contract are met. The plan shall include, but not be limited to, the following.

1. The methods for assuring and verifying that Contractor's staff are qualified and properly trained to perform the services required under this Contract.
2. A system for monitoring compliance with all the services under this Contract. It must specify the activities to be inspected/audited on either a scheduled or unscheduled basis and the title of the individual(s) who will perform the inspection/audits.
3. The methods of identifying, correcting and preventing deficiencies in the quality of service performed before the level of performance becomes unacceptable.

#### **16.5. Adjustments to Total Fees Paid**

The total fees paid pursuant to this Contract will be reduced for overpayments, fines, penalties, attorney's fees, interest, and other costs incurred by City due to the Contractor's or Subcontractor(s) acts, errors, and/or omissions which violate existing law, administrative procedure, or which fail to comply with industry generally accepted standard practices or failure to comply with any term or condition of this Contract as further set forth in Section 15.6 Adjustments for Overpayment, Fine, Penalty or Other Cost.

#### **16.6. Adjustments for Overpayment, Fine Penalty, or Other Cost**

The City shall offset payments due to Contractor for any overpayment, fine, penalty or defense cost incurred as a result of the Contractor's or Subcontractor(s) acts, errors, and/or omissions which violate existing law, administrative procedure, or which fail to comply with generally accepted standard practices or failure to comply with any term or condition of this Contract. No reimbursement by the Contractor is required under this Section if Contractor's or Subcontractor(s) act(s) and/or omission(s) were expressly approved or directed by an authorized City representative.

##### **16.6.1. Such failure includes but are not limited to the following:**

- Late payment or nonpayment of any medical bill as a result of Contractor's or Subcontractor(s) acts, errors, and/or omissions to any medical provider resulting in penalty, interest or attorney fees.
- Overpayment of any medical bill owed to any medical provider in a case due to Contractor's or Subcontractor(s) failure to comply with the general standards of care and generally accepted best practices of the workers' compensation claims administration industry or any written City policy provided to Contractor prior to the overpayment.

- Excessive payment to any medical provider in a case due to Contractor's or Subcontractor(s) failure to apply contracted PPO/Network rates or complies in a timely manner with the general standards of care and generally accepted best practices of the workers' compensation claims administration industry or any written City policy provided to Contractor prior to the excessive payment.
- Fines or penalty assessed against the Contractor or the City due to the Contractor's or Subcontractor(s) failure to comply with the general standards of care and generally accepted practices in the workers' compensation claims administration industry or any written City policy provided to Contractor prior to the failure by Contractor.
- Any overpayments, fines, penalties and interest caused by Contractor's or Subcontractor(s) failure to provide services under the Contract.

**17. TERM OF CONTRACT**

- The term of this Contract is July 1, 2013 through June 30, 2018. The service fees shall be based on the fees specified in this Contract and payment shall be subject to the availability of City budgeted funds.
- At the expiration of this Contract, all data owned by the City and provided to or processed by Contractor under this Contract ("Data") as well as all documents created for the City or provided by the City to Contractor under this Contract ("Documents") must be returned to the City or to another vendor designated by the City within the time period designated by the City for all Data and Documents upon termination of this Contract. Contractor shall transition Data and Documents efficiently, cooperatively, responsibly, and according to industry best practice standards. Contractor shall be responsible for the reasonable cost of transition. City may withhold any payments due Contractor until this requirement is satisfied.

**18. METHOD OF PAYMENT**

**18.1. Flat Annual Service Fees**

- The flat annual service fee shall be \$2,817,996 ("Flat Annual Fee") which will be invoiced to the City by Contractor on a monthly basis in an amount equal to \$234,833 ("Monthly Service Fee"). Any Overage Fees as detailed below will also be invoiced to the City by Contractor on a monthly basis or at the City's request as incurred. Services included in Appendix 2 are paid directly to the service providers by the City.

<b>Services Included</b>	<b>Fee</b>	<b>Annual Maximum</b>	<b>Overage Fees</b>
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	<b>Services Included</b>	<b>Fee</b>	<b>Annual Maximum</b>	<b>Overage Fees</b>
1	Bill Review	\$1,749,996	232,050 Bills	\$6.90/bill includes PPO fees
2	Anthem Blue Cross PPO California, Nevada, Colorado, Missouri, Kansas, Illinois	\$1,020,000	none	none
2a	Rockport PPO All other States outside of Anthem Blue Cross PPO	\$48,000	\$400,000 in PPO Savings	12% of PPO Savings
3	First Care Panel	Management included in Bill Review and PPO fees	none	none
4	Pharmacy Benefits Management Program	Management included in Bill Review and PPO fees	none	none
5	DME Network	Management included in Bill Review and PPO fees	none	none
6	Radiology Network	Management included in Bill Review and PPO fees	none	none
7	Nurse Case Management	Management included in Bill Review and PPO fees	none	none
8	Home Health Network	Management included in Bill Review and PPO fees	none	none
9	Transportation and Translation Network	Management included in Bill Review and PPO fees	none	none
10	Ergonomic and Job Analysis Network	Management included in Bill Review and PPO fees	none	none
11	Dental Network	Management included in Bill Review and PPO fees	none	none
12	Specialty Physical Medicine Network	Management included in Bill Review and PPO fees	none	none

- b. Notwithstanding any other provision of this Contract, City shall not be obligated for Contractor's performance hereunder or by any provision of this Contract during any of City's future fiscal years unless and until City appropriates funds for this Contract in City's Budget for each such future fiscal year. If no appropriation is made, then Contractor's obligation to

perform services shall cease when funding is exhausted and this Contract will terminate on the last day of the fiscal year for which there was an appropriation. City shall notify Contractor in writing of any such non-allocation of funds at the earliest possible date.

- c. Contractor understands and agrees that it may not make any financial commitment on behalf of City, incur any cost or expense on behalf of City, or obligate City to make payments for any costs or expenses, unless express prior written approval is granted by the City.

**18.2. Other Service Fees**

- a. Other service fees in addition to \$2,817,996 Flat Annual Fee shall be as follows:

Services Included	Fee	Description
1 Utilization Review	\$6	Level 1 – see Contract Section 15.9
	\$10	Level 2 – see Contract Section 15.9
	\$35	Level 3 – see Contract Section 15.9
	\$35	Level 4 – see Contract Section 15.9
	\$175	Level 5 – see Contract Section 15.9
2 MPN	\$15,000	MPN Self Service Administration System, Initial startup and MPN filing support
	\$15,000	MPN Self Service Administration System annual maintenance fee / \$1,250 per month. Not inclusive of any custom programmatic support (\$150 per hour).
	\$15,000	MPN Self Service Notification System Access annual maintenance fee / \$1,250 per month. Not inclusive of notification support to providers or employees (printing and postage at cost).
* Above fees includes custom provider finder with up to 52 refreshes per year. However additional costs will apply based on scope if PBM or other non-Anthem networks are included in directory		

- b. The fees outlined in the table above (“Other Service Fees”) will be invoiced to City by Contractor on a monthly basis or at City’s request, as such Other Service Fees are incurred.

**18.3. Total Obligation**

City’s total obligation for the period July 1, 2013 through June 30, 2014 will not exceed \$9,829,316 from the Workers’ Compensation contractual services account, which includes Flat Annual Service Fee of up to \$2,817,996 and up to \$7,011,320 for Other Service Fees and overages for complete and

satisfactory performance of the terms of this Contract. Should the City determine that the contract limit will be exceeded in any contract period, the Contract will be amended to cover the additional amount.

City's total obligation for the period July 1, 2014 through June 30, 2015 will not exceed \$9,829,316 from the Workers' Compensation contractual services account, which includes Flat Annual Service Fee of up to \$2,817,996 and up to \$7,011,320 for Other Service Fees and overages for complete and satisfactory performance of the terms of this Contract. Should the City determine that the contract limit will be exceeded in any contract period, the Contract will be amended to cover the additional amount.

City's total obligation for the period July 1, 2015 through June 30, 2016 will not exceed \$9,829,316 from the Workers' Compensation contractual services account, which includes Flat Annual Service Fee of up to \$2,817,996 and up to \$7,011,320 for Other Service Fees and overages for complete and satisfactory performance of the terms of this Contract. Should the City determine that the contract limit will be exceeded in any contract period, the Contract will be amended to cover the additional amount.

City's total obligation for the period July 1, 2016 through June 30, 2017 will not exceed \$6,329,316 from the Workers' Compensation contractual services account, which includes Flat Annual Service Fee of up to \$2,817,996 and up to \$3,511,320 for Other Service Fees and overages for complete and satisfactory performance of the terms of this Contract. Should the City determine that the contract limit will be exceeded in any contract period, the Contract will be amended to cover the additional amount.

City's total obligation for the period July 1, 2017 through June 30, 2018 will not exceed \$6,329,316 from the Workers' Compensation contractual services account, which includes Flat Annual Service Fee of up to \$2,817,996 and up to \$3,511,320 for Other Service Fees and overages for complete and satisfactory performance of the terms of this Contract. Should the City determine that the contract limit will be exceeded in any contract period, the Contract will be amended to cover the additional amount. The City's total five-year obligation will not exceed \$42,146,580.

Any additional amounts due to be paid by City to Contractor for Other Service Fees and overages not paid under this Contract will be paid against the claim in which the service or overage occurred. Other Service Fees and overages will not exceed \$1,000,000 per contract year and will not exceed \$5,000,000 for the term of the contract.

## **19. WARRANTY AGAINST CONTINGENT FEES**

- a. Contractor warrants that no person or selling agency has been employed or retained to solicit or secure this Contract for a commission, percentage,

brokerage, or contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by Contractor for the purpose of securing business.

- b. For breach of this warranty, City shall have the right to terminate this Contract and, at its sole discretion, deduct from the Contract price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage or contingent fee.

## **20. RATIFICATION CLAUSE**

Due to the need for Contractor's services to be provided, Contractor may have provided services prior to the execution of this Contract. To the extent that said services were performed in accordance with the terms and conditions of this Contract, those services are hereby ratified.

## **21. FIRST SOURCE HIRING ORDINANCE**

Unless otherwise exempt in accordance with the provisions of this Ordinance, this Agreement is subject to the applicable provisions of the First Source Hiring Ordinance (FSHO), Section 10.44 et seq. of the Los Angeles Administrative Code, as amended from time to time.

1. Contractor shall, prior to the execution of the Agreement, provide to the DAA a list of anticipated employment opportunities that Contractor/Consultant estimate they will need to fill in order to perform the services under the Agreement.
2. Contractor further pledges that it will, during the term of the Agreement, a) At least seven business days prior to making an announcement of a specific employment opportunity, provide notifications of that employment opportunity to the Economic and Workforce Development Department (EWDD), which will refer individuals for interview; b) Interview qualified individuals referred by EWDD; and c) Prior to filling any employment opportunity, the Contractor shall inform the DAA of the names of the Referral Resources used, the names of the individuals they referred, the names of the referred individuals who the Contractor interviewed and the reasons why referred individuals were not hired.
3. Any Subcontract entered into by the Contractor relating to this Agreement, to the extent allowed hereunder, shall be subject to the provisions of FSHO, and shall incorporate the FSHO.
4. Contractor shall comply with all rules, regulations and policies promulgated by the designated administrative agency, which may be amended from time to time.

5. Where under the provisions of Section 10.44.13 of the Los Angeles Administrative Code the designated administrative agency has determined that the Contractor intentionally violated or used hiring practices for the purpose of avoiding the article, the determination must be documented in the Awarding Authority's Contractor Evaluation, required under Los Angeles Administrative Code Section 10.39 et seq., and must be documented in each of the Contractor's subsequent Contractor Responsibility Questionnaires submitted under Los Angeles Administrative Code Section 10.40 et seq. This measure does not limit the City's authority to act under this article.

Under the provisions of Section 10.44.8 of the Los Angeles Administrative Code, the Awarding Authority shall, under appropriate circumstances, terminate this Agreement and otherwise pursue legal remedies that may be available if the designated administrative agency determines that the subject Contractor has violated provisions of the FSHO.

## **22. LIMITATION OF CITY'S OBLIGATION TO MAKE PAYMENTS TO CONTRACTOR**

City's obligation to make payments under this Contract shall be limited to the current appropriation(s) for that purpose. If City appropriates additional funds for this Contract, City payment obligations shall be expanded to the extent of such appropriation(s), subject to the terms and conditions of the Contract. Contractor shall not provide any services, goods or equipment, and City shall not pay for any services, goods or equipment provided in excess of the funds appropriated by City for this Contract. City shall notify Contractor in writing of any subsequent appropriations of funds for services under this Contract.

### **22.1. Budget Reductions**

In the event that the City Council adopts, in any fiscal year, a City Budget which provides for reductions in the salaries and benefits paid to the majority of City employees and imposes similar reductions with respect to City Contracts, City reserves the right to reduce its payment obligation under this Contract correspondingly for that fiscal year and any subsequent fiscal year during the term of this Contract (including any extensions), and the services to be provided by Contractor under this Contract shall also be reduced correspondingly. City's notice to Contractor regarding said reduction in payment obligation shall be provided within thirty (30) calendar days of the City Council's approval of such actions. Except as set forth in the preceding sentence, Contractor shall continue to provide all of the services set forth in this Contract.

### **22.2. Most Favored Public Entity**

If Contractor's prices decline, or should Contractor at any time during the term of this Contract provide the same goods or services under similar quantity and delivery conditions to the State of California or any county, municipality, or

district of the State at prices below those set forth in this Contract, then such lower prices shall be immediately extended to City.

### **22.3. Non Exclusivity**

Nothing herein is intended nor shall be construed as creating any exclusive arrangement with Contractor. This Contract shall not restrict City from acquiring similar, equal or like goods and/or services from other entities or sources.

### **22.4. Invoices**

- a. Contractor shall prepare and submit invoices to City setting forth the services performed for which payment is requested. Invoices must be submitted to:

David Noltemeyer  
Workers' Compensation Division Chief  
City of Los Angeles Personnel Department  
700 E. Temple Street, Room 210  
Los Angeles, California 90012

- b. To ensure that services provided under personal services contracts are measured against services as detailed in the Contract, City's Controller has developed a policy requiring that specific supporting documentation be submitted with invoices.
- c. Contractor is required to submit invoices that conform to City standards and include, at a minimum, the following information:
  1. Name and address of Contractor
  2. Name and address of City department being billed
  3. Date of the invoice and period covered
  4. Reference to Contract number or authority (purchase order) number
  5. Description of completed task and amount due for the task
  6. Original manufacturer's invoice for items where cost or cost plus is supported by Contract
  7. Payment terms, total due and due date
  8. Certification by a duly authorized officer

9. Discounts and terms (if applicable)

10. Remittance Address (if different from Contractor's address)

- d. All invoices shall be submitted electronically and will be on Contractor's letterhead, contain Contractor's official logo, or contain other unique and identifying information such as name and address of Contractor. Invoices shall be submitted on a calendar month basis and within 30 days of service. In no event shall payment be made prior to City's verifying and approving: 1) the services were received; 2) the work was approved and; 3) a full and complete invoice has been submitted. City shall pay all properly submitted invoices within thirty (30) days of receipt of invoice.
- e. Invoices and supporting documentation shall be prepared at the sole expense and responsibility of Contractor. City shall not compensate Contractor for any costs incurred for invoice preparation. City may request, in writing, reasonable changes to the content and format of the invoice and supporting documentation at any time. City reserves the right to request additional supporting documentation to substantiate costs at any time.
- f. Tasks that are completed by subcontractors shall be supported by subcontractor invoices, reports, brochures, or other unique documentation that substantiates their charges or services.
- g. Failure to adhere to these policies may result in non-payment or non-approval of demands, pursuant to Charter Section 262(a), which requires City's Controller to inspect the quality, quantity, and condition of services, labor, materials, supplies or equipment received by any office or department of City, and approve demands before they are drawn on the Treasury.

## **23. TERMINATION**

### **23.1. Termination for Convenience**

City may terminate this Contract for City's convenience at any time by giving Contractor thirty (30) days written notice thereof. Refer to Standard Provisions for City Contracts (3-09), PSC-10.

### **23.2. Termination for Breach of Contract**

The termination language in the Standard Provisions will apply.

## **24. AMENDMENTS/MODIFICATIONS/CHANGES**

Provisions for amendment are in the Standard Provisions for City Contracts (Rev. 3/09).

## **25. CONTRACTOR RECORDS**

Contractor shall maintain and preserve books of account and other financial transactions which relate to the services performed pursuant to this Contract. Contractor shall retain such books and records for at least three (3) years following the final payment made by City hereunder. At any time during the term of this Contract or within three (3) years following payment hereunder, all of Contractor's books, documents, papers, and records pertaining to this Contract and services provided shall be subject to examination and audit by authorized City personnel or City's representative.

## **26. CONTRACTOR EVALUATION ORDINANCE**

When the term of this Contract has expired, City will conduct an evaluation of Contractor's overall performance. City will also conduct regular evaluations of Contractor's performance during the term of the Contract. As required by Section 10.39.2 of the Los Angeles Administrative Code, Evaluations of City Personal Services Contracts, evaluations will be based on a number of criteria, including the quality of the work product or service performed the timeliness of performance, financial issues and the expertise of personnel that Contractor assigns to this Contract. A Contractor who receives a "Marginal" or "Unsatisfactory" rating will be provided with a copy of the final City evaluation and allowed fourteen (14) calendar days to respond. City will use the final City evaluation and any response from Contractor to evaluate Proposals and to conduct reference checks when awarding future service contracts.

## **27. STANDARD PROVISIONS**

### **27.1. Standard Provisions for City Contracts**

Contractor agrees to comply with the Standard Provisions for City Contracts (Rev. 03/09), attached hereto in Appendix 3 and made a part hereof.

### **27.2. Warranty**

Contractor warrants that the work performed hereunder shall be completed in a manner consistent with professional standards among those firms in Contractor's profession, doing the same or similar work, under the same or similar circumstances.

### **27.3. Licenses and Permits**

Contractor must possess and maintain valid licenses and permits required to perform the services described herein.

### **27.4. Compliance with Statutes and Regulations**

Contractor, in the performance of this Contract, shall comply with all applicable statutes, rules, regulations, and orders of the United States, the State of California, the County and City of Los Angeles. Contractor shall comply with

new, amended, or revised laws, regulations, and procedures that apply to the performance of this Contract.

#### **27.5. Compliance with Los Angeles City Charter Section 470(c)(12)**

The Contractor, Subcontractors, and their Principals are obligated to fully comply with City of Los Angeles Charter Section 470(c)(12) and related ordinances, regarding limitations on campaign contributions and fundraising for certain elected City officials or candidates for elected City office if the contract is valued at \$100,000 or more and requires approval of a City elected official. Additionally, Contractor is required to provide and update certain information to the City as specified by law. Any Contractor subject to Charter Section 470(c)(12), shall include the following notice in any contract with a subcontractor expected to receive at least \$100,000 for performance under this contract:

##### *Notice Regarding City of Los Angeles Campaign Contribution and Fundraising Restrictions*

As provided in Charter Section 470(c)(12) and related ordinances, you are subcontractor on City of Los Angeles Contract No. C-122496. Pursuant to City Charter Section 470(c)(12), subcontractor and its principals are prohibited from making campaign contributions and fundraising for certain elected City officials or candidates for elected City office for 12 months after the City contract is signed. Subcontractor is required to provide contractor names and addresses of the subcontractor's principals and contact information and shall update that information if it changes during the 12 month time period. Subcontractor's information included must be provided to contractor within 10 business days. Failure to comply may result in termination of the contract or any other available legal remedies including fines. Information about the restrictions may be found at the City Ethics Commission's website at <http://ethics.lacity.org/> or by calling 213/978-1960.

Contractor, Subcontractors, and their Principals shall comply with these requirements and limitations. Violation of this provision shall entitle the City to terminate this Agreement and pursue any and all legal remedies that may be available.

#### **27.6. Iran Contracting Act Of 2010**

In accordance with California Public Contract Code Sections 2200-2208, all bidders submitting proposals for, entering into, or renewing contracts with the City of Los Angeles for goods and services estimated at \$1,000,000 or more is required to complete, sign, and submit the "Iran Contracting Act of 2010 Compliance Affidavit."

## **28. TAXES**

All costs contained herein are inclusive of any applicable State of California Sales, California Use Taxes or Federal Excise Tax. Such taxes are the only taxes for which the City shall be liable for payment, and any such taxes shall be separately identified on Contractor's invoices. If the City asserts in writing that such fees are not subject to tax and provides reasonable support for its conclusions or provides Contractor with an exemption certificate, Contractor will refrain from collecting and remitting any taxes with respect to any fees charged pursuant to this Contract. Contractor agrees to abide by the Board of Equalization's determination for all Sales or Use Taxes and payment thereof, and shall adjust for any overpayment or underpayment of such taxes to date on the next regularly scheduled invoice following receipt of the determination. Contractor agrees to assist the City in preparing and filing any application for a refund of any overpayment of such taxes. Contractor will be solely responsible for reporting and paying taxes on its income or net worth and the taxes assessed by the City under the Business Tax Revenue Certificate (BTRC). Should Contractor become indebted to the City from its obligations to pay its taxes under its BTRC, the City reserves the right to offset any amounts owed pursuant to Charter Section 264 which requires the Controller to deduct the amount of the indebtedness from any demand on the Treasury.

## **29. INCORPORATION OF ATTACHMENTS**

This Contract consists of the following documents. In the event of an inconsistency between any of the provisions in these documents, the inconsistency shall be resolved by giving precedence in the following order:

- This Contract
- Appendix 1 System Handout
- Appendix 2 Discount Rates and Fees
- Appendix 3 Standard Provisions for City Contracts (Rev. 03/09)
- Appendix 4 Payor Agreement(s)

## **30. ENTIRE CONTRACT**

This Contract and the Exhibits hereto constitute the complete and exclusive statement of understanding between the parties, and supersede all previous Contracts, written and oral, and all communications between the parties relating to the subject matter of this Contract. No change to this Contract shall be valid unless prepared pursuant to Contract Section 24, Amendments/Modification/Changes, and signed by both parties.

This Contract is executed in three (3) duplicate originals, each of which is deemed to be an original.

**(Signature Page to Follow)**

**IN WITNESS THEREOF**, the parties hereto have caused this Contract to be signed by their respective duly authorized representatives.

**CITY OF LOS ANGELES  
PERSONNEL DEPARTMENT**

**STRATACARE, LLC**

By: \_\_\_\_\_  
WENDY G. MACY  
General Manager

By: \_\_\_\_\_  
Robert Willett  
Senior VP, Managing Director

Date: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Brent Maclean  
COO

Date: \_\_\_\_\_

**APPROVED AS TO FORM:**

**ATTEST:**

Michael N. Feuer, City Attorney

Holly L. Wolcott, City Clerk

By: \_\_\_\_\_  
Tanea Ysaguirre  
Deputy City Attorney

By: \_\_\_\_\_  
Deputy City Clerk

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Approved Signature Methods:

- 1) Two signatures: One of the Chairman of the Board of Directors, President, or Vice-President, and one of the Secretary, Assistant Secretary, Chief Finance Officer, or Assistant Treasurer.
- 2) One signature of a Corporate-designated individual together with a properly attested resolution of the Board of Directors authorizing the individual to sign.

City Business License Number \_\_\_\_\_

Internal Revenue Service Taxpayer Identification Number \_\_\_\_\_

Contract Number C-122496

**APPENDIX 1**  
**Systems Handout**



# **SYSTEMS HANDOUT FOR MEDICAL BILL REVIEW, COST CONTAINMENT AND MANAGED CARE SERVICES PROGRAM**

## **System Requirements**

1. Contractor will obtain a broadband T1 line connection or other City approved connection to the City's backbone network connection located at City's designated location and managed and administered by City's Information Technology Agency (ITA) Department.
2. Provide a dedicated File Transfer Protocol (FTP) Server for the purpose of importing and exporting documents between the City of Los Angeles' (City) document management and workflow system (eFlo) and the Contractor.
3. Provide professional staff as necessary to:
  - a. Support the system interface with eFlo and with AS400 Workers' Compensation System (LINX) or other City system(s) necessary to perform services under the Contract.
  - b. Modify the Contractor's applications in order to properly interface with any system requirements when needed to perform services under the Contract
4. Provide and maintain workstations for remote connection to eFlo as needed to perform services under the Contract.
5. Provide support staff and environment to import and export daily and weekly files related to claims, vendors, and payments to and from LINX, eFlo, and other City system(s).
6. Contractor will provide support staff and environment to import and export detail data related to Explanation of Benefits (EOBs) to City on a regular basis.
7. Provide support staff to respond timely to inquiries related to files imported, exported and Contractor's systems status.
8. Provide communication network and software to comply with the State of California's mandated Electronic Data Interchange (EDI) program.
9. Provide the State of California with mandated claim information.
10. Provide off-site disaster recovery facility for the storage of system data and application files.
11. Provide services, support, and system(s) necessary to perform services under the Contract.



## **1 System Interfaces**

### **1.1 eFlo**

eFlo is the Workers' Compensation Division's document management and workflow system, otherwise known as its imaging system. All claim-related documents received in the Division, such as claim forms, bills, medical reports, and correspondence are scanned into the system. The documents are then routed to the appropriate staff (Adjustors) for processing using information retrieved from both the LINX and City's Payroll (PAYSR) systems. The City may replace eFlo; therefore Contractor is required to be able to interface with the new imaging system platform.

### **1.2 LINX**

The City currently uses proprietary software, called LINX, to process its workers' compensation claims. It was specifically designed for the City by AON Corporation and has been in use since October 1990. LINX runs on an IBM AS/400 platform and has been customized to meet the City's unique requirements. Technical support and all system related equipment (routers, servers, tape backup, etc.) required for the operation of the system are currently provided by an outside vendor located in Irvine, CA. The City may replace LINX; therefore Contractor is required to be able to interface with any platform that the new computerized workers' compensation claim system will be utilizing.

## **2 System Input/Output**

### **2.1 eFlo**

The City's eFlo Imaging System has been in production since March 2006. One of the main functions of this system is exporting bills and supporting documents for review and importing related Explanation of Benefits (EOB) documents back to the system for further processing.

#### **2.1.1 Export and Import Documents**

The City initiates all the document exporting and importing between the eFlo Imaging System and the FTP Server. Documents are grouped in cases. Each case contains a bill with a sub-document-type of HCFA or Itemized Bill and its supporting documents. These supporting documents include but are not limited to the following file formats: Acrobat (.pdf), Image (tif, jpg, bmp, etc.), MS Word (doc, docx), MS Excel (xls, xlsx), and Text (csv, txt, log, etc.). Contractor is required to ensure that their computerized claim system can accept the above file formats and any other file formats that the City deems necessary for its computerized claim system. In addition, a Header File with



the file extension of .DAT that contains the data about the case is also being exported with each case (see Exhibit A for information on Import and Export file formats).

### **2.1.2 Exported Documents FTP Server**

Exported documents will be placed in one directory on the FTP Server (i.e. ToBillReviewVendorName). Each of these cases will have one of the following statuses in the Header File: Ancillary, D-Override, Export Failure, Hospital Bill, Med-Legal, New Bill, New Non-Reviewable, Partial Payment, PT over 24, Q-Override, Reconsideration, Review Only, State Non-Reviewable and T-Override. Statuses may be added or removed by the City as required. These statuses are utilized for bill review to distribute documents into folders for importing documents back to the City's eFlo Imaging System. Another use of the statuses is for the payment file. Bill Vendor is required to include the status of each bill being reviewed on payment file in the override indicator as follows:

D-Override as D  
Q-Override as Q  
T-Override as T  
Reconsideration as R  
Med-Legal blank  
New Bill blank

### **2.1.3 Bill Vendor Tracking**

Contractor is required to validate that each case of documents being imported to their system has a Bill-Vendor-Tracking-ID and that there is a document with a sub-document-type of HCFA or Itemized Bill in each case. Contractor will complete validation and notify the City of invalid cases daily and implement corrective action subject to City approval.

### **2.1.4 Explanation of Benefits and Related Documents**

The EOBs and related documents (i.e. denial letters) that are ready to be sent back to the City's eFlo Imaging System are to be placed in the eight different folders in the FTP Server as follow:

1. Review Only EOBs will be placed in the folder with this path:  
FromBillReviewVendorName/EORImages/ReviewOnly.
2. EOBs with a zero recommended amount will be placed in the folder with this path: FromBillReviewVendorName/EORImages/ZeroPay.



3. EOBs with a positive recommended amount and is not a late payment will be placed in the folder with this path:  
FromBillReviewVendorName/EORImages/Pay
4. Late payment EOBs with a positive recommended amount to pay will be placed in the folder with this path:  
FromBillReviewVendorName/EORImages/LatePayment

Late payment is calculated as follows:

Use the date the EOB is created minus DocCreateDate (from Header File). EOB is considered as late payment if the result of the calculation is 53 calendar days or more.

5. Reconsideration EOBs with a positive recommended amount to pay will be placed in the folder with this path:  
FromBillReviewVendorName/EORImages/ReconEOR
6. Reconsideration EOBs with a zero recommended amount to pay will be placed in the folder with this path:  
FromBillReviewVendorName/EORImages/ReconZeroPayDenial
7. Late payment Reconsideration EOBs with a positive amount to pay will be placed in the folder with this path:  
FromBillReviewVendorName/EORImages/ReconLatePayment

Late payment is calculated as follows:

Use the date the EOB is created minus DocCreateDate (from Header File). EOB is considered as late payment if the result of the calculation is 53 calendar days or more.

8. Bill images for electronic billing will be placed in the folder with this path:  
FromBillReviewVendorName/eorimages/urbill

Contractor must be able to add or delete folders as necessary to perform services under the Contract.

## 2.2 LINX

The City has been using LINX for claim processing since early 1990. This system also provides the claim payment processing functions. Bill Vendor is required to interface with this system to transmit the payment files and to obtain the necessary claim information for bill reviewing process. Bill Vendor is also required to send the State of California the updated claim payment information. This will require the Bill Vendor to obtain the payment information from LINX on a regular basis.



1. The three files that Bill Vendor obtains from LINX include Vendor information (File A), the Active Workers' Compensation Claim information (File B), and the EDI Data (File C), see Exhibit B.
2. The Bill Vendor uploads the Payment Data file (File D) on a daily basis, or whenever is available, into LINX, see Exhibit B for file format.
3. The Bill Vendor is required to provide a web site where the City's Workers' Compensation staff and its Third Party Administrator's (TPA) staff can access and verify the status of bills submitted for review. Staff should be able to view, print or download the documents (i.e. EOBs, bills) from the site into their computerized system for further processing when needed.
4. Bill Vendor is responsible to compile the Electronic Data Interchange (EDI) in the format that the State of California requires, at no cost to the City. This process includes downloading the EDI Data file from LINX, merging it with the related data that is in Contractor's claim database and transmitting the file based on the schedule that is determined by the State.



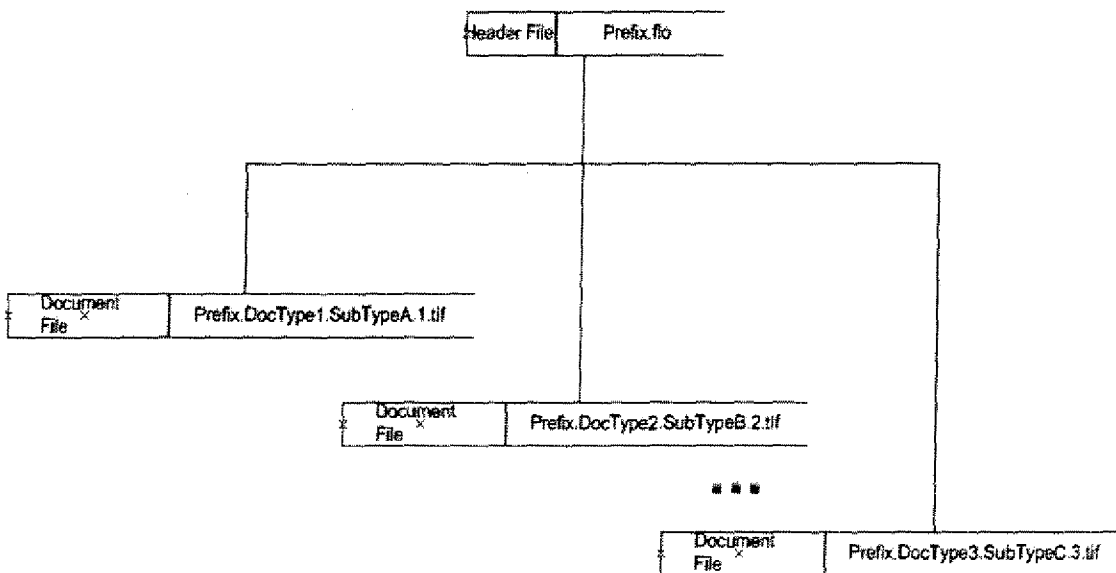
## Exhibit A

### Import/Export File Formats

The eFlo Import/Export functions require that data be transmitted via a Header File and associated Document Files, each of which must conform to a specified format and naming convention.

### Naming Convention

The diagram in Exhibit 1 provides an overview of the naming convention that eFlo writes out for the export process and expects when receiving data for the import process.



**Exhibit 1**  
**File Naming Convention**

The *Header File* name is a 2-part name as follows:

- **Prefix** – Any agreed upon value can be used as a prefix. Currently, the City utilizes the Case ID as the Prefix on the exporting header file because it is unique in the eFlo system. For the same reason, the Document Control Number (DCN) is suggested as the prefix on the importing header file. All relevant data values are expected to be in the contents of the Header File.
- **Extension** – To insure that eFlo does not pick up files from any other application, an extension of “flo” is to be used to identify Header Files relevant to the eFlo process. The file extension .DAT is being used on the Header File for exporting to Bill Vendor, while for importing to eFlo Imaging System the Header File is using the .FLO file extension.



The *Document File* name requires at least a 4-part name as follows:

- **Prefix** – Must match the prefix used to name the Header File, as this serves as the relational key indicating that the document file is support for the case identified in the Header File.
- **Document Type** – Any given eFlo implementation, contains one-to-many pre-configured document types. The external entity will be provided with the list of document types and descriptions expected in both the export and import process. The document type that best describes the content of the Document File is provided.
- **Sub Document Type** – Any given eFlo implementation, contains one-to-many pre-configured sub document types. The external entity will be provided with the list of document types and descriptions expected in both the export and import process. The document type that best describes the content of the Document File is provided.
- **Miscellaneous** – After the three required parts above, any number of additional parts can be added by the sender. Here, the sender could add any additional information that might, for instance, aid in troubleshooting.
- **Extension** – Identifies the type of document, such as:
  - **TIF** – TIFF files
  - **DOC** – Word document
  - **XLS** – Excel file
  - **PDF** – Adobe PDF file
  - **Add other types.**

These extensions must be the last part of the filename.

The eFloImporter retrieves and processes each header/document files collection. Each document file is committed as a separate document in the repository, using the index values stored in the header file. The document type and sub-document type assigned to the document are based either on the ImportPackages record (i.e., DefaultDocumentType and DefaultSubDocumentType properties), or on the Document Type and Sub-Documnt Type parts of the Document File name.

### Header File Format

The Header File uses a text file, CSV format (i.e., comma separated) and must include a header row with the name of each field in file. The next row contains the data specific to the case either being exported from or imported into eFlo. The following provides a sample of a possible import header file:

```
Name, Rank, SSN  
John, Doe, 123456789
```

The fields that must be included in the given file must be agreed to with the external entity and conform to specific naming conventions as dictated by the eFlo Administrator.

In the next section, the details specific to communication between LADOP and 3<sup>rd</sup> Party Vendors are defined.



**Customer Specific Notes – LADOP**

As LADOP processes bills in eFlo, users will forward those cases that require Bill Vendor review to the Bill Vendor – New Work mailbox. The eFlo Automaton monitors this mailbox and automatically exports each case and its associated documents to a directory that the Bill Vendor monitors.

After the Bill Vendor finishes processing the Bill, an Explanation of Benefits (EOB) will be returned through the eFlo import process. The Bill Vendor will format a Header File and return relevant identifying information along with a Document File containing the EOB.

**Export File Contents**

The Header File sent to the Bill Vendor will contain the data elements listed in the Export Header File Format table below. Since that data is transmitted in a file, the formats of each are included:

**Export Header File Format**

Field Name	Format	Required	Description
BillVendorTrackingID	#####0	Y	eFlo generated ID that the Bill Vendor must return with the EOB so that eFlo can match it with work in process.
case_id	#####0	Y	The eFlo case that originated the request to the Bill Vendor. This value must also be returned. The separate BillReviewID is required due to the fluid nature of the CaseID.
Year	0000	N	The first four characters of the claim number, which represents the claim year.
Location	000000	N	The next six characters of the claim number, which represents the department of the claimant.
Claim	000000	N	The final six characters which insures the uniqueness of the complete claim number.
SSN	000000000	N	The claimant's SSN.
LastName	string(30)	N	The claimant's last name.
FirstName	string(25)	N	The claimant's first name.



Field Name	Format	Required	Description
Status	string(25)	Y	The status of the case, in eFlo, prior to export. The Bill Vendor will be provided a list of statuses and their descriptions.
DocCreateDate		Y	The date the document (s) was scanned into the eFlo Imaging System.

### Exported Document Types

The following table provides a list of document types which may be included in related Document Files as part of the case export.

Document Type	Required	Description
Bill	Y	

### Import File Contents

The Header File returned by the Bill Vendor will contain the data elements listed in the Import Header File Format table below. Since that data is transmitted in a file, the formats of each are included:

### Import Header File Format

Field Name	Format	Required	Description
BillVendorTrackingID	#####0	Y	As provided to the Bill Vendor in the original export file.
case_id	#####0	Y	As provided to the Bill Vendor in the original export file.
Year	0000	N	As provided to the Bill Vendor in the original export file.
Location	000000	N	As provided to the Bill Vendor in the original export file.
Claim	000000	N	As provided to the Bill Vendor in the original export file.
SSN	000000000	N	As provided to the Bill Vendor in the original export file.
LastName	string(30)	N	As provided to the Bill Vendor in the original export file.
FirstName	string(25)	N	As provided to the Bill Vendor in the original export file.
BillReviewNumber	#####0	Y	Bill Vendor insert this field from their claim system
BillBatchID	#####0	Y	Bill Vendor insert this field from their claim system
Amount	#####0	Y	Bill Vendor insert this field



Field Name	Format	Required	Description
			from their claim system
PayToName	String(35)	Y	Bill Vendor insert this field from their claim system

**Imported Document Types**

The following table provides a list of document types which may be included in related Document Files as part of the case export.

Document Type	Required	Description
Evaluation of Bill	Y	



## Exhibit B

Bill review vendor will connect to the LINX system vendor network server daily to check for any data files that need to be downloaded. The three files that they download include the Vendor Information (File A), Active Workers' Comp Claims Information (File B), and the EDI Data file (File C). Bill review vendor also uploads the Payment Data file (File D) to the LINX system vendor for check printing after they finish reviewing the bills.

Following are the record layout for the three files.

### File A Vendor information

Note: This file is created every weeknight (Monday to Friday exclude City's Holidays). The file includes all vendors without the Restrict Pay Code "S". At this time there are approximately 69,000 vendor records.

```
FILE . . : LWLAPTF RECORD FORMAT . : LWLAPTFM RECORD LENGHT . . : 199
LIBRARY . : CITYDATA FILE TYPE . . . : PF NUMBER OF FIELDS. : 13
TEXT . . : WORKER'S COMPENSATION BILLER TAPE - zoned number#
FIELD TYPE SIZE KEY TEXT
PRESU# Zoned 5,0 BILLER NUMBER
PRBNM1 Char 28 BILLER NAME 1
PRBNM2 Char 28 BILLER NAME 2
PRBAD1 Char 30 BILLER ADDRESS 1
PRBAD2 Char 30 BILLER ADDRESS 2
PRBCTY Char 23 BILLER CITY
PRSTAT Char 2 BILLER STATE
PRZIP5 Zoned 5,0 BILLER ZIP CODE 1-5
PRZIP4 Zoned 4,0 BILLER ZIP CODE 6-9
PRIRS# Zoned 9,0 IRS #
PRSUFX Char 2 IRS # SUFFIX
PRVTYP Char 3 PROVIDER TYPE
PRFILL Char 30 FILLER
```

### File B Active Workers' Compensation Claim Information

Note: This file is created every weeknight (Monday to Friday exclude City's Holidays). The file includes all records in Active Claim file which has last transaction on or later than 07/01/1991. As of July 3, 2008 there are 18,793 records.

```
FILE . . : LWCLMSPF RECORD FORMAT . : LWCLMSFM RECORD LENGHT . . : 427
LIBRARY . : RTSLADTA FILE TYPE . . . : PF NUMBER OF FIELDS. : 32
TEXT . . : Claims File to be picked up by STRATCARE(new)
FIELD TYPE SIZE KEY TEXT
CLAIM# Char 16 1 LOC+POLICY YEAR+CLAIM#
POLIC# Char 12 POLICY NUMBER
EXAMN# Char 4 EXAMINER##ADJUSTER#
ADJTER Char 15 ADJUSTER NAME
INJDAT Char 8 INJURY DATE
SSN Char 9 SOCIAL SECURITY#
STATUS Char 1 POLICY STATUS:O,C
STCLM# Char 25 STATE CLAIM# DN05
CLEMLN Char 30 EMPLOYEE LAST NAME
CLEMFN Char 25 EMPLOYEE FIRST NAME
CLEMIN Char 1 EMPLOYEE INITIALS
CLEMA1 Char 30 EMPLOYEE ADDRESS #1
CLEMA2 Char 30 EMPLOYEE ADDRESS #2
CLEMCY Char 24 EMPLOYEE CITY
CLSTAT Char 2 EMPLOYEE STATE
```



CLESZ5	Char	5	EMPLOYEE ZIP 1-5
CLESZ4	Char	4	EMPLOYEE ZIP 6-10
CLBTDT	Char	8	EMPLOYEE BIRTHDAY YYMD
CLEMSX	Char	1	EMPLOYEE SEX
CLCLDT	Char	8	CLAIM CLOSE DAY YYMD
CLPOBZ	Char	3	PART OF BODY
TBPOBD	Char	45	PART OF BODY CODE DESC.
LGPFRM	Char	25	PETITIONER FIRM NAME
LGPATT	Char	20	PETITIONER ATTORNEY NAME
PIRS	Char	9	PET ATT IRS#
LGPADR	Char	20	PETITIONER ADDRESS
LGPCTY	Char	20	PETITIONER CITY
LGPSTE	Char	2	PETITIONER STATE
PZP5	Char	5	PETITIONER ZIP FIRST 5
PZP4	Char	4	PETITIONER ZIP LAST 4
PPHN	Char	10	PETITIONER PHONE
CLDEPT#	Char	6	DEPARTMENT #

### File C EDI Data

Note: This file is created every Wednesday night (exclude City's Holidays). The file includes all Medical Payments which were paid on 10/01/2006 or later. At this time the number of records are between 5,000 and 6,000.

```

FILE . . . : LWMEDCPF RECORD FORMAT . . : LWMEDCFM RECORD LENGHT . . : 58
LIBRARY . . : CITYDATA FILE TYPE . . . : PF NUMBER OF FIELDS. : 4
TEXT . . . : WC MEDICAL CHECK PAID
FIELD TYPE SIZE KEY TEXT
MCVNTR Char 20 1 DOCUMENT CONTROL NO
MCPDAT Zoned 8,0 PAID DATE
MCPAMT Char 10 PAID AMOUNT
MCPCK# Char 20 CHECK NUMBER

```

### File D Payment Data

Note: The reviewed and approved medical payment, LINX system vendor expects this file every weekday (Monday through Friday except City's Holidays). This file will be processed in LINX nightly job. At this time the number of records is approximately 900 to 1,000. The file can be in flat file format, but must be mapped to the format below.

```

FILE . . . : LWMEDAPF RECORD FORMAT . . : LWMEDTFM RECORD LENGHT . . : 488
LIBRARY . . : RTSLADTA FILE TYPE . . . : PF NUMBER OF FIELDS. : 61
TEXT . . . : WC MEDICAL BILLS TRANSACTION TAPE FILE 0 x
FIELD TYPE SIZE KEY TEXT
MTTYPE Char 3 TYPE
MTCLMN Char 30 CLAIMANT NAME
MTLCCD Char 4 1 LOCATION CODE
MTPLYY Char 2 POLICY YEAR
MTCLM# Zoned 4,0 3 CLAIM NUMBER
MTPSEQ Zoned 5,0 SEQ #
MTSRSM Zoned 2,0 SERVICE START MONTH
MTSRSD Zoned 2,0 SERVICE START DAY
MTSRSZ Zoned 2,0 SERVICE START YEAR
MTSREM Zoned 2,0 SERVICE END MONTH
MTSRED Zoned 2,0 SERVICE END DAY
MTSREZ Zoned 2,0 SERVICE END YEAR
MTTCHR Zoned 9,2 TOTAL CHARGES
MTTALW Zoned 9,2 TOTAL ALLOWANCE
MTIRS# Zoned 9,0 PROVIDER IRS #
MTVSF# Zoned 2,0 PROVIDER IRS SUFFIX
MTPRNM Char 30 PROVIDER NAME
MTPRAD Char 30 PROVIDER ADDRESS
MTRVCD Char 1 RESERVE CODE

```



MTCRCD	Char	2	CREDIT CODE
MTVOCB	Char	2	VOID CODE
MTOVI1	Char	1	OVERRIDE IND #1
MTOVI2	Char	1	OVERRIDE IND #2
MTOVI3	Char	1	OVERRIDE IND #3
MTOVI4	Char	1	OVERRIDE IND #4
MTOVI5	Char	1	OVERRIDE IND #5
MTVNTR	Char	10	VENDOR TRANS 10 #
MTTRNM	Zoned	2,0	TRANS DATE - MM
MTTRND	Zoned	2,0	TRANS DATE - DD
MTTRNZ	Zoned	2,0	TRANS DATE - YY
MTRCK#	Zoned	10,0	REFUND CHECK #
MTFIL5	Char	38	FILLER
MTBNER	Zoned	4,0	BATCH NUMBER
MTFRSM	Zoned	2,0	PROCESS DATE MONTH
MTFRSD	Zoned	2,0	PROCESS DATE DAY
MTFRSZ	Zoned	2,0	PROCESS DATE YEAR
MTFIL6	Char	2	FILLER
MTSUSM	Zoned	2,0	SUSPENSE DATE - MM
MTSUSD	Zoned	2,0	SUSPENSE DATE - DD
MTSUSZ	Zoned	2,0	SUSPENSE DATE - YY
MTCLPV	Char	5	CLIENT PROVIDER #
MTFMCT	Char	2	PAYMENT CATEGORY
MTFAMT	Zoned	12,2	FEE AMOUNT
MTPYC1	Zoned	2,0	PAYMENT SUB-CODE #1
MTFYA1	Zoned	9,2	SUB-CODE AMOUNT #1
MTSTB1	Char	40	STUB NOTE # 1
MTFYC2	Zoned	2,0	PAYMENT SUB-CODE #2
MTFYA2	Zoned	9,2	SUB-CODE AMOUNT #2
MTSTB2	Char	40	STUB NOTE # 2
MTFYC3	Zoned	2,0	PAYMENT SUB-CODE #3
MTFYA3	Zoned	9,2	SUB-CODE AMOUNT #3
MTSTB3	Char	40	STUB NOTE # 1
MTFYC4	Zoned	2,0	PAYMENT SUB-CODE #4
MTFYA4	Zoned	9,2	SUB-CODE AMOUNT #4
MTSTB4	Char	40	STUB NOTE # 4
MTFLYR	Char	4	2 POLICY YEAR
MTSRSY	Zoned	4,0	SERVICE START YEAR
MTSREY	Zoned	4,0	SERVICE END YEAR
MTTRNY	Zoned	4,0	TRANS DATE - YY
MTPRSY	Zoned	4,0	PROCESS DATE YEAR
MTSUSY	Zoned	4,0	SUSPENSE DATE - YY



**APPENDIX 2**  
**Discount Rates and Fees**



## APPENDIX 2: Discount Rates and Fees

### 1. First Care Panel (FCP)

There will be no separate FCP service or administrative fees charged to the City. PPO discounts will apply.

### 2. Pharmacy Benefits Management

#### Brand\*

#### Generic\*

Retail (card program)	State FS minus 3%	State FS minus 5%
Mail Order	State FS minus 4%	State FS minus 6%

\$7.50 CA State dispensing fee is reduced to \$4.00 on both Retail and Mail Order. There will be no PBM Administrative Fees

### 3. Durable Medical Equipment

#### CA OMFS

#### Usual and Customary

Percentage discounts below CA OMFS and Usual and Customary:	30%	30%
---	-----	-----

#### Pricing methodology on L Codes and E Codes:

Both L and E codes will be billed at 30% below CA OMFS. If no CA OMFS exists, then pricing will be based on 30% below Usual & Customary rates published by Fair Health. If neither CA OMFS nor U&C exists then pricing will be based on a Cost Plus methodology and quotes given to City or TPA claims analysts prior to order.

### 4. Diagnostic Imaging/Neuro

#### Fee

MRI with & w/o Contrast	\$615	
MRI w/o Contrast	\$445	
MRI with Contrast	\$525	
CT with & w/o Contrast	\$320	
CT w/o Contrast	\$250	
CT with Contrast	\$275	
X-Rays	\$41.80	
EMGs / NCs	10% off fee schedule	
Other	Please see Attachment 1	



## 5. Dental Network

**Evaluations.** The evaluation pricing is a flat rate pricing that includes the dentist costs, clinical review of evaluation findings and recommendations and administrative fees which is a 10% discount off Dental Network usual & customary fee:

- General Dentist- \$180. Dental Network usual and customary or standard rate is \$200
- Dental Specialist- \$360. Dental Network usual and customary or standard rate is \$400
- TMJ- \$675. Dental Network usual and customary or standard rate is \$750

**Treatment.** Includes all other codes relating to treatment and diagnostics but is not an evaluation or follow up visit. The proposed pricing is 95th percentile. The 95th Dental Network refers to the Fair Health MDR databases to determine UCR at a code level and uses the most current updates provided by Fair Health on a quarterly bases.

**Retrospective.** These services include IME, Peers and In-House reviews. Dental Network usual and customary fee is flat rate pricing where a \$10-\$75 discount has been offered depending on the service. Overall, the discounts with this pricing reflect a 10-15% discount off Dental Network usual and customary (standard) fee.

## 6. Transportation Network

a. Service Ambulatory	Fee
Round trip service for the first 25 miles (includes first 2 hrs)	\$68.00 flat fee
Per Mile above 25 miles	\$3.50 per mile
Authorized wait time after 2 hour from drop off time. Per 15 min.	\$7.25 per quarter hour
No show fee	\$30.00
Late cancellation (less than 4 hours)	\$15.00
b. Service Wheelchair	Fee
Round trip service for the first 25 miles (includes first 2 hrs)	\$248.00 flat fee
Per Mile above 25 miles	\$4.80 per mile
Authorized wait time after 2 hours from drop off time. Per 15 min.	\$7.25 per quarter hour
No show fee	\$30.00
Late cancellation (less than 4 hours)	\$43.50

## 7. Translation Network

	Fee
Medical Interpreting fees per hour and languages covered (includes first 25 miles)	\$65.00 per hour
Missed Appointments/Cancellations (less than 4 hours)	\$65.00 per scheduled hour
Mileage & travel fees for mileage over 25 miles	\$0.61/mile. Travel time paid at \$5.80 per quarter hour or portion thereof
Translation rates and fees will be at or below State Fee Schedule.	



## 8. Ergonomic Network\*

### Flat Fee<sup>(1)</sup>

Ergonomic Assessment	\$325 6AM - 6PM \$405 6PM - 6AM
Workstation Analysis - Initial visit	\$125 <sup>(2)</sup> 6AM - 6PM
Workstation Analysis - Follow-up visit within 30 to 45 days	\$175 <sup>(3)</sup> 6AM - 6PM \$255 6PM - 6AM
Equipment Installation	\$100 6AM - 6PM \$180 6PM-6AM
Equipment Installation	\$130 Hourly Fee per 15 minute increments (\$32.50) <sup>(4)</sup>

\*All visits must include reports that are available within 48 hours of visit completion

(1) The Flat Fee for an ergonomic assessment and equipment/installation will be \$425 (\$325 for the Ergonomic Assessment and \$100 for the Equipment Installation). The charge for "Workstation Analysis – Follow up Visit is recommended for all evaluations conducted where modifications are made to the work environment and the City desires that the injured worker receive education and training on proper ergonomic posture, equipment use, and safe ergonomic habits that would reduce symptoms. This service also ensures that the employee receives follow up interactions with the ergonomist to ensure that the modifications have been successful in reducing ergonomic risk and symptoms. An additional charge of \$80 will apply for all services if they must be conducted during the hours of 6PM – 6AM because of the shift schedule of the injured worker.

(2) These services are included, however are not commonly ordered by the City. If they are ordered, this service would include the following: *Collection and Documentation of Objective Risk scores: Objective quantification of risk utilizing the Modified RULA, biomechanical modeling, surface EMG, other risk quantification tools validated in the field of ergonomics, collection and documentation of detailed workstation dimensions.*

(3) Workstation Analysis – Follow-up Visit within 30-45 days includes follow up documentation of the ergonomic observations described above AFTER the equipment has been installed. This is not part of the standard "Equipment Installation" or "Ergonomic Assessment" and will be applied whenever workstation modifications or employee training are required.

*Follow up onsite coaching and behavioral intervention: Occupational Physicians on our Technical Advisory Board have often lamented that clinical professionals (MD's, PT's, OT's) have many visits during which they can coach behavioral change. But for some reason, the ergonomist, who is charged with altering a lifetime of unhealthy habits of injured workers at the worksite, are only provided a single intervention during which to do so. As a result, the results of those interventions may not always have the most powerful effect on worker symptoms and claim outcomes. OHS can screen injured workers for the need for repeat or follow-up onsite coaching sessions. These sessions are designed to facilitate behavioral change via face to face interactions between the certified evaluator/educator and the injured worker, thereby maximizing buy-in and affecting the best possible outcome for the injured worker and reducing claims life and cost.*

(4) Additional onsite billing time will be added only for unusually complex office ergonomics cases (requiring greater than 2.0 hours onsite at the employee's workstation(s)) or for "non-office"/field ergonomic assessments when they take longer than 2.0 hours onsite.



**9. Job Analysis Network**

**Job Analysis Pricing is "Per Hour" at \$150/hour.** A flat rate cannot be identified without prior knowledge of the scope and type of jobs being evaluated. Office Job Analyses (JA) incorporating a single task and work environment are significantly less time consuming than a Job Analysis for a Street Maintenance position as an example. The Street Maintenance position may require the detailed observation, interview, and analysis across a myriad of tasks determined to be "essential functions" and/or "marginal functions." This would be significantly more time consuming than analyzing a single task. An Office JA typically averages approximately 3-5 hours. A "Non-Office" JA can range from 3 hours to 8 hours depending on the complexity of the job being analyzed.

Understanding the essential functions of a job is critical to returning an injured worker to work after they've been off work from an injury. Without understanding the essential functions, the physicians who will be making the determination on whether an injured worker can do their previous job or a different job, will lack critical information to make decisions. Medical and legal professionals involved in a claim need to know what the job entails physically before returning an injured worker to the position. Job Analysis Network's Essential Function Job Analysis provides the necessary information in a clear and concise format, complete with photographs, videos, and specific measures of lifting, pushing, pulling, and any other physical requirements of the job. Armed with this data, your medical and legal professionals can make educated assessments as to whether the injured worker can return to work safely.

Job Analysis Network's Essential Function Job Analysis has become recognized in the industry as the most thorough, yet concise, and legally defensible documentation of the actual physical requirements of the job. In order to maximize the legal defensibility and quality of data documented through the JA, OHS includes the following components:

- Structured Interviews with management, supervisors, and employees
- Descriptive/detailed measurements of physical demands of both essential and nonessential/marginal functions
- Photographs of work environment
- Video recording of job tasks and essential functions

\*All JA reports must be available within 48 hours of receipt of all necessary information.

**10. Nurse Case Management**

**Fee**

Telephonic	\$80 per hour
Field	\$95 per hour
Task	\$285

**11. Home Health Care**

**Fee**

Registered Nurse	\$160 per visit
Licensed Vocational Nurse	\$90 per visit
Certified Nurses Aid	\$32 per hour, \$60 per visit
Companion Care	\$7.00 per 15 minutes
IV Infusion	\$160 per visit



12. Physical Medicine Network	% Below State Fee Schedule
Physical Therapy	13%
Occupational Therapy	13%
Chiropractic	13%
Acupuncture	13%
Functional Capacity Evaluations	\$800 flat rate
Other	Discount rates will be at or below State Fee Schedule



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT: Description CALIFORNIA 90001 EMG	% BELOW FS
EMG	
20206 BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	10
27095 INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	10
25685 OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISL	10
29125 APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	10
51785 NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPH	10
62270 SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	10
62289 INJECTION INTO SPINAL CANAL	10
62360 IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDUR	10
72050 RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	10
73070 RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	10
73110 RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	10
64550 APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR	10
64613 CHEMODENERVATION OF MUSCLE(S); CERVICAL SPINAL MUSCLE(S) (EG, FO	10
73620 RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	10
76003 FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRAT	10
90862 PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND REV	10
90780 IV INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UN	10
90782 THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY MATER	10
90788 INTRAMUSCULAR INJECTION OF ANTIBIOTIC (SPECIFY)	10
93740 TEMPERATURE GRADIENT STUDIES	10
93762 THERMOGRAM; PERIPHERAL	10
95812 ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; UP TO ONE HOU	10
95816 ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND DRO	10
95819 ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND ASL	10
95822 ELECTROENCEPHALOGRAM (EEG); SLEEP ONLY	10
95831 MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTRE	10
95832 MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; HAND,	10
95833 MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL	10
95834 MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL	10
95851 RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE	10
95852 RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE)	10
95857 TENSILON TEST FOR MYASTHENIA GRAVIS;	10
95858 TENSILON TEST FOR MYASTHENIA GRAVIS; WITH ELECTROMYOGRAPHIC RE	10
95860 NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELATE	10
95861 NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RELA	10
95863 NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR WITHOUT RE	10
95864 NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT REL	10
95867 NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES, UNILA	10
95868 NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES, BILAT	10
95869 NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES	10
95872 NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QU	10
95900 NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NE	10



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	% BELOW FS
95903	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NE	10
95904	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NE	10
95920	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR (LIST SEPARATE	10
95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATI	10
95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATIO	10
92265	NEEDLE OCULO ELECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSC	10
92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAG	10
92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDIN	10
92543	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIM	10
92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL	10
92545	OSCILLATING TRACKING TEST, WITH RECORDING	10
92547	USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE F	10
<b>CALIFORNIA 90001</b>		
<b>EMG</b>		
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AN	10
93040	RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATION AND REPORT	10
95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATI	10
95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CH	10
95933	ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING	10
95934	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD GASTROCNEMIUS/SO	10
95936	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD MUSCLE OTHER THAN	10
95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED S	10
95950	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SEIZ	10
95961	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/	10
96115	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, R	10
99271	CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WH	10
99272	CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WH	10
99273	CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WH	10
99274	CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WH	10
99275	CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WH	10
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, W	10
99354	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SE	10
99355	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SE	10
99356	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING D	10
99357	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING D	10
99358	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/OR AF	10
99361	MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF	10
99362	MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF	10
99371	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR M	10
99372	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR M	10
99373	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR	10
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHAN	10
97014	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMU	10
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THER	10
97250	MYOFASCIAL RELEASE	10



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	% BELOW FS
99081	REQUIRED REPORTS	10
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEM	10
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEM	10
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEM	10
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEM	10
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEM	10
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEM	10
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEM	10
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEM	10
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEM	10
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEM	10
99220	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAG	10
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	10
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAG	10
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAG	10
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQ	10
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQ	10
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQ	10
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQ	10
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQ	10
99251	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, W	10
99252	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, W	10
99253	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, W	10
99254	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, W	10
<b>CALIFORNIA 90001</b>		
<b>EMG</b>		
99255	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, W	10
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	10

The above net pricing may include pricing that can be based on a percentage off of the current state fee schedule or UCR table. These net prices may vary dependent on any changes/updates made by a particular state to their fee schedule/UCR table since the time that this report was generated.



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
<b>BASIC MRI</b>				
70541	MRI ANGIOGRAHY, HEAD AND/OR NECK, WITH OR WITHOUT CONTRAST MAT	445.00	760.00	41%
70551	MRI OF THE BRAIN STEM WITHOUT CONTRAST	445.00	665.00	33%
73721	MRI LOWER EXTREMITY, JOINT	445.00	665.00	33%
70336	MRI BILATERAL TMJ	445.00	687.56	35%
75552	CARDIAC MRI FOR MORPHOLOGY WITHOUT CONTRAST MATERIAL	445.00	632.94	30%
76093	MRI BREAST, WO AND/OR W	445.00	917.94	52%
76094	MRI BREAST, WO AND/OR W, BILATERAL	445.00	1,205.31	63%
71550	MRI CHEST, MEDIASTINUM	445.00	672.13	34%
72141	MRI CERVICAL SPINE WITHOUT CONTRAST	445.00	646.00	31%
72146	MRI THORACIC SPINE WITHOUT CONTRAST	445.00	640.00	30%
72148	MRI LUMBAR SPINE WITHOUT CONTRAST	445.00	640.00	30%
73221	MRI UPPER EXTREMITY, JOINT	445.00	695.88	36%
70541	MRI ANGIOGRAHY, HEAD AND/OR NECK, WITH OR WITHOUT CONTRAST MAT	445.00	760.00	41%
70540	MRI, ORBIT, FACE, AND/OR NECK WITHOUT CONTRAST MATERIAL(S)	445.00	665.00	33%
74181	MRI, ABDOMEN	445.00	672.13	34%
<b>MRI W/CONTRAST</b>				
70552	MRI BRAIN, STEM, W/CONTRAST	525.00	760.00	31%
75553	CARDIAC MRI FOR MORPHOLOGY WITH CONTRAST	525.00	650.75	19%
72142	MRI CERVICAL SPINE, W/CONTRAST	525.00	760.00	31%
72147	MRI THORACIC SPINE, W/CONTRAST	525.00	722.00	27%
72149	MRI LUMBAR SPINE, W/CONTRAST	525.00	722.00	27%
72196	MRI PELVIS, W/CONTRAST	525.00	694.39	24%
<b>MRI W/NO CONTRAST</b>				
73225	MRA UPPER EXTREMITY, W OR WO CONTRAST	615.00	695.88	12%
72198	MRA PELVIS W OR WO CONTRAST	615.00	786.13	22%
72159	MRA SPINE W OR WO CONTRAST	615.00	808.69	24%
71555	MRA CHEST, W OR WO CONTRAST	615.00	805.13	24%
74185	MRA, ABDOMEN W OR WO CONTRAST	615.00	771.88	20%
73725	MRA LOWER EXTREMITY, W OR WO CONTRAST	615.00	695.88	12%
74185	MRA, ABDOMEN W OR WO CONTRAST	615.00	771.88	20%
75554	CARDIAC MRI FOR FUNCTION WITH OR WITHOUT MORPHOLOGY; COMPLETE	615.00	643.63	4%
75555	CARDIAC MRI FOR FUNCTION WITH OR WITHOUT MORPHOLOGY; LIMITED ST	615.00	638.88	4%
72198	MRA PELVIS W OR WO CONTRAST	615.00	786.13	22%
71555	MRA CHEST, W OR WO CONTRAST	615.00	805.13	24%
72156	MRI CERVICAL SPINE W&WO CONTRAST	615.00	952.50	35%
72157	MRI THORACIC SPINE W&WO CONTRAST	615.00	896.25	31%
72158	MRI LUMBAR SPINE W&WO CONTRAST	615.00	896.25	31%
73220	MRI UPPER EXT.NOT JOINT, W&WO CONTRAST	615.00	676.25	9%
73720	MRI LOWER EXT.NOT JOINT, W&WO CONTRAST	615.00	676.25	9%
70553	MRI BRAIN, STEM, W&WO CONTRAST	615.00	980.00	37%
72159	MRA SPINE W OR WO CONTRAST	615.00	808.69	24%
73225	MRA UPPER EXTREMITY, W OR WO CONTRAST	615.00	695.88	12%



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc. Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
73725	MRA LOWER EXTREMITY, W OR WO CONTRAST	615.00	695.88	12%
<b>BASIC CT</b>				
73700	CT LOWER EXTREMITY	250.00	307.56	19%
74150	CT ABDOMEN WITHOUT CONTRAST	250.00	342.00	27%
71250	CT THORAX	250.00	329.51	24%
72125	CT CERVICAL SPINE	250.00	366.94	32%
70490	CT SOFT TISSUE NECK	250.00	387.13	35%
72131	CT LUMBAR SPINE	250.00	366.94	32%
72192	CT PELVIS WITHOUT CONTRAST	250.00	323.75	23%
73200	CT UPPER EXTREMITY	250.00	307.56	19%
70450	CT HEAD/BRAIN	250.00	319.44	22%
70480	CT ORBIT/EAR	250.00	342.00	27%
70486	CT MAXILLA FACIAL	250.00	358.63	30%
72128	CT THORACIC SPINE	250.00	366.94	32%
<b>CT W/ CONTRAST</b>				
73701	CT LOWER EXTREMITY W/CONTRAST	275.00	349.13	21%
74160	CT ABDOMEN WITH CONTRAST	275.00	396.63	31%
71260	CT THORAX W/CONTRAST	275.00	386.45	29%
72126	CT CERVICAL SPINE W/CONTRAST	275.00	418.00	34%
72129	CT THORACIC SPINE W/CONTRAST	275.00	418.00	34%
72132	CT LUMBAR SPINE W/CONTRAST	275.00	418.00	34%
72193	CT PELVIS W/CONTRAST	275.00	367.50	25%
73201	CT UPPER EXTREMITY W/CONTRAST	275.00	349.13	21%
70460	CT HEAD/BRAIN W/CONTRAST	275.00	364.56	25%
70481	CT ORBIT/EAR W/CONTRAST	275.00	396.63	31%
70487	CT MAXILLA FACIAL W/CONTRAST	275.00	413.25	33%
70491	CT SOFT TISSUE NECK W/CONTRAST	275.00	433.44	37%
<b>CT W/WO CONTRAST</b>				
71270	CT THORAX W&WO CONTRAST	320.00	473.71	32%
72127	CT CERVICAL SPINE W&WO CONTRAST	320.00	502.31	36%
72130	CT THORACIC SPINE W&WO CONTRAST	320.00	502.31	36%
72133	CT LUMBAR SPINE W&WO CONTRAST	320.00	502.31	36%
72194	CT PELVIS W&WO CONTRAST	320.00	445.00	28%
73202	CT UPPER EXTREMITY W&WO CONTRAST	320.00	422.75	24%
74170	CT ABDOMEN W&WO CONTRAST	320.00	478.56	33%
73702	CT LOWER EXTREMITY W&WO CONTRAST	320.00	422.75	24%
70492	CT SOFT TISSUE NECK W&WO CONTRAST	320.00	539.13	41%
70470	CT BRAIN/HEAD W&WO CONTRAST	320.00	433.44	26%
70482	CT ORBIT/EAR W&WO CONTRAST	320.00	471.44	32%
70488	CT MAXILLA FACIAL W&WO CONTRAST	320.00	490.44	35%



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc. Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
<b>EXTENDED</b>				
75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN	448.00	560.00	20%
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND	438.00	547.50	20%
75660	ANGIOGRAPHY, HEAD AND NECK	438.00	547.50	20%
75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL	562.40	703.00	20%
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERV	346.00	432.50	20%
75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVIS	526.30	657.88	20%
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVIS	317.00	396.25	20%
75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISI	506.00	632.50	20%
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGI	320.00	400.00	20%
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTE	403.00	503.75	20%
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND	213.00	266.25	20%
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND	379.00	473.75	20%
75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTO	320.00	400.00	20%
75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOG	448.00	560.00	20%
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITH	384.00	480.00	20%
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERV	320.00	400.00	20%
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVIS	448.00	560.00	20%
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL S	320.00	400.00	20%
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPE	256.00	320.00	20%
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPER	352.00	440.00	20%
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJ	224.00	280.00	20%
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INT	288.00	360.00	20%
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BAS	97.00	121.25	20%
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOG	152.00	190.00	20%
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND	121.60	152.00	20%
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND I	182.40	228.00	20%
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SU	211.00	263.75	20%
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL S	205.00	256.25	20%
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISIO	192.00	240.00	20%
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION	240.00	300.00	20%
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERV	224.00	280.00	20%
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVIS	269.00	336.25	20%
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISIO	192.00	240.00	20%
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AN	192.00	240.00	20%
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATI	192.00	240.00	20%
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	134.90	168.63	20%
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATIO	224.00	280.00	20%
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALU	192.00	240.00	20%
36005	INJECTION PROCEDURE FOR CONTRAST VENOGRAPHY (INCLUDING INTROD	85.68	107.10	20%
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SU	86.00	107.50	20%
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPE	86.00	107.50	20%
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPER	58.00	72.50	20%
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVIS	86.00	107.50	20%
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISIO	83.00	103.75	20%



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc. Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERV	101.00	126.25	20%
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPER	86.00	107.50	20%
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY	36.72	45.90	20%
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	61.20	76.50	20%
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	97.92	122.40	20%
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	183.60	229.50	20%
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	73.44	91.80	20%
27370	INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY	48.96	61.20	20%
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	73.44	91.80	20%
76075	DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY, ONE	90.00	112.50	20%
76355	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATIO	320.00	400.00	20%
76360	DO NOT USE---CT GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SUPE	230.00	287.50	20%
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	73.15	91.44	20%
76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LIST SEPARA	55.10	68.88	20%
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME	60.80	76.00	20%
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; W	91.20	114.00	20%
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VID	167.20	209.00	20%
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOG	76.00	95.00	20%
76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL S	64.00	80.00	20%
76088	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGIC	77.00	96.25	20%
76090	MAMMOGRAPHY; UNILATERAL	54.00	67.50	20%
76091	MAMMOGRAPHY; BILATERAL	70.00	87.50	20%
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO VIEW FILM STUDY OF EACH B	48.00	60.00	20%
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE	26.57	33.21	20%
99081	REQUIRED REPORTS	9.35	11.69	20%
99190	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHAN	419.26	524.07	20%
99191	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHAN	320.17	400.21	20%
76365	CAT SCAN FOR CYST ASPIRATION	218.50	273.13	20%
76370	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION T	182.40	228.00	20%
76400	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUP	532.00	665.00	20%
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH	85.50	106.88	20%
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSE	91.20	114.00	20%
76934	ECHO GUIDE FOR CHEST TAP	78.85	98.56	20%
85025	BLOOD COUNT; HEMOGRAM AND PLATELET COUNT, AUTOMATED, AND AUTO	10.58	13.22	20%
86325	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CSF) WITH CONCEN	30.40	38.00	20%
80299	QUANTITATION OF DRUG, NOT ELSEWHERE SPECIFIED	18.62	23.28	20%
90780	IV INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UN	76.26	95.33	20%
90782	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY MATER	12.30	15.38	20%
90784	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY MATER	25.10	31.37	20%
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMEN	198.18	247.72	20%
93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAV	125.73	157.16	20%
93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEP	88.07	110.09	20%
93544	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR AORTOG	275.77	344.71	20%
93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	180.57	225.71	20%



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc. Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY	117.10	146.37	20%
93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLE	200.74	250.92	20%
93924	NON-INVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT	122.51	153.14	20%
93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, B	105.29	131.61	20%
94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	9.84	12.30	20%
94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER	45.81	57.26	20%
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, W	58.14	72.68	20%
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THER	26.57	33.21	20%
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY	197.60	247.00	20%
78461	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES, (PLANAR) AT REST A	280.25	350.31	20%
78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUD	480.00	600.00	20%
78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUA	69.00	86.25	20%
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATE	66.00	82.50	20%
77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	76.00	95.00	20%
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	73.15	91.44	20%
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVIS	358.00	447.50	20%
44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOM	546.53	1,933.16	20%
49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PRO	85.68	107.10	20%
57000	COLPOTOMY; WITH EXPLORATION	290.70	363.38	20%
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL	73.44	91.80	20%
50660	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAG	197.69	1,497.11	20%
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOG	24.48	30.60	20%
52204	CYSTOURETHROSCOPY, WITH BIOPSY	232.56	290.70	20%
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF SPINAL FLUID (BY NEE	97.92	122.40	20%
62274	INJECT SPINAL ANESTHETIC	174.42	218.03	20%
62287	ASPIRATION OR DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLE	139.54	1,424.43	20%
62288	INJECTION INTO SPINAL CANAL	174.42	218.03	20%
62289	INJECTION INTO SPINAL CANAL	183.60	229.50	20%
62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL OR TH	171.36	214.20	20%
62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS M	232.56	290.70	20%
61795	STEREOTACTIC COMPUTER ASSISTED VOLUMETRIC (NAVIGATIONAL) PROCE	453.50	566.87	20%
71036	X-RAY GUIDANCE FOR BIOPSY	95.95	119.94	20%
71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICA	91.20	114.00	20%
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	141.00	176.25	20%
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL	122.40	153.00	20%
77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; THREE-DIMEN	518.00	647.50	20%
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SIT	648.72	810.90	20%
01906	ANESTH, LUMBAR MYELOGRAPHY	138.00	172.50	20%
01908	ANESTH, CERVICAL MYELOGRAPHY	138.00	172.50	20%
01912	ANESTH, LUMBAR DISCOGRAPHY	138.00	172.50	20%
11404	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE	163.40	204.25	20%
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	36.72	45.90	20%
22222	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SIN :	093.04	2,616.30	20%
23222	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS; WITH PROSTH	390.86	1,738.58	20%



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc. Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRO	744.19	930.24	20%
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	122.40	153.00	20%
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAG	651.17	813.96	20%
20000	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS);	36.72	45.90	20%
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS);	208.08	260.10	20%
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOM	674.42	843.03	20%
20200	BIOPSY, MUSCLE; SUPERFICIAL	134.64	168.30	20%
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	73.44	91.80	20%
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOU	73.44	91.80	20%
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING	906.98	1,133.73	20%
27070	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS	416.16	520.20	20%
27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OS	,651.18	2,063.97	20%
27158	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)	,825.60	2,282.00	20%
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	220.94	276.17	20%
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATER	,034.90	1,293.62	20%
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	97.92	122.40	20%
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHO	318.24	397.80	20%
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOR	686.06	857.57	20%
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	73.44	91.80	20%
27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	465.12	581.40	20%
27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL O	581.40	726.75	20%
27645	RADICAL RESECTION OF TUMOR, BONE; TIBIA	918.75	1,148.44	20%
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDO	306.00	382.50	20%
33970	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE FEMO	744.19	930.24	20%
36410	VENIPUNCTURE, CHILD OVER AGE 3 YEARS OR ADULT, NECESSITATING PHY	23.26	29.07	20%
36415	ROUTINE VENIPUNCTURE OR FINGER/HEEL/EAR STICK FOR COLLECTION OF	2.88	3.60	20%
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	186.05	232.56	20%
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETAT	115.00	143.75	20%
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPR	115.00	143.75	20%
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND I	154.00	192.50	20%
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTE	115.00	143.75	20%
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETAT	115.00	143.75	20%
78458	VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL	166.00	207.50	20%
78580	PULMONARY PERFUSION IMAGING, PARTICULATE	166.25	207.81	20%
78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGL	158.74	198.43	20%
78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBR	224.00	280.00	20%
78586	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION	110.92	138.65	20%
78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG	127.30	159.13	20%
78591	PULMONARY VENTILATION IMAGING, GASEOUS; SINGLE BREATH, SINGLE PR	121.60	152.00	20%
78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WA	145.63	182.04	20%
78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WA	202.44	253.05	20%
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUS	96.00	120.00	20%
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	122.94	153.67	20%
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW	152.00	190.00	20%



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**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

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78605	BRAIN IMAGING, COMPLETE STUDY; STATIC	149.15	186.44	20%
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	171.00	213.75	20%
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	70.00	87.50	20%
78615	CEREBRAL BLOOD FLOW	157.72	197.15	20%
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF	194.00	242.50	20%
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF	144.40	180.50	20%
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF	148.48	185.60	20%
78650	CSF LEAKAGE DETECTION AND LOCALIZATION	199.50	249.38	20%
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	106.40	133.00	20%
78700	KIDNEY IMAGING; STATIC ONLY	120.00	150.00	20%
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	161.50	201.88	20%
78704	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)	174.93	218.66	20%
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WIT	203.04	253.80	20%
78715	KIDNEY VASCULAR FLOW ONLY	73.15	91.44	20%
78725	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	136.80	171.00	20%
78730	URINARY BLADDER RESIDUAL STUDY	64.00	80.00	20%
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)	109.25	136.56	20%
78760	TESTICULAR IMAGING;	125.55	156.94	20%
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW	146.61	183.26	20%
78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; LIMITED AREA	155.80	194.75	20%
78801	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; MULTIPLE AREAS	190.95	238.69	20%
78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; WHOLE BODY	227.00	283.75	20%
78805	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIMIT	112.00	140.00	20%
78806	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; WHO	192.00	240.00	20%
78000	THYROID UPTAKE; SINGLE DETERMINATION	45.60	57.00	20%
78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS	60.80	76.00	20%
78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLU	54.15	67.69	20%
78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION	112.10	140.13	20%
78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS	121.60	152.00	20%
78010	THYROID IMAGING; ONLY	72.00	90.00	20%
78011	THYROID IMAGING; WITH VASCULAR FLOW	109.25	136.56	20%
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND	136.80	171.00	20%
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (E	167.20	209.00	20%
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	233.68	292.10	20%
78070	PARATHYROID IMAGING	64.00	80.00	20%
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	96.00	120.00	20%
78102	BONE MARROW IMAGING; LIMITED AREA	106.40	133.00	20%
78103	BONE MARROW IMAGING; MULTIPLE AREAS	167.20	209.00	20%
78104	BONE MARROW IMAGING; WHOLE BODY	182.40	228.00	20%
78110	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (	60.80	76.00	20%
78111	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (	96.00	120.00	20%
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMP	70.00	87.50	20%
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SA	118.00	147.50	20%
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREM	179.00	223.75	20%



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**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

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<b>CALIFORNIA 90001</b>				
78130	RED CELL SURVIVAL STUDY;	136.80	171.00	20%
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, S	203.30	254.13	20%
78140	LABELLED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SP	170.05	212.56	20%
78160	PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE	147.26	184.07	20%
78162	RADIOIRON ORAL ABSORPTION	142.50	178.13	20%
78170	RADIOIRON RED CELL UTILIZATION	209.49	261.86	20%
78172	CHELATABLE IRON FOR ESTIMATION OF TOTAL BODY IRON	70.30	87.88	20%
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	103.55	129.44	20%
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL	174.00	217.50	20%
78191	PLATELET SURVIVAL STUDY	304.00	380.00	20%
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	192.00	240.00	20%
78201	LIVER IMAGING; STATIC ONLY	128.25	160.31	20%
78202	LIVER IMAGING; WITH VASCULAR FLOW	152.00	190.00	20%
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	212.80	266.00	20%
78220	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGE	167.20	209.00	20%
78223	HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH	176.70	220.88	20%
78230	SALIVARY GLAND IMAGING;	102.60	128.25	20%
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	136.80	171.00	20%
78232	SALIVARY GLAND FUNCTION STUDY	148.20	185.25	20%
78258	ESOPHAGEAL MOTILITY	152.95	191.19	20%
78261	GASTRIC MUCOSA IMAGING	180.50	225.63	20%
78262	GASTROESOPHAGEAL REFLUX STUDY	182.00	227.50	20%
78264	GASTRIC EMPTYING STUDY	187.15	233.94	20%
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSI	65.55	81.94	20%
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FA	68.40	85.50	20%
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRIN	95.59	119.49	20%
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	225.15	281.44	20%
78282	GASTROINTESTINAL PROTEIN LOSS	103.55	129.44	20%
78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKELS LOCALIZATION,	139.65	174.56	20%
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SH	128.00	160.00	20%
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	139.65	174.56	20%
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	182.40	228.00	20%
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	191.68	239.60	20%
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	208.00	260.00	20%
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY	152.00	190.00	20%
78455	VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN)	166.00	207.50	20%
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	128.00	160.00	20%
78891	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUC	96.00	120.00	20%
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRA	48.96	61.20	20%
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	73.44	91.80	20%
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	61.20	76.50	20%
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	73.44	91.80	20%
64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE	73.44	91.80	20%
64412	INJECTION, ANESTHETIC AGENT; SPINAL ACCESSORY NERVE	61.20	76.50	20%



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc. Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS	73.44	91.80	20%
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS	61.20	76.50	20%
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	61.20	76.50	20%
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	61.20	76.50	20%
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE	73.44	91.80	20%
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGION	146.88	183.60	20%
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES	61.20	76.50	20%
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	73.44	91.80	20%
94761	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; MULTIP	22.90	28.63	20%
99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEM	78.82	98.52	20%
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE	61.20	76.50	20%
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE	73.44	91.80	20%
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	48.96	61.20	20%
64622	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERV	122.40	153.00	20%
64623	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERV	61.20	76.50	20%
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL,	171.36	214.20	20%
62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL,	208.08	260.10	20%
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL,	195.84	244.80	20%
62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR	171.36	214.20	20%
64442	INJECTION FOR NERVE BLOCK	110.16	137.70	20%
64443	INJECTION FOR NERVE BLOCK	61.20	76.50	20%
62278	INJECT SPINAL ANESTHETIC	195.84	244.80	20%
62275	INJECT SPINAL ANESTHETIC	197.68	247.10	20%
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	296.40	370.50	20%
78647	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF	224.00	280.00	20%
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	241.91	302.39	20%
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; TOMOGRAPHIC (SPECT)	270.00	337.50	20%
78807	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; TOM	270.00	337.50	20%
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	182.40	228.00	20%
78205	LIVER IMAGING (SPECT);	273.60	342.00	20%
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPH	77.90	97.38	20%
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTR	121.60	152.00	20%
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	109.25	136.56	20%
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYR	106.40	133.00	20%
76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIM	121.60	152.00	20%
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR RE	96.90	121.13	20%
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUM	123.50	154.38	20%
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUM	91.20	114.00	20%
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AN	123.50	154.38	20%
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AN	70.00	87.50	20%
76778	ECHOGRAPHY OF TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH	126.35	157.94	20%
76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS	133.00	166.25	20%
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE	109.00	136.25	20%
76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE	146.30	182.88	20%



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**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

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76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE	80.00	100.00	20%
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATIO	67.00	83.75	20%
76830	ECHOGRAPHY, TRANSVAGINAL	121.60	152.00	20%
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IM	106.40	133.00	20%
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IM	96.90	121.13	20%
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	91.20	114.00	20%
76872	ECHOGRAPHY, TRANSRECTAL;	130.15	162.69	20%
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WIT	91.20	114.00	20%
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERP	194.75	243.44	20%
93875	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTRACRANIAL ARTERIES, COMPL	98.15	122.69	20%
93922	NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY AR	118.26	147.82	20%
93923	NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY AR	144.16	180.20	20%
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRA	180.57	225.71	20%
93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRA	117.10	146.37	20%
93930	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAF	176.63	220.79	20%
93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAF	105.78	132.23	20%
93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE BILA	118.26	147.82	20%
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESS	176.63	220.79	20%
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESS	114.64	143.30	20%
93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINA	152.52	190.65	20%
93976	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINA	91.51	114.39	20%
93978	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BY	168.26	210.33	20%
93979	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BY	100.86	126.08	20%
93980	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VES	108.24	135.30	20%
93981	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VES	64.94	81.18	20%
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUM	121.60	152.00	20%
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WIT	115.90	144.88	20%
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN	127.30	159.13	20%
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGME	127.30	159.13	20%
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	121.60	152.00	20%
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSE	50.35	62.94	20%
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSE	73.15	91.44	20%
70350	CEPHALOGRAM, ORTHODONTIC	36.10	45.13	20%
70355	ORTHOPANTOGRAM	36.10	45.13	20%
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	43.70	54.63	20%
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRE	91.20	114.00	20%
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	45.60	57.00	20%
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	70.00	87.50	20%
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	30.40	38.00	20%
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	35.15	43.94	20%
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	36.10	45.13	20%
20501	INJECTION OF SINUS TRACT; DIAGNOSTIC	48.96	61.20	20%
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	57.95	72.44	20%
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITU	38.00	47.50	20%



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc. Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
71040	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPR	77.00	96.25	20%
71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRE	96.00	120.00	20%
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	41.80	52.25	20%
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTER	46.55	58.19	20%
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	51.30	64.13	20%
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIO	57.95	72.44	20%
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	36.10	45.13	20%
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM	42.75	53.44	20%
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTE	76.00	95.00	20%
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	30.40	38.00	20%
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	41.80	52.25	20%
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	57.00	71.25	20%
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQ	73.15	91.44	20%
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSI	42.75	53.44	20%
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	41.80	52.25	20%
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	44.65	55.81	20%
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	51.30	64.13	20%
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	41.80	52.25	20%
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE A	51.30	64.13	20%
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRAO	30.40	38.00	20%
74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE, RADIO	60.80	76.00	20%
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUP	102.00	127.50	20%
74405	CONTRAST X-RAY URINARY TRACT	96.90	121.13	20%
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	99.75	124.69	20%
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH	109.25	136.56	20%
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	64.00	80.00	20%
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGR	51.00	63.75	20%
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION A	45.00	56.25	20%
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL S	55.00	68.75	20%
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPR	55.00	68.75	20%
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND	60.00	75.00	20%
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	41.80	52.25	20%
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEW	57.95	72.44	20%
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING B	73.15	91.44	20%
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, M	51.30	64.13	20%
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	35.15	43.94	20%
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	46.55	58.19	20%
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	36.10	45.13	20%
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	42.75	53.44	20%
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	38.95	48.69	20%
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND	141.00	176.25	20%
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	38.00	47.50	20%
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	39.90	49.88	20%
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	33.25	41.56	20%



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc. Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEW	42.75	53.44	20%
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH	41.80	52.25	20%
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	35.15	43.94	20%
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	31.35	39.19	20%
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	36.10	45.13	20%
73090	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	28.50	35.63	20%
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO V	32.30	40.38	20%
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	27.55	34.44	20%
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	36.10	45.13	20%
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	28.50	35.63	20%
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	33.25	41.56	20%
73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS	21.85	27.31	20%
73500	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; ONE VIEW	29.45	36.81	20%
73510	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; COMPLETE, MINIMUM OF TWO	38.00	47.50	20%
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF E	55.10	68.88	20%
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	50.35	62.94	20%
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM O	41.80	52.25	20%
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND	109.25	136.56	20%
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	42.75	53.44	20%
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	23.00	28.75	20%
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEW	56.05	70.06	20%
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	36.10	45.13	20%
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEW	61.75	77.19	20%
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	59.85	74.81	20%
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	39.90	49.88	20%
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE	41.80	52.25	20%
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE	30.40	38.00	20%
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISIO	56.05	70.06	20%
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	36.10	45.13	20%
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	49.40	61.75	20%
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	33.25	41.56	20%
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF	55.10	68.88	20%
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	31.35	39.19	20%
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITH	36.10	45.13	20%
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, W	55.10	68.88	20%
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	10.00	12.50	20%
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL	19.00	23.75	20%
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	39.90	49.88	20%
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTER	71.97	89.96	20%
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST	78.85	98.56	20%
74740	HYSTEOSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETA	64.11	80.14	20%
74775	PERINEOGRAM (EG, VAGINOGRAM OR HERNIOGRAM)	121.60	152.00	20%
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPE	179.00	223.75	20%
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPER	230.00	287.50	20%



**APPENDIX 2, ATTACHMENT 1**  
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**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc. Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SU	224.00	280.00	20%
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPE	304.00	380.00	20%
75810	SPLENOPTOGRAM, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	202.00	252.50	20%
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVAL	224.00	280.00	20%
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC E	224.00	280.00	20%
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SI	27.55	34.44	20%
76020	BONE AGE STUDIES	42.75	53.44	20%
76040	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	51.30	64.13	20%
76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTAS	73.15	91.44	20%
76062	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPE	96.90	121.13	20%
76065	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	38.00	47.50	20%
76066	JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)	38.00	47.50	20%
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY	91.20	114.00	20%
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY	127.30	159.13	20%
76150	XERORADIOGRAPHY	30.40	38.00	20%
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; W	51.30	64.13	20%
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; W	53.20	66.50	20%
73550	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	36.10	45.13	20%
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	33.25	41.56	20%
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	38.00	47.50	20%
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	44.65	55.81	20%
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTER	33.25	41.56	20%
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	36.10	45.13	20%
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO V	36.10	45.13	20%
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	33.25	41.56	20%
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	34.20	42.75	20%
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	33.25	41.56	20%
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	35.15	43.94	20%
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	30.40	38.00	20%
73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS	26.60	33.25	20%
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	33.25	41.56	20%
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONA	37.05	46.31	20%
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS A	48.45	60.56	20%
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES	60.80	76.00	20%
74190	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOG	51.00	63.75	20%
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	59.85	74.81	20%
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	62.90	78.63	20%
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR W	77.00	96.25	20%
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR W	80.00	100.00	20%
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMAL	136.80	171.00	20%
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONT	83.00	103.75	20%
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONT	90.00	112.50	20%
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONT	139.65	174.56	20%
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILM	70.30	87.88	20%



**APPENDIX 2, ATTACHMENT 1**  
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**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc. Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
74251	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FIL	74.00	92.50	20%
74260	DUODENOGRAPHY, HYPOTONIC	75.41	94.26	20%
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KU	98.80	123.50	20%
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DE	129.20	161.50	20%
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	48.45	60.56	20%
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINA	28.50	35.63	20%
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADI	60.80	76.00	20%
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING O	28.05	35.06	20%
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRE	18.70	23.37	20%

The above net pricing may include pricing that can be based on a percentage off of the current state fee schedule or UCR table. These net prices may vary dependent on any changes/updates made by a particular state to their fee schedule/UCR table since the time that this report was generated.

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**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neuro**  
**Discount Rates**  
**CITY OF LOS ANGELES**

CPT	Description	Disc. Rate	FS/UCR	% OFF FEE SCHED
<b>CALIFORNIA 90001</b>				
74251	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FIL	74.00	92.50	20%
74260	DUODENOGRAPHY, HYPOTONIC	75.41	94.26	20%
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KU	98.80	123.50	20%
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DE	129.20	161.50	20%
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	48.45	60.56	20%
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINA	28.50	35.63	20%
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADI	60.80	76.00	20%
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING O	28.05	35.06	20%
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRE	18.70	23.37	20%

The above net pricing may include pricing that can be based on a percentage off of the current state fee schedule or UCR table. These net prices may vary dependent on any changes/updates made by a particular state to their fee schedule/UCR table since the time that this report was generated.

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## **Payor and Worker's Compensation Network Access Agreement**

This Workers' Compensation Network Access Agreement is between the City of Los Angeles, a municipal corporation, acting by and through the Personnel Department ("Payor"), StrataCare, LLC and BC Life & Health Insurance Company ("BCL&H") and is effective July 1, 2013.

### **RECITALS**

1. Whereas BCL&H provides a network of participating providers which has entered , or will enter into provider agreements with BCL&H or an affiliate of BCL&H ("Network") to provide medical care services to employees covered under workers' compensation program, at per diem, case, procedure, discount or other special reimbursement rate; and
2. Payor has a need for a Preferred Provider Organization (PPO) network for Payor's employees covered under Payor's workers' compensation program; and
3. Whereas, StrataCare provides medical bill review, cost containment and managed care services, and has entered into a Contract with the Payor ("Prime Contract") to provide, among other services, Preferred Provider Organization (PPO) Network services; and
4. Whereas, in order to fulfill StrataCare's obligations under the Prime Contract to provide the Payor with PPO Network services, StrataCare entered into a Contract with BCL&H Network for Preferred Provider Organization (PPO) Network services.

NOW, THEREFORE, in consideration of the promises and of the terms, covenants and conditions set forth herein, the parties hereby covenant, represent, and agree as follows:

### **1. PPO Network Services**

- 1.1 BCL&H and StrataCare shall grant to Payor access to Network and all rights to participate in such Network, and use reasonable efforts to continually develop Network for Payor to enjoy the benefit of Network discount rates which may become available.
- 1.2 BCL&H shall ensure that Payor is listed on the payor list created by BCL&H on all of the Network contracts and shall include any language required to ensure that the Payor obtains all benefits, including but not limited to maximum PPO discounts.
- 1.3 With the exception of Managed Care Program providers described in Prime Contract, Payor and StrataCare will use reasonable efforts to channel covered employees to Network.

### **2. Term and Termination**

- 2.1 This Agreement shall become effective on July 1, 2013 and shall be for a three year term.
- 2.2 Payor may terminate this Agreement for Payor's convenience at any time by giving BCL&H and StrataCare, LLC thirty (30) days written notice thereof. Refer to Standard Provisions for City Contracts (3-09), PSC-10.



IN WITNESS WHEREOF, the parties hereto through their authorized representatives have entered into this Agreement the date and their signatures below.

**BCL&H**

**City of Los Angeles**

By \_\_\_\_\_  
Robert Mortensen  
President, Anthem Workers' Compensation

By \_\_\_\_\_  
Margaret Whelan  
General Manager, Personnel Department

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Address for Notices:

Address for Notices:

Robert Mortensen  
Anthem Workers' Compensation  
3080 Bristol Street, Suite #200  
Costa Mesa, CA 92626

David Noltemeyer  
Workers' Compensation Division Chief  
700 E. Temple Street, Room 210  
Los Angeles, CA 90012

**StrataCare, LLC**

By \_\_\_\_\_  
E Harry Creasey  
President, StrataCare, LLC

Date: \_\_\_\_\_

Address for Notices:

E. Harry Creasey  
President  
StrataCare, LLC  
17838 Gillette Avenue  
Irvine, CA 92614



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

**BASIC MRI**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
72141	MRI CERVICAL SPINE WITHOUT CONTRAST	410.68	410.68	0.00	0
71550	MRI CHEST, MEDIASTINUM	445.00	711.22	266.22	37
70540	MRI, ORBIT, FACE, AND/OR NECK WITHOUT CONTRAST MATE	445.00	617.01	172.01	28
73721	MRI LOWER EXTREMITY, JOINT	431.59	431.59	0.00	0
73221	MRI UPPER EXTREMITY, JOINT	430.97	430.97	0.00	0
72148	MRI LUMBAR SPINE WITHOUT CONTRAST	411.03	411.03	0.00	0
72146	MRI THORACIC SPINE WITHOUT CONTRAST	410.68	410.68	0.00	0
73218	MRI UPPER EXTREMITY, NOT JOINT	445.00	627.75	182.75	29
70551	MRI OF THE BRAIN STEM WITHOUT CONTRAST	414.03	414.03	0.00	0
70336	MRI BILATERAL TMJ	445.00	551.47	106.47	19
72195	MRI PELVIS	445.00	644.75	199.75	31
74181	MRI, ABDOMEN	445.00	573.78	128.78	22
73718	MRI LOWER EXTREMITY	445.00	627.49	182.49	29
70547	MRA NECK	445.00	695.89	250.89	36
70544	MRA HEAD, W/OUT CONTRAST	445.00	694.05	249.05	36

**MRI W/CONTRAST**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
72149	MRI LUMBAR SPINE, W/CONTRAST	525.00	559.23	34.23	6
73719	MRI LOWER EXTREMITY W/CONTRAST	525.00	715.22	190.22	27
72142	MRI CERVICAL SPINE, W/CONTRAST	525.00	566.89	41.89	7
73722	MRI LOWER EXT., JOINT, W/CONTRAST	525.00	673.66	148.66	22
70552	MRI BRAIN, STEM, W/CONTRAST	525.00	564.78	39.78	7
74182	MRI ABDOMEN, W/CONTRAST	525.00	792.79	267.79	34
73222	MRI UPPER EXT., JOINT, W/CONTRAST	525.00	664.68	139.68	21
73219	MRI UPPER EXT. NOT JOINT, W/CONTRAST	525.00	712.75	187.75	26
71551	MRI CHEST, W/CONTRAST	525.00	803.88	278.88	35
72196	MRI PELVIS, W/CONTRAST	525.00	723.14	198.14	27
72147	MRI THORACIC SPINE, W/CONTRAST	525.00	561.34	36.34	6
70542	MRI, ORBIT, FACE, AND/OR NECK WITH CONTRAST MATERIAL	525.00	704.12	179.12	25
70548	MRA NECK, W/CONTRAST	525.00	731.02	206.02	28
70545	MRA HEAD, W/CONTRAST	525.00	684.18	159.18	23

**MRI W/WO CONTRAST**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
72157	MRI THORACIC SPINE W&WO CONTRAST	615.00	666.37	51.37	8
70553	MRI BRAIN, STEM, W&WO CONTRAST	615.00	665.14	50.14	8
73220	MRI UPPER EXT. NOT JOINT, W&WO CONTRAST	615.00	873.65	258.65	30
74183	MRI ABDOMEN, W&WO CONTRAST	615.00	885.27	270.27	31
70543	MRI, ORBIT, FACE, AND/OR NECK WITHOUT CONTRAST FOLL	615.00	861.33	246.33	29
73720	MRI LOWER EXTREMITY W&WO CONTRAST	615.00	878.58	263.58	30
72158	MRI LUMBAR SPINE W&WO CONTRAST	615.00	663.38	48.38	7
72156	MRI CERVICAL SPINE W&WO CONTRAST	615.00	665.76	50.76	8
73723	MRI LOWER EXT. JOINT, W&WO CONTRAST	615.00	825.58	210.58	26
77059	MRI BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL	615.00	935.80	320.80	34
77058	MRI BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL	615.00	939.49	324.49	35

**CALIFORNIA 90001**

**MRI W/WO CONTRAST**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
72197	MRI PELVIS W&WO CONTRAST	615.00	882.19	267.19	30



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

71552	MRI CHEST W&WO CONTRAST	615.00	1,011.62	396.62	39
73223	MRI UPPER EXT. JOINT, W&WO CONTRAST	615.00	823.11	208.11	25
72198	MRA PELVIS W OR WO CONTRAST	615.00	715.91	100.91	14
70546	MRA HEAD, W&WO CONTRAST	615.00	1,043.53	428.53	41
71555	MRA CHEST, W OR WO CONTRAST	615.00	707.22	92.22	13
72159	MRA SPINE W OR WO CONTRAST	615.00	738.28	123.28	17
74185	MRA, ABDOMEN W OR WO CONTRAST	615.00	717.76	102.76	14
73225	MRA UPPER EXTREMITY, W OR WO CONTRAST	615.00	728.25	113.25	16
70549	MRA NECK, W&WO CONTRAST	615.00	1,050.58	435.58	41
73725	MRA LOWER EXTREMITY, W OR WO CONTRAST	615.00	717.63	102.63	14

**BASIC CT**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
73700	CT LOWER EXTREMITY	250.00	323.68	73.68	23
72128	CT THORACIC SPINE	250.00	324.83	74.83	23
74176	CT ABDOMEN AND PELVIS WITHOUT CONTRAST	250.00	362.53	112.53	31
73200	CT UPPER EXTREMITY	250.00	323.68	73.68	23
74261	CT COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTI	250.00	816.58	566.58	69
72125	CT CERVICAL SPINE	250.00	331.16	81.16	25
72192	CT PELVIS WITHOUT CONTRAST	250.00	253.99	3.99	2
70486	CT MAXILLA FACIAL	250.00	350.43	100.43	29
70490	CT SOFT TISSUE NECK	250.00	345.31	95.31	28
74150	CT ABDOMEN WITHOUT CONTRAST	250.00	258.98	8.98	3
70450	CT HEAD/BRAIN	208.33	208.33	0.00	0
70480	CT ORBIT/EAR	250.00	426.05	176.05	41
71250	CT THORAX	250.00	324.08	74.08	23
72131	CT LUMBAR SPINE	250.00	323.59	73.59	23

**CT W/ CONTRAST**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
72129	CT THORACIC SPINE W/CONTRAST	275.00	406.09	131.09	32
49465	CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATOIN (	275.00	299.30	24.30	8
70491	CT SOFT TISSUE NECK W/CONTRAST	275.00	415.55	140.55	34
72193	CT PELVIS W/CONTRAST	275.00	399.70	124.70	31
72132	CT LUMBAR SPINE W/CONTRAST	275.00	404.86	129.86	32
70460	CT HEAD/BRAIN W/CONTRAST	275.00	285.17	10.17	4
71260	CT THORAX W/CONTRAST	275.00	405.97	130.97	32
73701	CT LOWER EXTREMITY W/CONTRAST	275.00	401.55	126.55	32
74160	CT ABDOMEN WITH CONTRAST	275.00	407.01	132.01	32
70481	CT ORBIT/EAR W/CONTRAST	275.00	497.25	222.25	45
73201	CT UPPER EXTREMITY W/CONTRAST	275.00	396.62	121.62	31
74177	CT ABDOMEN AND PELVIS WITH CONTRAST	275.00	548.76	273.76	50
72126	CT CERVICAL SPINE W/CONTRAST	275.00	406.09	131.09	32
70487	CT MAXILLA FACIAL W/CONTRAST	275.00	424.69	149.69	35

**CT W/WO CONTRAST**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
70488	CT MAXILLA FACIAL W&WO CONTRAST	320.00	509.32	189.32	37
73702	CT LOWER EXTREMITY W&WO CONTRAST	320.00	503.47	183.47	36
74178	CT ABDOMEN AND PELVIS WITHOUT CONTRAST FOLLOWED	320.00	639.73	319.73	50
71270	CT THORAX W&WO CONTRAST	320.00	490.74	170.74	35
70482	CT ORBIT/EAR W&WO CONTRAST	320.00	550.43	230.43	42



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

72130	CT THORACIC SPINE W&WO CONTRAST	320.00	490.21	170.21	35
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**CALIFORNIA 90001**

**CT W&WO CONTRAST**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
72194	CT PELVIS W&WO CONTRAST	320.00	468.96	148.96	32
73202	CT UPPER EXTREMITY W&WO CONTRAST	320.00	507.79	187.79	37
70470	CT BRAIN/HEAD W&WO CONTRAST	320.00	342.91	22.91	7
72127	CT CERVICAL SPINE W&WO CONTRAST	320.00	484.66	164.66	34
74262	CT COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTI	320.00	897.38	577.38	64
70492	CT SOFT TISSUE NECK W&WO CONTRAST	320.00	494.96	174.96	35
72133	CT LUMBAR SPINE W&WO CONTRAST	320.00	485.28	165.28	34
74170	CT ABDOMEN W&WO CONTRAST	320.00	470.62	150.62	32
75574	CT ANGIOGRAPHY HEART, CORONARY ARTERIES AND BYPA	320.00	711.37	391.37	55
73206	CTA UPPER EXTREMITY W&WO CONTRAST	320.00	568.46	248.46	44
71275	CTA CHEST W&WO CONTRAST	320.00	633.53	313.53	49
73706	CTA LOWER EXTREMITY W&WO CONTRAST	320.00	632.42	312.42	49
70496	CTA HEAD W&WO CONTRAST	320.00	761.84	441.84	58
74174	CT ANGIOGRAPHY, ABDOMEN AND PELVIS WITH CONTRAST	320.00	925.81	605.81	65
75635	CTA, W&WO, AB. AORTA & BILAT. ILIOFEMORAL LOWER EXT.	320.00	706.96	386.96	55
70498	CTA NECK W&WO CONTRAST	320.00	791.42	471.42	60
74175	CTA ABDOMEN W&WO CONTRAST	320.00	656.46	336.46	51

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
<b>ANGIOGRAPHY</b>					
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUF	281.45	351.81	70.36	20
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SU	168.91	211.14	42.23	20
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGIC	239.95	299.94	59.99	20
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE	219.56	274.45	54.89	20
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMC	209.91	262.39	52.48	20
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL	210.90	263.62	52.72	20
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STU	133.89	167.36	33.47	20
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOL	245.06	306.32	61.26	20
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER	226.18	282.73	56.55	20
75791	ANGIOGRAPHY, ARTERIOVENOUS SHUNT, COMPLETE EVALL	444.99	556.24	111.25	20
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, F	232.02	290.03	58.01	20
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERV	330.80	413.50	82.70	20
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUP	209.34	261.67	52.33	20
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOG	208.50	260.63	52.13	20
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND	184.20	230.25	46.05	20
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLO	262.14	327.68	65.54	20
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION ANI	202.02	252.53	50.51	20
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPEI	244.42	305.53	61.11	20
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACEI	140.72	175.90	35.18	20
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL S	236.44	295.55	59.11	20
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, R	195.40	244.25	48.85	20
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLC	273.84	342.30	68.46	20
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SI	235.97	294.96	58.99	20
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLC	216.39	270.49	54.10	20

**CALIFORNIA 90001**

**EXTENDED**



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, F	198.07	247.59	49.52	20
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYN	208.43	260.54	52.11	20
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGI	205.75	257.19	51.44	20
36005	INJECTION PROCEDURE FOR CONTRAST VENOGRAPHY (INC	460.26	575.33	115.07	20
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIC	250.00	312.50	62.50	20
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RAD	216.71	270.89	54.18	20
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGI	113.24	141.55	28.31	20
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOI	173.96	217.45	43.49	20
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIC	151.98	189.98	38.00	20
27370	INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY	225.02	281.27	56.25	20
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIC	141.14	176.42	35.28	20
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLO	141.14	176.42	35.28	20
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOU	260.24	325.30	65.06	20
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	221.61	277.01	55.40	20
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	224.02	280.02	56.00	20
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADI	139.38	174.22	34.84	20
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY	180.36	225.45	45.09	20
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	228.61	285.76	57.15	20
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, R	144.10	180.12	36.02	20
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH AN	333.25	416.56	83.31	20
77082	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSI	37.17	46.46	9.29	20
77081	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSI	36.91	46.14	9.23	20
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSI	66.59	83.24	16.65	20
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COUR	128.50	160.63	32.13	20
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); M	1,359.37	1,699.21	339.84	20
77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPU	112.18	140.23	28.05	20
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR OF	27.40	34.25	6.85	20
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLE	207.90	259.88	51.98	20
77404	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT ARE	190.11	237.64	47.53	20
77406	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT ARE	189.12	236.40	47.28	20
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)	19.02	23.77	4.75	20
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERI	67.62	84.52	16.90	20
77762	INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMI	668.88	836.10	167.22	20
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATI	975.56	1,219.45	243.89	20
77411	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATM	259.14	323.92	64.78	20
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRAD	200.46	250.58	50.12	20
77305	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPU	77.91	97.39	19.48	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF C	523.70	654.63	130.93	20
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	94.31	117.89	23.58	20
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTIN	369.30	461.63	92.33	20
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTIN	575.66	719.57	143.91	20
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (II	537.69	672.11	134.42	20
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOL	204.46	255.57	51.11	20
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPU	177.68	222.10	44.42	20
77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING	102.84	128.55	25.71	20
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMI	140.91	176.14	35.23	20



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	476.32	595.40	119.08	20
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTIN	688.49	860.61	172.12	20
77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPAR	332.11	415.14	83.03	20
77408	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATM	234.49	293.11	58.62	20
77416	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPAR	347.39	434.24	86.85	20
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT ARE	192.58	240.72	48.14	20
77328	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULT	361.55	451.94	90.39	20
77761	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	508.42	635.52	127.10	20
77776	INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE	567.10	708.88	141.78	20
77403	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT ARE	170.38	212.98	42.60	20
77778	INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX	1,127.89	1,409.86	281.97	20
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	493.24	616.55	123.31	20
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPI	199.46	249.33	49.87	20
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	156.94	196.17	39.23	20
77413	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPAR	308.44	385.55	77.11	20
77777	INTERSTITIAL RADIATION SOURCE APPLICATION; INTERMED	758.12	947.65	189.53	20
77014	CT GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIE	165.18	206.48	41.30	20
77327	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (	271.32	339.15	67.83	20
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIF	82.25	102.81	20.56	20
77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATM	349.86	437.33	87.47	20
77409	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATM	260.62	325.77	65.15	20
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLI	107.33	134.16	26.83	20
77326	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCUL	193.45	241.81	48.36	20
77011	CT GUIDANCE FOR STEREOTACTIC LOCALIZATION	303.86	379.83	75.97	20
77414	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPAR	347.39	434.24	86.85	20
77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	233.63	292.04	58.41	20
77789	SURFACE APPLICATION OF RADIATION SOURCE	155.60	194.50	38.90	20
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 I	1,363.06	1,703.83	340.77	20
77763	INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLE	946.19	1,182.74	236.55	20
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, V	125.62	157.03	31.41	20
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUF	69.22	86.52	17.30	20
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (VERTEBRAL BC	746.00	932.50	186.50	20
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATIOI	124.53	155.66	31.13	20
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OI	119.50	149.37	29.87	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
77051	COMPUTER-AIDED DETECTION WITH FURTHER PHYSICIAN R	13.57	16.96	3.39	20
77057	SCREENING MAMMOGRAPHY, BILATERAL	109.26	136.57	27.31	20
G0204	DIAGNOSTIC MAMMOGRAPHY PRODUCING DIRECT DIGITAL I	159.68	199.60	39.92	20
77052	COMPUTER-AIDED DETECTION WITH FURTHER PHYSICIAN R	13.57	16.96	3.39	20
77056	MAMMOGRAPHY; BILATERAL	154.02	192.53	38.51	20
G0206	DIAGNOSTIC MAMMOGRAPHY PRODUCING DIRECT DIGITAL I	125.56	156.95	31.39	20
G0202	SCREENING MAMMOGRAPHY PRODUCING DIRECT DIGITAL	130.90	163.63	32.73	20
77055	MAMMOGRAPHY; UNILATERAL	119.61	149.51	29.90	20
J3360	INJECTION, DIAZEPAM, UP TO 5 MG	2.61	3.26	0.65	20
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	50.10	62.63	12.53	20
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRA	488.74	610.92	122.18	20
77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTIN	640.34	800.43	160.09	20
77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	125.70	157.13	31.43	20



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

85025	BLOOD COUNT; HEMOGRAM AND PLATELET COUNT, AUTOM	10.18	12.73	2.55	20
75563	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION WITHOUT	691.61	864.51	172.90	20
00148	ANESTHESIA FOR EYE EXAM	111.62	139.52	27.90	20
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH II	127.74	159.68	31.94	20
93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL O	121.18	151.47	30.29	20
93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL AR	355.07	443.84	88.77	20
27645	RADICAL RESECTION OF TUMOR, BONE; TIBIA	2,358.20	2,947.75	589.55	20
77084	MRI, BONE MARROW BLOOD SUPPLY	536.78	670.97	134.19	20
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL E	637.58	796.97	159.39	20
44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY	2,457.95	3,072.44	614.49	20
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT M	313.92	392.40	78.48	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AN	184.43	230.54	46.11	20
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOU	358.34	447.93	89.59	20
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AN	91.79	114.74	22.95	20
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY	120.30	150.38	30.08	20
93924	NON-INVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMIT	172.24	215.30	43.06	20
01850	ANESTH, LOWER ARM VEIN SURG	83.71	104.64	20.93	20
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	331.86	414.82	82.96	20
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA	281.50	351.88	70.38	20
27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGI	876.49	1,095.61	219.12	20
75559	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION WITHOUT	599.66	749.58	149.92	20
27070	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, I	1,136.06	1,420.08	284.02	20
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHEN	1,322.66	1,653.32	330.66	20
75561	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION WITHOUT	585.68	732.10	146.42	20
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR R	975.41	1,219.26	243.85	20
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT C	33.12	41.40	8.28	20
33970	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THR	461.38	576.72	115.34	20
27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; W	2,270.79	2,838.49	567.70	20
36410	VENIPUNCTURE, CHILD OVER AGE 3 YEARS OR ADULT, NECI	23.02	28.78	5.76	20
49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY	184.10	230.13	46.03	20
93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BIL	187.90	234.87	46.97	20
93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTE	193.10	241.38	48.28	20
00100	ANESTH, SKIN SURGERY	139.52	174.40	34.88	20
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND	133.74	167.17	33.43	20
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING UI	255.88	319.85	63.97	20
52204	CYSTOURETHROSCOPY, WITH BIOPSY	505.35	631.69	126.34	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PA	259.38	324.23	64.85	20
93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY M/	25.43	31.79	6.36	20
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSUF	1,258.28	1,572.85	314.57	20
62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF AR	967.34	1,209.18	241.84	20
57000	COLPOTOMY; WITH EXPLORATION	254.15	317.69	63.54	20
62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; C	449.01	561.26	112.25	20
77021	MR GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SL	539.54	674.43	134.89	20
94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRAI	7.18	8.97	1.79	20



**APPENDIX 2, ATTACHMENT 1  
Diagnostic Imaging / Neurology Discount Rates (2014)  
CITY OF LOS ANGELES**

29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (M	727.88	909.85	181.97	20
27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR	816.65	1,020.81	204.16	20
80299	QUANTITATION OF DRUG, NOT ELSEWHERE SPECIFIED	17.94	22.42	4.48	20
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION,	765.30	956.63	191.33	20
70554	MRI BRAIN, FUNCTIONAL MRI, NOT REQUIRING MD OR PSYCI	615.80	769.75	153.95	20
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCI	671.83	839.79	167.96	20
36415	ROUTINE VENIPUNCTURE OR FINGER/HEEL/EAR STICK FOR	2.88	3.60	0.72	20
50660	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION /	1,510.07	1,887.59	377.52	20
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLOR.	959.14	1,198.92	239.78	20
75557	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION WITHOUT	442.21	552.76	110.55	20
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	244.32	305.40	61.08	20
62287	ASPIRATION OR DECOMPRESSION PROCEDURE, PERCUTAN	763.78	954.72	190.94	20
75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING	75.70	94.63	18.93	20
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	1.90	2.37	0.47	20
93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CC	52.78	65.97	13.19	20
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	50.39	62.99	12.60	20
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULT	11.89	14.86	2.97	20
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO O	417.27	521.59	104.32	20
22222	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOF	2,075.95	2,594.94	518.99	20
27158	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFOF	1,857.55	2,321.94	464.39	20
95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR	56.58	70.73	14.15	20
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 1E	30.23	37.79	7.56	20
86325	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CS	29.29	36.61	7.32	20
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICI	371.72	464.65	92.93	20
<b>CALIFORNIA 90001</b>					
<b>EXTENDED</b>					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISI	171.70	214.63	42.93	20
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	237.45	296.81	59.36	20
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUP	266.62	333.28	66.66	20
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION A	166.86	208.57	41.71	20
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AI	175.52	219.40	43.88	20
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPER	80.19	100.24	20.05	20
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	242.67	303.34	60.67	20
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC	274.60	343.25	68.65	20
78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; LIMITEE	262.87	328.59	65.72	20
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INC	279.31	349.14	69.83	20
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	433.93	542.41	108.48	20
J0150	INJECTION, ADENOSINE, 6 MG (NOT TO BE USED TO REPORT	4.66	5.83	1.17	20
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	592.10	740.13	148.03	20
78258	ESOPHAGEAL MOTILITY	305.57	381.96	76.39	20
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLAN	316.46	395.57	79.11	20
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SII	319.02	398.78	79.76	20
78725	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC S	150.06	187.57	37.51	20
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPAI	134.90	168.63	33.73	20
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	168.38	210.48	42.10	20
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND \	141.26	176.57	35.31	20
78291	PERITONEAL-VEIN SHUNT PATENCY TEST (EG, FOR LEVE	346.83	433.54	86.71	20
78458	VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL	221.98	277.48	55.50	20
78070	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION	413.03	516.29	103.26	20



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

78264	GASTRIC EMPTYING STUDY	399.22	499.03	99.81	20
78730	URINARY BLADDER RESIDUAL STUDY	105.31	131.64	26.33	20
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW	290.72	363.40	72.68	20
78261	GASTRIC MUCOSA IMAGING	350.48	438.10	87.62	20
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	254.28	317.85	63.57	20
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	482.70	603.37	120.67	20
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA	301.28	376.60	75.32	20
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	249.98	312.47	62.49	20
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIC	388.98	486.22	97.24	20
78111	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTI	136.58	170.72	34.14	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
J2805	INJECTION SINCALIDE, 5 MCG	66.49	83.11	16.62	20
78014	THYROID IMAGING INCLUDNG VASCULAR FLOW, WHEN PER	326.02	407.53	81.51	20
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	318.70	398.38	79.68	20
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	458.86	573.57	114.71	20
78806	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY	458.58	573.22	114.64	20
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLO	292.94	366.18	73.24	20
78267	UREA BREATH TEST, C-14; ACQUISITION FOR ANALYSIS	10.30	12.88	2.58	20
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; WHOLE	789.68	987.10	197.42	20
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT)	473.94	592.43	118.49	20
78103	BONE MARROW IMAGING; MULTIPLE AREAS	310.24	387.80	77.56	20
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHO	550.10	687.62	137.52	20
78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION	483.53	604.41	120.88	20
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	257.83	322.29	64.46	20
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING IN	449.92	562.40	112.48	20
78805	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY	251.66	314.58	62.92	20
78700	KIDNEY IMAGING; STATIC ONLY	240.98	301.23	60.25	20
78709	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; ML	504.93	631.16	126.23	20
78230	SALIVARY GLAND IMAGING;	188.72	235.90	47.18	20
78801	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; MULTIP	346.52	433.15	86.63	20
78268	UREA BREATH TEST, C-14; ANALYSIS	88.22	110.27	22.05	20
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLC	300.34	375.42	75.08	20
78013	THYROID IMAGING INCLUDING VASCULAR FLOW, WHEN PER	269.43	336.79	67.36	20
78232	SALIVARY GLAND FUNCTION STUDY	135.86	169.83	33.97	20
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECT	271.24	339.05	67.81	20
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	296.99	371.24	74.25	20
78262	GASTROESOPHAGEAL REFLUX STUDY	338.34	422.93	84.59	20
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MUL1	399.03	498.79	99.76	20
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	268.22	335.28	67.06	20
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WI	124.78	155.97	31.19	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
78453	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QU	424.12	530.15	106.03	20
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDUR	131.60	164.50	32.90	20
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	177.94	222.42	44.48	20
79200	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	207.18	258.97	51.79	20
J1940	INJECTION, FUROSEMIDE, UP TO 20 MG (FUROMIDE M.D. OR	2.89	3.61	0.72	20



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

78020	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARAT	112.44	140.55	28.11	20
78191	PLATELET SURVIVAL STUDY	234.32	292.90	58.58	20
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	493.18	616.48	123.30	20
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TEC	329.02	411.27	82.25	20
78110	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTI	130.32	162.90	32.58	20
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAI	186.21	232.76	46.55	20
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT)	659.38	824.22	164.84	20
78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION	604.68	755.85	151.17	20
78650	CSF LEAKAGE DETECTION AND LOCALIZATION	467.74	584.68	116.94	20
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	347.14	433.93	86.79	20
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAP	311.06	388.82	77.76	20
J2785	INJECTION, REGADENOSON, 0.1 MG	42.74	53.43	10.69	20
78104	BONE MARROW IMAGING; WHOLE BODY	335.62	419.53	83.91	20
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDIN	304.96	381.20	76.24	20
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY	237.75	297.19	59.44	20
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SING	59.63	74.54	14.91	20
78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; WHOLE	446.74	558.43	111.69	20
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING IN	470.06	587.58	117.52	20
78012	THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE MEA	106.58	133.23	26.65	20
78579	PULMONARY VENTILATION IMAGING (EG AEROSOL OR GAS)	258.74	323.43	64.69	20
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WI	124.78	155.97	31.19	20
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	443.78	554.72	110.94	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIV	252.08	315.10	63.02	20
78582	PULMONARY VENTILATION IMAGING (EG AEROSOL OR GAS)	464.69	580.86	116.17	20
78481	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TEC	242.14	302.68	60.54	20
78454	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCD. QUALITA	604.60	755.75	151.15	20
78580	PULMONARY PERFUSION IMAGING, PARTICULATE	331.21	414.01	82.80	20
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE	487.31	609.14	121.83	20
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND	426.30	532.87	106.57	20
78290	INTESTINAL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECI	464.92	581.15	116.23	20
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING IN	472.33	590.41	118.08	20
78130	RED CELL SURVIVAL STUDY;	234.32	292.90	58.58	20
78102	BONE MARROW IMAGING; LIMITED AREA	233.57	291.96	58.39	20
78202	LIVER IMAGING; WITH VASCULAR FLOW	281.53	351.91	70.38	20
78708	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SII	235.19	293.99	58.80	20
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDUF	138.53	173.16	34.63	20
78201	LIVER IMAGING; STATIC ONLY	259.07	323.84	64.77	20
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	483.83	604.79	120.96	20
78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); I	122.11	122.11	0.00	0

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	0.48	0.60	0.12	20
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	133.95	167.44	33.49	20
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG(NDC KI	1.39	1.74	0.35	20
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARA'	243.15	303.94	60.79	20
64490	INJECTION(S) DIAGNOSTIC OR THERAPEUTIC AGENT, PARAV	267.44	334.30	66.86	20



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

64412	INJECTION, ANESTHETIC AGENT; SPINAL ACCESSORY NERV	190.26	237.82	47.56	20
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTER	157.76	197.20	39.44	20
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG	0.48	0.60	0.12	20
99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATIO	90.22	112.77	22.55	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
64491	SECOND LEVEL -- INJECTION(S) DIAGNOSTIC OR THERAPEU	129.49	161.86	32.37	20
64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE	171.69	214.61	42.92	20
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	4.24	5.30	1.06	20
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	177.79	222.24	44.45	20
J0702	INJECTION, BETAMETHASONE ACETATE AND BETAMETHASC	4.56	5.70	1.14	20
64455	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANI	64.57	80.71	16.14	20
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALC	441.04	551.30	110.26	20
62319	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOL	154.15	192.69	38.54	20
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERV	110.70	138.38	27.68	20
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGA	181.06	226.32	45.26	20
62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; L	465.83	582.29	116.46	20
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	197.42	246.78	49.36	20
64483	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFC	309.47	386.84	77.37	20
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY C	171.05	213.81	42.76	20
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SIN	155.57	194.46	38.89	20
64447	INJECTION, ANESTHETIC AGENT: FEMORAL NERVE (SINGLE	161.56	201.95	40.39	20
64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARA	120.22	150.28	30.06	20
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE)	184.86	231.07	46.21	20
62310	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT	150.14	187.67	37.53	20
64484	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFC	121.25	151.56	30.31	20
62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALC	334.83	418.54	83.71	20
64480	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFC	157.74	197.17	39.43	20
64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARA	119.71	149.64	29.93	20
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	189.57	236.96	47.39	20
64492	THIRD AND ANY ADDITIONAL LEVEL -- INJECTION(S) DIAGNO	130.52	163.15	32.63	20
96374	INJECTION INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTA	54.78	68.48	13.70	20
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, ML	209.66	262.08	52.42	20
62311	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT	147.85	184.81	36.96	20
J2001	LIDOCAINE INJECTION	0.02	0.02	0.00	20
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	168.25	210.31	42.06	20
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE	184.91	231.14	46.23	20
64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS	169.06	211.33	42.27	20
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERV	137.34	171.67	34.33	20
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS	161.66	202.08	40.42	20
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALC	399.81	499.76	99.95	20
64479	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFC	332.18	415.23	83.05	20
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	482.11	602.64	120.53	20
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; TOMOG	470.01	587.51	117.50	20
78647	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING IN	486.26	607.83	121.57	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	275.34	344.17	68.83	20



**APPENDIX 2, ATTACHMENT 1  
Diagnostic Imaging / Neurology Discount Rates (2014)  
CITY OF LOS ANGELES**

78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	470.39	587.99	117.60	20
78205	LIVER IMAGING (SPECT);	294.66	368.33	73.67	20
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	269.87	337.34	67.47	20
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (	136.78	170.97	34.19	20
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-	137.26	171.57	34.31	20
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, I	371.52	464.40	92.88	20
76830	ECHOGRAPHY, TRANSVAGINAL	171.64	214.55	42.91	20
76801	ULTRASOUND PREGNANT UTERUS, REAL TIME WITH IMAGE	170.10	212.63	42.53	20
76881	ULTRASOUND EXTREMITY NONVASCULAR, REAL-TIME IMAGI	160.89	201.11	40.22	20
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	246.87	308.59	61.72	20
76872	ECHOGRAPHY, TRANSRECTAL;	124.59	155.74	31.15	20
76514	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYM	19.91	24.89	4.98	20
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGIN	112.50	140.63	28.13	20
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSE	183.86	229.83	45.97	20
76776	ULTRASOUND TRANSPLANTED KIDNEY, REAL TIME AND DUP	210.52	263.15	52.63	20
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	282.00	352.50	70.50	20
76831	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW I	168.04	210.05	42.01	20
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	128.54	160.68	32.14	20
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-S	133.74	167.18	33.44	20
76510	OPHTHALMIC ULTRASOUND, DOIAGNOSTIC; B-SCAN AND QU	234.58	293.22	58.64	20
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	98.71	123.39	24.68	20
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUI	42.50	53.12	10.62	20
93923	COMPLETE NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPEF	136.81	171.01	34.20	20
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERI	242.10	302.62	60.52	20
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	157.02	196.27	39.25	20
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITI	167.79	209.74	41.95	20
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR	70.18	87.72	17.54	20
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR R	168.68	210.85	42.17	20
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, IMAGING	43.06	53.83	10.77	20
93930	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERI/	227.58	284.48	56.90	20
93980	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLO	117.02	146.27	29.25	20
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTER'	126.72	158.40	31.68	20
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSE	111.53	139.41	27.88	20
93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLO	350.57	438.21	87.64	20
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT	117.95	147.44	29.49	20
93981	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLO	72.19	90.24	18.05	20
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	197.72	247.15	49.43	20
76873	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY F	229.30	286.62	57.32	20
93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERI	138.46	173.07	34.61	20
76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) A	119.60	149.50	29.90	20
76885	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCI	202.24	252.80	50.56	20
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-	114.23	142.79	28.56	20
76886	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCI	145.30	181.63	36.33	20
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	88.58	110.73	22.15	20
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR	26.99	33.74	6.75	20
76950	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION TH	67.18	83.98	16.80	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERI/	155.64	194.55	38.91	20



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

93976	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW	206.39	257.99	51.60	20
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	107.66	134.58	26.92	20
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THY	166.39	207.99	41.60	20
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WIT	191.53	239.41	47.88	20
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, I	223.19	278.99	55.80	20
93922	NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWE	87.44	109.30	21.86	20
93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS	119.18	148.97	29.79	20
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT STRESS OR NON-S	119.95	149.94	29.99	20
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	136.82	171.03	34.21	20
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR	101.62	127.03	25.41	20
76857	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR R	72.15	90.19	18.04	20
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL	363.62	454.52	90.90	20
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WIT	147.50	184.38	36.88	20
76810	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	129.23	161.54	32.31	20
93979	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASC	153.58	191.98	38.40	20
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	163.88	204.85	40.97	20
76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS	186.43	233.04	46.61	20
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; AI	129.82	162.27	32.45	20
76775	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NOI	87.40	109.25	21.85	20
76882	ULTRASOUND EXTREMITY NONVASCULAR, REAL-TIME IMAGI	46.23	57.79	11.56	20
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-	105.78	132.22	26.44	20
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	161.53	201.91	40.38	20
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; C	124.79	155.99	31.20	20
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NOI	180.54	225.68	45.14	20
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	121.98	152.47	30.49	20
54240	PENILE PLETHYSMOGRAPHY	134.78	168.47	33.69	20
93978	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASC	221.79	277.24	55.45	20
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	65.06	81.32	16.26	20
76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	105.02	131.28	26.26	20
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	41.80	69.85	28.05	40
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMU	41.80	52.64	10.84	21
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION	41.80	132.63	90.83	68
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SL	41.80	256.52	214.72	84
70355	ORTHOPANTOGRAM	34.55	34.55	0.00	0
73550	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	41.80	48.39	6.59	14
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE A	41.80	83.71	41.91	50
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, CO	41.80	94.67	52.87	56
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, II	41.80	106.34	64.54	61
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS T	41.80	191.18	149.38	78
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SL	41.80	191.91	150.11	78
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR	41.80	66.41	24.61	37
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	41.80	54.56	12.76	23
73510	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; COMPLETE, M	41.80	67.24	25.44	38
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM O	41.80	57.55	15.75	27
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF	41.80	64.95	23.15	36
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	41.80	63.74	21.94	34

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF	41.80	57.55	15.75	27



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	41.80	52.49	10.69	20
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	41.80	57.23	15.43	27
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM	41.80	49.54	7.74	16
73090	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	41.80	47.75	5.95	12
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDI	41.80	69.24	27.44	40
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL /	41.80	79.46	37.66	47
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	41.80	49.01	7.21	15
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, I	41.80	246.95	205.15	83
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS T	41.80	238.64	196.84	82
76098	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	31.73	31.73	0.00	0
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUC	41.80	135.97	94.17	69
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THR	41.80	61.02	19.22	31
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	41.80	49.54	7.74	16
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, I	41.80	67.92	26.12	38
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MII	41.80	48.37	6.57	14
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM	41.80	68.13	26.33	39
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	41.80	120.69	78.89	65
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERV	41.80	144.04	102.24	71
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN	41.80	59.34	17.54	30
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF T	41.80	70.62	28.82	41
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOS	41.46	41.46	0.00	0
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR	41.80	61.02	19.22	31
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MO	41.80	73.96	32.16	43
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	41.80	51.13	9.33	18
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLI	41.80	88.72	46.92	53
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPI	41.80	306.91	265.11	86
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	40.42	40.42	0.00	0
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FC	41.80	46.39	4.59	10
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG	41.80	120.56	78.76	65
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE V	41.80	61.80	20.00	32
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LA	41.80	62.42	20.62	33
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VII	41.80	54.28	12.48	23
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY,	41.80	135.35	93.55	69
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION	41.80	1,269.17	1,227.37	97
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, C	41.80	84.22	42.42	50
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISIO	41.80	148.89	107.09	72
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CI	41.80	74.09	32.29	44
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	41.80	157.48	115.68	73
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULL	41.80	65.56	23.76	36
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLE	41.80	110.03	68.23	62
77076	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	41.80	181.56	139.76	77
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	41.80	62.22	20.42	33
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRI	41.80	174.01	132.21	76
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, I	41.80	140.73	98.93	70
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	25.33	25.33	0.00	0
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR	41.80	59.89	18.09	30
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, I	41.80	221.68	179.88	81

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
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**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION,	41.80	65.63	23.83	36
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING,	41.80	60.72	18.92	31
77072	BONE AGE STUDIES	39.55	39.55	0.00	0
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RAI	41.80	166.21	124.41	75
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MIN	41.80	73.00	31.20	43
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF	41.80	81.11	39.31	48
71010	RADIOLOGIC EXAMINATION; CHEST; SINGLE VIEW, FRONTAL	39.61	39.61	0.00	0
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE	41.80	181.62	139.82	77
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINI	41.80	58.17	16.37	28
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING F	41.80	68.00	26.20	39
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR	41.80	64.01	22.21	35
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERC	41.80	344.07	302.27	88
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUI	41.80	98.99	57.19	58
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS TH	41.80	52.62	10.82	21
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY L	39.19	39.19	0.00	0
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MIN	41.80	48.37	6.57	14
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEW	41.80	56.32	14.52	26
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEW	41.80	64.01	22.21	35
73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VI	41.80	57.19	15.39	27
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTI	41.80	91.13	49.33	54
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OI	41.80	78.84	37.04	47
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	41.80	56.00	14.20	25
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERC	41.80	255.85	214.05	84
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THR	41.80	51.26	9.46	18
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	41.80	49.60	7.80	16
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT,	41.80	100.71	58.91	58
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, C	41.80	54.40	12.60	23
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL /	41.80	63.69	21.89	34
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDIN	41.80	69.03	27.23	39
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	41.80	52.09	10.29	20
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPI	41.80	204.69	162.89	80
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR RI	41.80	117.14	75.34	64
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF	41.80	1,113.79	1,071.99	96
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, U	41.80	331.57	289.77	87
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO	41.80	61.63	19.83	32
20501	INJECTION OF SINUS TRACT; DIAGNOSTIC	41.80	205.41	163.61	80
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLE	41.80	66.28	24.48	37
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING PC	41.80	91.72	49.92	54
73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEW	41.80	52.26	10.46	20
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL /	41.80	51.68	9.88	19
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM	41.80	83.86	42.06	50
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM C	41.80	74.72	32.92	44
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	41.80	48.99	7.19	15
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEW	41.80	63.88	22.08	35
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO	41.80	48.37	6.57	14
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULT	41.80	186.99	145.19	78
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH C	41.80	272.22	230.42	85
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	41.80	53.39	11.59	22

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
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**APPENDIX 2, ATTACHMENT 1  
Diagnostic Imaging / Neurology Discount Rates (2014)  
CITY OF LOS ANGELES**

73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	41.80	47.14	5.34	11
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STAN	41.80	65.33	23.53	36
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN	41.80	50.77	8.97	18
74260	DUODENOGRAPHY, HYPOTONIC	41.80	600.36	558.56	93
70350	CEPHALOGRAM, ORTHODONTIC	35.98	35.98	0.00	0
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF	41.80	76.34	34.54	45
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	41.80	232.49	190.69	82
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF	41.80	53.85	12.05	22
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM O	41.80	73.41	31.61	43
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VI	41.80	49.54	7.74	16
73500	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; ONE VIEW	41.80	45.93	4.13	9
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SF	41.80	380.36	338.56	89
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	41.80	48.43	6.63	14
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF I	41.80	82.63	40.83	49
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	41.80	47.07	5.27	11
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREI	41.80	50.15	8.35	17
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	41.80	46.52	4.72	10
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ES	41.80	135.22	93.42	69
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL	64.25	80.31	16.06	20
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RA	288.54	360.67	72.13	20
61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITI	156.67	195.84	39.17	20
10022	FINE NEEDLE ASPIRATION WITH IMAGING GUIDANCE	192.63	240.79	48.16	20
26080	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOV/	525.91	657.39	131.48	20
01922	ANESTH, CT OR MRI SCAN	195.33	244.16	48.83	20
27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	1,215.13	1,518.91	303.78	20
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	2.40	3.00	0.60	20
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE (VERSED), PER 1	0.10	0.13	0.03	20
75989	RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUN	167.18	208.97	41.79	20
76377	3D RENDERING WITH INTERPRETATION & REPORTING OF CT	110.77	138.46	27.69	20
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	2.19	2.74	0.55	20
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL	240.95	301.19	60.24	20
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPR	9.18	11.48	2.30	20
82565	SCREENING FOR CREATININE (BLOOD) FOR MRI WITH CONT	6.71	8.39	1.68	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	1,010.33	1,262.91	252.58	20
76390	MAGNETIC RESONANCE SPECTROSCOPY	607.89	759.86	151.97	20
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO UI	131.98	164.98	33.00	20
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADI	131.49	164.36	32.87	20
78807	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY	468.25	585.31	117.06	20
20200	BIOPSY, MUSCLE; SUPERFICIAL	283.96	354.95	70.99	20
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT	225.06	281.33	56.27	20
77012	CT GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SU	170.99	213.74	42.75	20
20205	BIOPSY, MUSCLE; DEEP	391.42	489.28	97.86	20
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR	80.64	100.80	20.16	20
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	312.98	391.22	78.24	20
11404	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LIST	292.15	365.19	73.04	20
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY	81.78	102.22	20.44	20
20551	INJECTION; SINGLE TENDON ORIGIN/INSERTION.	82.02	102.53	20.51	20



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

51605	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CC	50.93	63.66	12.73	20
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE	121.32	151.65	30.33	20
94761	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATL	4.83	6.04	1.21	20
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT	202.50	253.12	50.62	20
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TI	81.19	101.49	20.30	20
01916	ANESTHESIA FOR DIAGNOSTIC ARTERIOGRAPHY/VENOGRAFI	139.52	174.40	34.88	20
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGFI	226.13	282.66	56.53	20
62284	INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMP	269.38	336.72	67.34	20
70370	RADIOLOGIC EXAMINATION, PHARYNX OR LARYNX, INCLUDI	110.85	138.56	27.71	20
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLO	202.38	252.97	50.59	20
76942	ULTRASOUND GUIDANCE FOR NEEDLE PLACEMENT, RADIOLO	97.58	121.97	24.39	20
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	514.38	642.97	128.59	20
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION	274.36	342.95	68.59	20
J0585	BOTULINUM TOXIN TYPE A, PER UNIT	4.36	5.45	1.09	20
64633	DESTRUCTION BY NEUOLYTIC AGENT, PARAVERTEBRAL FAC	603.93	754.91	150.98	20
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPI	157.14	196.42	39.28	20
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR	757.17	946.46	189.29	20
74327	POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTA	190.12	237.65	47.53	20
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RE	131.98	164.98	33.00	20
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOC	203.50	254.37	50.87	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
77073	BONE LENGTH STUDIES	50.81	63.51	12.70	20
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WIT	155.90	194.88	38.98	20
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL	55.62	69.53	13.91	20
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, E	138.39	172.99	34.60	20
19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	155.33	194.16	38.83	20
10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	204.22	255.28	51.06	20
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL /	90.33	112.91	22.58	20
20553	INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), 3 OR M	86.86	108.58	21.72	20
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUD	126.88	158.60	31.72	20
74251	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULT	578.70	723.37	144.67	20
78351	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR I	19.46	24.32	4.86	20
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, C	177.42	221.77	44.35	20
26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOV/	422.43	528.04	105.61	20
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOL	528.10	660.12	132.02	20
25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH E	750.23	937.79	187.56	20
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CON	163.33	204.16	40.83	20
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOL	172.83	216.04	43.21	20
76376	3D RENDERING WITH INTERPRETATION & REPORTING OF CT	38.49	48.11	9.62	20
93306	ECHOCARIOGRAPHY TRANSTHORACIC, REAL-TIME WITH IM/	222.34	277.92	55.58	20
77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICI	67.42	84.28	16.86	20
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR I	43.81	54.76	10.95	20
20552	INJECTION; SINGLE OR MULTIPLE TRIGGER POINTS, ONE OR	75.02	93.78	18.76	20
26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOV/	443.54	554.42	110.88	20
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYS	334.62	418.27	83.65	20
75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETE	150.07	187.59	37.52	20
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEM	225.91	282.39	56.48	20
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERM	67.00	83.75	16.75	20



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS	88.67	110.84	22.17	20
78428	CARDIAC SHUNT DETECTION	251.62	314.53	62.91	20
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATL	3.06	3.82	0.76	20
20550	INJECTION, TENDON SHEATH, LIGAMENT, TRIGGER POINTS (	78.94	98.68	19.74	20
77078	CT BONE MINERAL DENSITY STUDY, ONE OR MORE SITES; A	155.58	194.48	38.90	20
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	53.57	66.96	13.39	20
51610	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTI	145.70	182.12	36.42	20
19101	BIOPSY OF BREAST; OPEN, INCISIONAL	457.94	572.43	114.49	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBM	72.26	90.33	18.07	20
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL	1,293.93	1,617.41	323.48	20
79440	INTRA-ARTICULAR RADIOPHARMACEUTICAL THERAPY	191.18	238.98	47.80	20
62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS PULPO.	340.58	425.72	85.14	20
61612	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS	1,883.36	2,354.20	470.84	20
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	8.04	10.05	2.01	20
61610	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNO	2,210.14	2,762.68	552.54	20
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBI	196.57	245.71	49.14	20
61609	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNO	736.77	920.96	184.19	20
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTE	199.04	248.80	49.76	20
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	7.77	9.71	1.94	20
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LE	15.80	19.75	3.95	20
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL	127.26	159.08	31.82	20
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL	119.52	149.40	29.88	20
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPEC	311.43	389.29	77.86	20
61611	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS	532.66	665.83	133.17	20
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER	233.20	291.50	58.30	20
34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD	2,012.52	2,515.65	503.13	20

The above net pricing may include pricing that can be based on a percentage off of the current state fee schedule or UCR table. These net prices may vary dependent on any changes/updates made by a particular state to their fee schedule/UCR table since the time that this report was generated.

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**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
<b>CALIFORNIA 90001</b>					
<b>EMG</b>					
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARA	19.20	21.33	2.13	10
95933	ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOS	90.21	100.23	10.02	10
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIOI	76.49	84.99	8.50	10
95910	7-8 NERVE CONDUCTION STUDIES	197.54	219.49	21.95	10
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIOI	46.19	51.32	5.13	10
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIOI	112.63	125.14	12.51	10
95922	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; VA:	115.73	128.59	12.86	10
95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL S1	179.29	199.21	19.92	10
95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMUL	87.78	97.53	9.75	10
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUA'	73.76	81.96	8.20	10
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELI	20.42	22.69	2.27	10
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 1	46.48	51.64	5.16	10
95909	5-6 NERVE CONDUCTION STUDIES	150.46	167.18	16.72	10
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	41.87	46.52	4.65	10
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATH-	470.39	522.65	52.26	10
95833	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH	39.93	44.37	4.44	10
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIOI	172.00	191.11	19.11	10
95908	3-4 NERVE CONDUCTION STUDIES	125.00	138.89	13.89	10
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM O	58.46	64.95	6.49	10
95857	TENSILON TEST FOR MYASTHENIA GRAVIS;	59.20	65.78	6.58	10
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF	1,100.01	1,222.23	122.22	10
95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	146.04	162.27	16.23	10
95929	CENTRAL MOTOR EVOKED POTENTIAL STUDY; LOWER LIMB	268.88	298.75	29.87	10
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND);	100.71	111.90	11.19	10
93040	RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATIC	13.46	14.95	1.49	10
64550	APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTI	24.66	27.40	2.74	10
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	43.59	48.43	4.84	10
99356	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTIN	94.36	104.84	10.48	10
92265	NEEDLE OCULOECTROMYOGRAPHY, ONE OR MORE EXTF	82.82	92.02	9.20	10
95921	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CA	95.95	106.61	10.66	10
99354	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHEF	102.92	114.35	11.43	10
92545	OSCILLATING TRACKING TEST, WITH RECORDING	21.93	24.37	2.44	10
95864	NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH C	254.75	283.06	28.31	10
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 1	34.01	37.79	3.78	10
95928	CENTRAL MOTOR EVOKED POENTIAL STUDY (TRANSCRANI/	276.08	306.76	30.68	10
99357	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTIN	93.56	103.95	10.39	10
99220	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATIC	189.56	210.62	21.06	10
<b>CALIFORNIA 90001</b>					
<b>EMG</b>					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH AI	374.90	416.56	41.66	10
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, ML	35.27	39.19	3.92	10
95867	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED	100.99	112.21	11.22	10
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF	74.37	82.63	8.26	10
95923	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SU	227.36	252.62	25.26	10
95912	11-12 NERVE CONDUCTION STUDIES	281.69	312.99	31.30	10



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

92543	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL,	17.27	19.19	1.92	10
95885	NEEDLE EMG, EACH EXTREMITY, WITH NCS, LIMITED	63.90	71.00	7.10	10
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	182.25	202.50	20.25	10
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AI	140.57	156.19	15.62	10
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	373.34	414.82	41.48	10
95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERV	148.03	164.48	16.45	10
95870	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLE	96.67	107.41	10.74	10
95868	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED	140.45	156.06	15.61	10
95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR V	131.53	146.14	14.61	10
95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL ST	192.51	213.90	21.39	10
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIOI	112.85	125.39	12.54	10
99355	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHEF	100.51	111.68	11.17	10
95832	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH	26.72	29.69	2.97	10
95863	NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH	220.40	244.89	24.49	10
95905	MOTOR AND/OR SENSORY NERVE CONDUCTION USING PRE	75.97	84.41	8.44	10
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARA	18.20	20.22	2.02	10
95887	NEEDLE EMG, NON-EXTREMITY WITH NCS (CRANIAL NERVE	93.48	103.87	10.39	10
95806	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATIO	186.93	207.70	20.77	10
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIP	31.69	35.21	3.52	10
95886	NEEDLE EMG, EACH EXTREMITY, WITH NCS, COMPLETE	98.69	109.66	10.97	10
95913	13 OR MORE NERVE CONDUCTION STUDIES	325.71	361.90	36.19	10

**CALIFORNIA 90001**

**EMG**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	81.52	90.58	9.06	10
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH	29.17	32.41	3.24	10
95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL ST	160.12	177.91	17.79	10
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUA'	40.05	44.50	4.45	10
95961	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY ST	306.53	340.59	34.06	10
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIOI	150.44	167.15	16.71	10
92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL (	25.42	28.24	2.82	10
95872	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECT	215.51	239.46	23.95	10
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TR.	16.81	18.68	1.87	10
95950	MONITORING FOR IDENTIFICATION AND LATERALIZATION OI	366.98	407.76	40.78	10
95911	9-10 NERVE CONDUCTION STUDIES	239.81	266.46	26.65	10
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	12.20	13.55	1.36	10
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (E	485.05	538.94	53.89	10
51785	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OF	401.95	446.61	44.66	10
92547	USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDI	6.64	7.38	0.74	10
95834	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH	54.68	60.75	6.07	10
95907	1-2 NERVE CONDUCTION STUDIES	101.38	112.64	11.26	10
92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND F	32.45	36.05	3.60	10
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE /	144.60	160.67	16.07	10
95869	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL ML	82.65	91.83	9.18	10
92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, V	27.93	31.03	3.10	10
95861	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OI	181.25	201.39	20.14	10
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIOI	45.79	50.88	5.09	10
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIOI	21.51	23.90	2.39	10
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIOI	78.26	86.95	8.69	10
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATIOI	213.90	237.67	23.77	10



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2014)**  
**CITY OF LOS ANGELES**

The above net pricing may include pricing that can be based on a percentage off of the current state fee schedule or UCR table. These net prices may vary dependent on any changes/updates made by a particular state to their fee schedule/UCR table since the time that this report was generated.



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

<b>CALIFORNIA 90001</b>					
<b>BASIC MRI</b>					
<b>CPT</b>	<b>Description</b>	<b>Net Price</b>	<b>Fee/UCR</b>	<b>\$ Savings</b>	<b>% Savings</b>
70547	MRA NECK	508.16	635.20	127.04	20
70544	MRA HEAD, W/OUT CONTRAST	506.12	632.65	126.53	20
74181	MRI, ABDOMEN	445.00	533.10	88.10	17
76390	MAGNETIC RESONANCE SPECTROSCOPY	445.00	718.78	273.78	38
72195	MRI PELVIS	445.00	603.46	158.46	26
75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING	88.47	88.47	0.00	0
73218	MRI UPPER EXTREMITY, NOT JOINT	445.00	585.09	140.09	24
77084	MRI, BONE MARROW BLOOD SUPPLY	445.00	627.43	182.43	29
72146	MRI THORACIC SPINE WITHOUT CONTRAST	353.92	353.92	0.00	0
72148	MRI LUMBAR SPINE WITHOUT CONTRAST	352.17	352.17	0.00	0
73721	MRI LOWER EXTREMITY, JOINT	374.53	374.53	0.00	0
75559	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION WITHOUT	445.00	688.33	243.33	35
70540	MRI, ORBIT, FACE, AND/OR NECK WITHOUT CONTRAST	445.00	575.17	130.17	23
70554	MRI BRAIN, FUNCTIONAL MRI, NOT REQUIRING MD OR	445.00	721.49	276.49	38
71550	MRI CHEST, MEDIASTINUM	445.00	666.45	221.45	33
73221	MRI UPPER EXTREMITY, JOINT	375.11	375.11	0.00	0
75557	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION WITHOUT	445.00	503.34	58.34	12
70336	MRI BILATERAL TMJ	445.00	512.56	67.56	13
73718	MRI LOWER EXTREMITY	445.00	586.25	141.25	24
70551	MRI OF THE BRAIN STEM WITHOUT CONTRAST	365.00	365.00	0.00	0
72141	MRI CERVICAL SPINE WITHOUT CONTRAST	353.92	353.92	0.00	0
<b>MRI W/CONTRAST</b>					
<b>CPT</b>	<b>Description</b>	<b>Net Price</b>	<b>Fee/UCR</b>	<b>\$ Savings</b>	<b>% Savings</b>
70545	MRA HEAD, W/CONTRAST	497.89	622.36	124.47	20
70548	MRA NECK, W/CONTRAST	533.65	667.06	133.41	20
72147	MRI THORACIC SPINE, W/CONTRAST	512.45	512.45	0.00	0
72149	MRI LUMBAR SPINE, W/CONTRAST	509.53	509.53	0.00	0
72196	MRI PELVIS, W/CONTRAST	525.00	659.52	134.52	20
73219	MRI UPPER EXT. NOT JOINT, W/CONTRAST	525.00	647.72	122.72	19
74182	MRI ABDOMEN, W/CONTRAST	525.00	730.68	205.68	28
73222	MRI UPPER EXT., JOINT, W/CONTRAST	525.00	606.95	81.95	14
72142	MRI CERVICAL SPINE, W/CONTRAST	515.95	515.95	0.00	0
73719	MRI LOWER EXTREMITY W/CONTRAST	525.00	649.31	124.31	19
71551	MRI CHEST, W/CONTRAST	525.00	735.13	210.13	29
73722	MRI LOWER EXT., JOINT, W/CONTRAST	525.00	611.98	86.98	14
70552	MRI BRAIN, STEM, W/CONTRAST	509.90	509.90	0.00	0
70542	MRI, ORBIT, FACE, AND/OR NECK WITH CONTRAST	525.00	646.40	121.40	19
<b>MRI W/WO CONTRAST</b>					
<b>CPT</b>	<b>Description</b>	<b>Net Price</b>	<b>Fee/UCR</b>	<b>\$ Savings</b>	<b>% Savings</b>
72198	MRA PELVIS W OR WO CONTRAST	515.14	643.93	128.79	20
72159	MRA SPINE W OR WO CONTRAST	535.34	669.17	133.83	20
70549	MRA NECK, W&WO CONTRAST	777.38	971.72	194.34	20
<b>CALIFORNIA 90001</b>					
<b>MRI W/WO CONTRAST</b>					
<b>CPT</b>	<b>Description</b>	<b>Net Price</b>	<b>Fee/UCR</b>	<b>\$ Savings</b>	<b>% Savings</b>
73225	MRA UPPER EXTREMITY, W OR WO CONTRAST	517.65	647.06	129.41	20
74185	MRA, ABDOMEN W OR WO CONTRAST	516.54	645.68	129.14	20
71555	MRA CHEST, W OR WO CONTRAST	509.97	637.46	127.49	20
73725	MRA LOWER EXTREMITY, W OR WO CONTRAST	516.45	645.56	129.11	20
70546	MRA HEAD, W&WO CONTRAST	774.11	967.64	193.53	20
75563	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION WITHOUT	615.00	802.08	187.08	23
71552	MRI CHEST W&WO CONTRAST	615.00	931.36	316.36	34
72158	MRI LUMBAR SPINE W&WO CONTRAST	601.63	601.63	0.00	0
77058	MRI BREAST, WITHOUT AND/OR WITH CONTRAST	615.00	873.01	258.01	30
75561	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION WITHOUT	615.00	675.22	60.22	9



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

73220	MRI UPPER EXT.NOT JOINT, W&WO CONTRAST	615.00	800.63	185.63	23
73720	MRI LOWER EXTREMITY W&WO CONTRAST	615.00	805.88	190.88	24
70543	MRI, ORBIT, FACE, AND/OR NECK WITHOUT CONTRAST	615.00	788.59	173.59	22
77059	MRI BREAST, WITHOUT AND/OR WITH CONTRAST	615.00	863.68	248.68	29
73723	MRI LOWER EXT. JOINT, W&WO CONTRAST	615.00	754.55	139.55	18
72156	MRI CERVICAL SPINE W&WO CONTRAST	603.81	603.81	0.00	0
70553	MRI BRAIN, STEM, W&WO CONTRAST	600.31	600.31	0.00	0
73223	MRI UPPER EXT. JOINT, W&WO CONTRAST	615.00	751.05	136.05	18
72197	MRI PELVIS W&WO CONTRAST	615.00	810.62	195.62	24
72157	MRI THORACIC SPINE W&WO CONTRAST	605.13	605.13	0.00	0
74183	MRI ABDOMEN, W&WO CONTRAST	615.00	812.37	197.37	24

**BASIC CT**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
77078	CT BONE MINERAL DENSITY STUDY, ONE OR MORE SITES;	147.30	184.13	36.83	20
72192	CT PELVIS WITHOUT CONTRAST	231.29	231.29	0.00	0
73200	CT UPPER EXTREMITY	250.00	284.91	34.91	12
72128	CT THORACIC SPINE	250.00	286.66	36.66	13
74263	CT COLONOGRAPHY, SCREENING, INCLUDING IMAGE	250.00	1,218.68	968.68	79
71250	CT THORAX	250.00	286.54	36.54	13
72131	CT LUMBAR SPINE	250.00	284.91	34.91	12
74150	CT ABDOMEN WITHOUT CONTRAST	236.31	236.31	0.00	0
75571	CT HEART, WITHOUT CONTRAST MATERIAL, WITH	160.13	160.13	0.00	0
70490	CT SOFT TISSUE NECK	250.00	305.76	55.76	18
73700	CT LOWER EXTREMITY	250.00	284.91	34.91	12
70480	CT ORBIT/EAR	250.00	371.66	121.66	33
74176	CT ABDOMEN AND PELVIS WITHOUT CONTRAST	250.00	314.97	64.97	21
72125	CT CERVICAL SPINE	250.00	293.24	43.24	15
74261	CT COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE	250.00	777.49	527.49	68
70450	CT HEAD/BRAIN	183.37	183.37	0.00	0
70486	CT MAXILLA FACIAL	222.45	222.45	0.00	0

**CALIFORNIA 90001**

**CT W/ CONTRAST**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
73201	CT UPPER EXTREMITY W/CONTRAST	275.00	354.89	79.89	23
49465	CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION	272.40	272.40	0.00	0
75572	CT HEART WITH CONTRAST MATERIAL, FOR EVALUATION	275.00	452.55	177.55	39
70460	CT HEAD/BRAIN W/CONTRAST	256.50	256.50	0.00	0
72129	CT THORACIC SPINE W/CONTRAST	275.00	365.61	90.61	25
70487	CT MAXILLA FACIAL W/CONTRAST	267.00	267.00	0.00	0
72126	CT CERVICAL SPINE W/CONTRAST	275.00	365.40	90.40	25
72193	CT PELVIS W/CONTRAST	275.00	360.14	85.14	24
74160	CT ABDOMEN WITH CONTRAST	275.00	367.64	92.64	25
70491	CT SOFT TISSUE NECK W/CONTRAST	275.00	374.93	99.93	27
73701	CT LOWER EXTREMITY W/CONTRAST	275.00	360.14	85.14	24
71260	CT THORAX W/CONTRAST	275.00	365.49	90.49	25
70481	CT ORBIT/EAR W/CONTRAST	275.00	440.26	165.26	38
72132	CT LUMBAR SPINE W/CONTRAST	275.00	364.23	89.23	24
74177	CT ABDOMEN AND PELVIS WITH CONTRAST	275.00	496.25	221.25	45

**CT W&WO CONTRAST**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
71275	CTA CHEST W&WO CONTRAST	381.60	477.00	95.40	20
74175	CTA ABDOMEN W&WO CONTRAST	390.46	488.08	97.62	20
73706	CTA LOWER EXTREMITY W&WO CONTRAST	448.11	560.14	112.03	20
74174	CT ANGIOGRAPHY, ABDOMEN AND PELVIS WITH CONTRAST	495.57	619.46	123.89	20
75574	CT ANGIOGRAPHY HEART, CORONARY ARTERIES AND	534.02	667.52	133.50	20
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS,	387.25	484.06	96.81	20
73206	CTA UPPER EXTREMITY W&WO CONTRAST	416.18	520.22	104.04	20
70496	CTA HEAD W&WO CONTRAST	375.87	469.84	93.97	20
75635	CTA, W&WO, AB. AORTA & BILAT. ILIOFEMORAL LOWER EXT.	482.47	603.09	120.62	20



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

70498	CTA NECK W&WO CONTRAST	373.54	466.92	93.38	20
70470	CT BRAIN/HEAD W&WO CONTRAST	304.07	304.07	0.00	0
70492	CT SOFT TISSUE NECK W&WO CONTRAST	320.00	443.33	123.33	28
72133	CT LUMBAR SPINE W&WO CONTRAST	320.00	432.75	112.75	26
72194	CT PELVIS W&WO CONTRAST	320.00	416.35	96.35	23
70482	CT ORBIT/EAR W&WO CONTRAST	320.00	482.41	162.41	34
75573	CT HEART WITH CONTRAST FOR EVAL OF CARDIAC	320.00	618.41	298.41	48
74170	CT ABDOMEN W&WO CONTRAST	320.00	418.56	98.56	24
70488	CT MAXILLA FACIAL W&WO CONTRAST	320.00	325.65	5.65	2
74178	CT ABDOMEN AND PELVIS WITHOUT CONTRAST FOLLOWED	320.00	562.18	242.18	43
71270	CT THORAX W&WO CONTRAST	320.00	439.09	119.09	27
73702	CT LOWER EXTREMITY W&WO CONTRAST	320.00	437.56	117.56	27
74262	CT COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE	320.00	870.57	550.57	63
73202	CT UPPER EXTREMITY W&WO CONTRAST	320.00	444.93	124.93	28
72127	CT CERVICAL SPINE W&WO CONTRAST	320.00	432.38	112.38	26
72130	CT THORACIC SPINE W&WO CONTRAST	320.00	432.97	112.97	26

**TUMOR IMAGING PET**

**PET SCAN**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
78428	CARDIAC SHUNT DETECTION	239.72	299.65	59.93	20
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE,	217.46	271.82	54.36	20
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY,	172.06	215.08	43.02	20

**CALIFORNIA 90001**

**EXTENDED**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
36005	INJECTION PROCEDURE FOR CONTRAST VENOGRAPHY	433.53	541.91	108.38	20
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL	297.45	371.81	74.36	20
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL	213.63	267.04	53.41	20
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL	146.91	183.64	36.73	20
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER,	181.90	227.38	45.48	20
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR	152.56	190.70	38.14	20
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY,	175.20	219.00	43.80	20
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL	235.76	294.70	58.94	20
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER	194.76	243.45	48.69	20
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY	126.94	158.68	31.74	20
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL	173.77	217.21	43.44	20
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH	198.82	248.53	49.71	20

**CALIFORNIA 90001**

**CPT**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE,	191.69	239.61	47.92	20
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT	184.92	231.15	46.23	20
75791	ANGIOGRAPHY, ARTERIOVENOUS SHUNT, COMPLETE	409.49	511.86	102.37	20
61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR	72.81	91.01	18.20	20
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL	209.08	261.35	52.27	20
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL	112.66	140.83	28.17	20
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY,	173.80	217.25	43.45	20
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND	189.12	236.40	47.28	20
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND	187.42	234.28	46.86	20
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH	182.58	228.23	45.65	20
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY,	174.52	218.15	43.63	20
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE,	232.33	290.41	58.08	20
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE,	213.46	266.82	53.36	20
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE,	209.02	261.27	52.25	20
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE,	188.65	235.81	47.16	20
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT	201.62	252.03	50.41	20
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL	213.76	267.20	53.44	20
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL	204.34	255.43	51.09	20
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR	189.84	237.30	47.46	20



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE,	205.27	256.59	51.32	20
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE,	177.92	222.40	44.48	20
<b>CALIFORNIA 90001</b>					
<b>CPT</b>	<b>Description</b>	<b>Net Price</b>	<b>Fee/UCR</b>	<b>\$ Savings</b>	<b>% Savings</b>
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE,	228.45	285.56	57.11	20
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL ARTHROGRAM	188.18	235.23	47.05	20
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY,	103.53	129.41	25.88	20
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY,	129.53	161.91	32.38	20
77012	CT GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL	156.53	195.66	39.13	20
87075	CULTURE, BACTERIAL; ANY SOURCE, ANAEROBIC WITH	12.37	15.46	3.09	20
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL	60.34	75.42	15.08	20
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	215.01	268.76	53.75	20
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY,	125.62	157.03	31.41	20
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	210.52	263.15	52.63	20
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY,	125.50	156.87	31.37	20
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY,	146.96	183.70	36.74	20
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY,	136.53	170.66	34.13	20
87076	CULTURE, BACTERIAL; ANAEROBIC ISOLATE, ADDITIONAL	10.56	13.20	2.64	20
76942	ULTRASOUND GUIDANCE FOR NEEDLE PLACEMENT,	75.24	94.05	18.81	20
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	212.06	265.07	53.01	20
87077	CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL	10.56	13.20	2.64	20
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH	319.16	398.95	79.79	20
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT	197.20	246.50	49.30	20
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT,	209.54	261.93	52.39	20
27370	INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY	204.62	255.77	51.15	20
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY	172.42	215.52	43.10	20
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY;	246.90	308.62	61.72	20
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY,	128.13	160.16	32.03	20
79440	INTRA-ARTICULAR RADIOPHARMACEUTICAL THERAPY BONE DENSITY	158.55	198.19	39.64	20
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE	52.82	66.03	13.21	20
78351	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR	18.28	22.85	4.57	20
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND	8.75	10.94	2.19	20
77081	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE	35.46	44.33	8.87	20
<b>CALIFORNIA 90001</b>					
<b>CPT</b>	<b>Description</b>	<b>Net Price</b>	<b>Fee/UCR</b>	<b>\$ Savings</b>	<b>% Savings</b>
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR CT	41.99	52.49	10.50	20
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)	13.83	17.29	3.46	20
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE	122.34	152.93	30.59	20
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA,	168.21	210.26	42.05	20
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR	76.28	95.35	19.07	20
25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH	712.79	890.99	178.20	20
<b>CALIFORNIA 90001</b>					
<b>CPT</b>	<b>Description</b>	<b>Net Price</b>	<b>Fee/UCR</b>	<b>\$ Savings</b>	<b>% Savings</b>
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS	69.04	86.30	17.26	20
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING;	135.19	168.99	33.80	20
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	594.64	743.30	148.66	20
77777	INTERSTITIAL RADIATION SOURCE APPLICATION;	722.85	903.56	180.71	20
77789	SURFACE APPLICATION OF RADIATION SOURCE	149.03	186.29	37.26	20
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5	1,336.77	1,670.96	334.19	20
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S);	1,309.52	1,636.90	327.38	20
77776	INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE	585.06	731.33	146.27	20
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	178.03	222.54	44.51	20
51605	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR	48.12	60.15	12.03	20
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL	104.55	130.69	26.14	20
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY,	258.00	322.50	64.50	20
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED	186.03	232.54	46.51	20



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG,	117.57	146.96	29.39	20
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	151.90	189.88	37.98	20
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR	26.90	33.62	6.72	20
77073	BONE LENGTH STUDIES	45.61	57.01	11.40	20
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA,	116.98	146.22	29.24	20
77011	CT GUIDANCE FOR STEREOTACTIC LOCALIZATION	281.04	351.30	70.26	20
20550	INJECTION, TENDON SHEATH, LIGAMENT, TRIGGER POINTS	75.38	94.23	18.85	20
26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR	403.21	504.01	100.80	20
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING;	197.29	246.61	49.32	20
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE	104.67	130.84	26.17	20
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION;	64.16	80.20	16.04	20
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF	497.66	622.08	124.42	20
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL	517.87	647.34	129.47	20
77761	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	484.73	605.91	121.18	20
77762	INTRACAVITARY RADIATION SOURCE APPLICATION;	667.51	834.39	166.88	20
64633	DESTRUCTION BY NEUOLYTIC AGENT, PARAVERTEBRAL	544.61	680.76	136.15	20
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	47.11	58.89	11.78	20
20552	INJECTION; SINGLE OR MULTIPLE TRIGGER POINTS, ONE OR	70.59	88.24	17.65	20
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL	46.65	58.31	11.66	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	493.95	617.44	123.49	20
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION;	63.11	78.89	15.78	20
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE	320.45	400.56	80.11	20
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	965.85	1,207.31	241.46	20
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR	724.82	906.03	181.21	20
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR	155.25	194.06	38.81	20
76377	3D RENDERING WITH INTERPRETATION & REPORTING OF CT,	79.33	99.16	19.83	20
77021	MR GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL	530.00	662.50	132.50	20
77014	CT GUIDANCE FOR PLACEMENT OF RADIATION THERAPY	148.10	185.12	37.02	20
1916	ANESTHESIA FOR DIAGNOSTIC	131.04	163.80	32.76	20
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	208.52	260.65	52.13	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
74327	POSTOPERATIVE BILIARY DUCT STONE REMOVAL,	171.69	214.61	42.92	20
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS	78.92	98.65	19.73	20
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION;	191.78	239.72	47.94	20
62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS	322.58	403.23	80.65	20
61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE;	152.15	190.19	38.04	20
62284	INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR	239.42	299.27	59.85	20
74251	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES	543.15	678.94	135.79	20
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO	117.57	146.96	29.39	20
77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING	99.98	124.98	25.00	20
77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	222.73	278.41	55.68	20
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	455.94	569.92	113.98	20
77763	INTRACAVITARY RADIATION SOURCE APPLICATION;	905.82	1,132.27	226.45	20
77071	MANUAL APPLICATION OF STRESS PERFORMED BY	60.29	75.36	15.07	20
75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE	135.19	168.99	33.80	20
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	91.15	113.94	22.79	20
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD	350.10	437.62	87.52	20
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY	191.32	239.15	47.83	20
77778	INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX	1,074.79	1,343.49	268.70	20
19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	148.06	185.08	37.02	20
20205	BIOPSY, MUSCLE; DEEP	372.86	466.08	93.22	20
26080	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR	497.98	622.48	124.50	20
10022	FINE NEEDLE ASPIRATION WITH IMAGING GUIDANCE	184.13	230.16	46.03	20
10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	193.69	242.11	48.42	20
11404	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS	277.93	347.41	69.48	20
19101	BIOPSY OF BREAST; OPEN, INCISIONAL	437.04	546.30	109.26	20

**CALIFORNIA 90001**



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY	78.03	97.54	19.51	20
1922	ANESTH, CT OR MRI SCAN	183.46	229.32	45.86	20
20200	BIOPSY, MUSCLE; SUPERFICIAL	270.10	337.63	67.53	20
20551	INJECTION; SINGLE TENDON ORIGIN/INSERTION.	77.30	96.63	19.33	20
20553	INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), 3 OR	81.98	102.47	20.49	20
26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR	425.85	532.31	106.46	20
27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	1,181.59	1,476.99	295.40	20
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL	1,224.80	1,531.00	306.20	20
51610	INJECTION PROCEDURE FOR RETROGRADE	138.86	173.57	34.71	20
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION	258.59	323.24	64.65	20
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO	117.57	146.96	29.39	20
75989	RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY,	151.67	189.59	37.92	20
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY	116.30	145.38	29.08	20
76376	3D RENDERING WITH INTERPRETATION & REPORTING OF CT,	28.56	35.70	7.14	20
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD	552.15	690.19	138.04	20
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD	658.07	822.59	164.52	20
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY)	78.48	98.10	19.62	20
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, FLUOROSCOPY	985.62	1,232.02	246.40	20
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (VERTEBRAL	704.53	880.66	176.13	20
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH	113.32	141.65	28.33	20
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT,	144.50	180.63	36.13	20
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL	80.54	100.68	20.14	20
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR	60.26	75.33	15.07	20
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE	108.42	135.52	27.10	20
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS,	164.74	205.93	41.19	20
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX,	103.23	129.04	25.81	20
<b>CALIFORNIA 90001</b>					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF MAMMOGRAPHY	107.22	134.03	26.81	20
77057	SCREENING MAMMOGRAPHY, BILATERAL	103.56	129.45	25.89	20
77051	COMPUTER-AIDED DETECTION WITH FURTHER PHYSICIAN	11.03	13.79	2.76	20
<b>CALIFORNIA 90001</b>					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
77052	COMPUTER-AIDED DETECTION WITH FURTHER PHYSICIAN	11.03	13.79	2.76	20
77056	MAMMOGRAPHY; BILATERAL	145.97	182.46	36.49	20
77055	MAMMOGRAPHY; UNILATERAL	113.36	141.70	28.34	20
62287	ASPIRATION OR DECOMPRESSION PROCEDURE,	727.65	909.56	181.91	20
86325	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE,	29.22	36.53	7.31	20
94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY	7.15	8.94	1.79	20
00148	ANESTHESIA FOR EYE EXAM	104.83	131.04	26.21	20
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	315.58	394.48	78.90	20
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING	911.08	1,138.85	227.77	20
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR	1,256.59	1,570.74	314.15	20
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE;	339.98	424.97	84.99	20
27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION,	826.89	1,033.61	206.72	20
94761	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN	5.11	6.39	1.28	20
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	12.54	15.67	3.13	20
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT	34.87	43.59	8.72	20
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A	52.97	66.21	13.24	20
01850	ANESTH, LOWER ARM VEIN SURG	78.62	98.28	19.66	20
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION,	719.11	898.89	179.78	20
27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	2,159.46	2,699.32	539.86	20
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL	604.83	756.04	151.21	20
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING	243.78	304.73	60.95	20
62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL;	442.53	553.16	110.63	20



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC	244.77	305.96	61.19	20
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT	1,191.90	1,489.88	297.98	20
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO	393.30	491.63	98.33	20
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE	635.58	794.47	158.89	20
52204	CYSTOURETHROSCOPY, WITH BIOPSY	482.79	603.49	120.70	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	232.33	290.41	58.08	20
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY	689.67	862.09	172.42	20
36415	ROUTINE VENIPUNCTURE OR FINGER/HEEL/EAR STICK FOR	2.88	3.60	0.72	20
77321	SPECIAL THERAPY PORT PLAN, PARTICLES, HEMIBODY,	114.95	143.69	28.74	20
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15	32.08	40.10	8.02	20
80299	QUANTITATION OF DRUG, NOT ELSEWHERE SPECIFIED	17.90	22.37	4.47	20
85025	BLOOD COUNT; HEMOGRAM AND PLATELET COUNT,	10.16	12.70	2.54	20
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN	3.23	4.04	0.81	20
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION	195.62	244.53	48.91	20
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT	465.43	581.79	116.36	20
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND	123.46	154.33	30.87	20
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION	97.50	121.87	24.37	20
00100	ANESTH, SKIN SURGERY	131.04	163.80	32.76	20
22222	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR	1,974.14	2,467.68	493.54	20
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR	925.46	1,156.83	231.37	20
27645	RADICAL RESECTION OF TUMOR, BONE; TIBIA	2,241.86	2,802.33	560.47	20
50660	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION	1,430.90	1,788.63	357.73	20
57000	COLPOTOMY; WITH EXPLORATION	230.66	288.33	57.67	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA;	350.26	437.83	87.57	20
27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR	773.63	967.04	193.41	20
33970	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE	436.84	546.05	109.21	20
49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY	174.73	218.41	43.68	20
62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF	1,010.30	1,262.88	252.58	20
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT	297.86	372.32	74.46	20
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA;	269.42	336.77	67.35	20
27070	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG,	1,074.32	1,342.90	268.58	20
27158	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL	1,767.09	2,208.86	441.77	20
36410	VENIPUNCTURE, CHILD OVER AGE 3 YEARS OR ADULT,	21.81	27.26	5.45	20
44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY;	2,337.29	2,921.61	584.32	20
95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR MRS	56.85	71.06	14.21	20
82565	SCREENING FOR CREATININE (BLOOD) FOR MRI WITH MYELOGRAM	6.69	8.36	1.67	20
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL	85.50	106.87	21.37	20
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	223.25	279.06	55.81	20
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION	122.44	153.05	30.61	20
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL	115.36	144.20	28.84	20
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL	158.81	198.51	39.70	20
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION NUCLEAR MEDICINE	123.21	154.01	30.80	20
78582	PULMONARY VENTILATION IMAGING (EG AEROSOL OR GAS)	447.02	558.78	111.76	20
78226	HEPATOBIILIARY SYSTEM IMAGING INCLUDING	444.12	555.15	111.03	20
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	416.65	520.81	104.16	20
78130	RED CELL SURVIVAL STUDY;	208.98	261.23	52.25	20
78202	LIVER IMAGING; WITH VASCULAR FLOW	268.42	335.53	67.11	20
78268	UREA BREATH TEST, C-14; ANALYSIS	87.99	109.99	22.00	20
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST);	135.70	169.63	33.93	20
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS	313.22	391.52	78.30	20
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR	284.18	355.23	71.05	20
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR	525.31	656.64	131.33	20



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

78230	SALIVARY GLAND IMAGING;	231.09	288.86	57.77	20
78290	INTESTINAL IMAGING (EG, ECTOPIC GASTRIC MUCOSA,	446.10	557.63	111.53	20
78291	PERITONEAL-VEINUS SHUNT PATENCY TEST (EG, FOR	331.29	414.11	82.82	20
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	306.97	383.71	76.74	20
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM,	56.81	71.01	14.20	20
78806	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY	446.17	557.71	111.54	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR	77.10	96.37	19.27	20
78110	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-	137.62	172.03	34.41	20
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	166.08	207.60	41.52	20
78232	SALIVARY GLAND FUNCTION STUDY	130.16	162.70	32.54	20
78262	GASTROESOPHAGEAL REFLUX STUDY	325.76	407.20	81.44	20
78264	GASTRIC EMPTYING STUDY	386.90	483.63	96.73	20
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR;	302.50	378.13	75.63	20
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR	287.22	359.02	71.80	20
78725	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC	143.54	179.42	35.88	20
78801	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR;	347.12	433.90	86.78	20
78454	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCD.	581.80	727.25	145.45	20
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND	409.53	511.91	102.38	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	446.63	558.29	111.66	20
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	233.51	291.89	58.38	20
78650	CSF LEAKAGE DETECTION AND LOCALIZATION	448.30	560.38	112.08	20
78730	URINARY BLADDER RESIDUAL STUDY	102.52	128.15	25.63	20
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL	292.23	365.29	73.06	20
78805	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY	241.36	301.70	60.34	20
78579	PULMONARY VENTILATION IMAGING (EG AEROSOL OR GAS)	246.76	308.45	61.69	20
78012	THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE	106.36	132.95	26.59	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT);	630.03	787.54	157.51	20
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT);	453.75	567.19	113.44	20
78014	THYROID IMAGING INCLUDING VASCULAR FLOW, WHEN	322.90	403.62	80.72	20
78013	THYROID IMAGING INCLUDING VASCULAR FLOW, WHEN	254.81	318.51	63.70	20
78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION,	477.49	596.86	119.37	20
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION,	268.79	335.99	67.20	20
78227	HEPATOBIILIARY SYSTEM IMAGING INCLUDING	602.75	753.44	150.69	20
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	607.56	759.45	151.89	20
78103	BONE MARROW IMAGING; MULTIPLE AREAS	294.33	367.91	73.58	20
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	171.79	214.74	42.95	20
78261	GASTRIC MUCOSA IMAGING	337.97	422.46	84.49	20
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE,	239.89	299.86	59.97	20
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM;	305.31	381.64	76.33	20
77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD	613.21	766.51	153.30	20
78016	THYROID CARCINOMA METASTASES IMAGING; WITH	378.28	472.85	94.57	20
78020	THYROID CARCINOMA METASTASES UPTAKE (LIST	109.34	136.68	27.34	20
78102	BONE MARROW IMAGING; LIMITED AREA	226.07	282.59	56.52	20
78111	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-	128.62	160.77	32.15	20
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING	127.04	158.80	31.76	20
78191	PLATELET SURVIVAL STUDY	221.07	276.34	55.27	20
78267	UREA BREATH TEST, C-14; ACQUISITION FOR ANALYSIS	10.27	12.84	2.57	20
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST);	120.78	150.97	30.19	20
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	427.93	534.91	106.98	20
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING	455.43	569.29	113.86	20
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING	457.18	571.47	114.29	20
78700	KIDNEY IMAGING; STATIC ONLY	229.22	286.53	57.31	20
78709	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION;	480.67	600.84	120.17	20



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; LIMITED	253.37	316.71	63.34	20
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; WHOLE	765.21	956.51	191.30	20
79200	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	168.73	210.91	42.18	20
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA	294.08	367.60	73.52	20
78070	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION,	401.83	502.29	100.46	20
78121	RED CELL VOLUME DETERMINATION (SEPARATE	140.26	175.33	35.07	20
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE	470.56	588.20	117.64	20
78258	ESOPHAGEAL MOTILITY	293.45	366.81	73.36	20
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND	129.30	161.63	32.33	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	463.89	579.86	115.97	20
78481	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS	230.53	288.16	57.63	20
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC	265.36	331.70	66.34	20
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING	434.67	543.34	108.67	20
78104	BONE MARROW IMAGING; WHOLE BODY	326.75	408.44	81.69	20
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL	179.75	224.69	44.94	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	474.52	593.15	118.63	20
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	240.02	300.03	60.01	20
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	335.75	419.69	83.94	20
78458	VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL	272.27	340.34	68.07	20
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	235.37	294.21	58.84	20
78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; WHOLE	433.86	542.33	108.47	20
78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION,	545.21	681.51	136.30	20
78453	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING	406.17	507.71	101.54	20
77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	120.37	150.46	30.09	20
78120	RED CELL VOLUME DETERMINATION (SEPARATE	125.30	156.62	31.32	20
78201	LIVER IMAGING; STATIC ONLY	251.62	314.53	62.91	20
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	466.66	583.33	116.67	20
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	302.05	377.56	75.51	20
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	232.30	290.38	58.08	20
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR;	259.46	324.32	64.86	20
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH	256.42	320.53	64.11	20
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	281.42	351.77	70.35	20
93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR	55.95	69.94	13.99	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM;	382.10	477.63	95.53	20
78580	PULMONARY PERFUSION IMAGING, PARTICULATE	318.47	398.09	79.62	20
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	246.37	307.96	61.59	20
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION;	308.21	385.26	77.05	20
78708	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION;	227.34	284.17	56.83	20
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW	280.48	350.60	70.12	20
78807	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PET SCAN	455.50	569.37	113.87	20

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PAIN MANAGEMENT	92.32	115.40	23.08	20
64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT,	112.08	140.10	28.02	20
64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS	165.94	207.42	41.48	20
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES,	193.62	242.03	48.41	20
64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT,	112.56	140.70	28.14	20
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG,	391.30	489.13	97.83	20
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	181.10	226.37	45.27	20
64455	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID,	60.23	75.29	15.06	20
62311	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT	291.98	364.98	73.00	20
62319	INJECTION, INCLUDING CATHETER PLACEMENT,	217.00	271.25	54.25	20



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY	164.97	206.21	41.24	20
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL	130.32	162.90	32.58	20
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL,	167.95	209.94	41.99	20
64484	INJECTION, ANESTHETIC AGENT AND/OR STEROID,	112.91	141.14	28.23	20
96374	INJECTION INTRAVENOUS PUSH, SINGLE OR INITIAL	58.83	73.54	14.71	20
62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL;	437.23	546.54	109.31	20
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	149.99	187.49	37.50	20
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE)	174.55	218.19	43.64	20
64479	INJECTION, ANESTHETIC AGENT AND/OR STEROID,	306.73	383.41	76.68	20
64480	INJECTION, ANESTHETIC AGENT AND/OR STEROID,	146.28	182.85	36.57	20
64491	SECOND LEVEL -- INJECTION(S) DIAGNOSTIC OR	121.20	151.50	30.30	20
64492	THIRD AND ANY ADDITIONAL LEVEL -- INJECTION(S)	121.68	152.10	30.42	20
62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG,	300.87	376.09	75.22	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG,	386.29	482.86	96.57	20
62310	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT	315.73	394.66	78.93	20
64412	INJECTION, ANESTHETIC AGENT; SPINAL ACCESSORY	185.84	232.30	46.46	20
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	167.00	208.75	41.75	20
64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE (SINGLE	153.26	191.57	38.31	20
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE	174.27	217.84	43.57	20
64483	INJECTION, ANESTHETIC AGENT AND/OR STEROID,	286.48	358.10	71.62	20
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND	146.66	183.33	36.67	20
99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE	96.41	120.51	24.10	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT,	225.33	281.66	56.33	20
64490	INJECTION(S) DIAGNOSTIC OR THERAPEUTIC AGENT,	247.81	309.76	61.95	20
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	167.24	209.05	41.81	20
64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE	155.22	194.03	38.81	20
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS	150.96	188.70	37.74	20
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	191.09	238.86	47.77	20
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SPINAL INJECTION	145.90	182.37	36.47	20
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	458.88	573.60	114.72	20
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	263.50	329.38	65.88	20
78205	LIVER IMAGING (SPECT);	280.18	350.23	70.05	20
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	259.49	324.36	64.87	20
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	469.88	587.35	117.47	20
78647	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING	470.28	587.85	117.57	20
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; MULTIPLE	454.69	568.36	113.67	20
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR	139.91	174.89	34.98	20
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION ULTRASOUND	117.50	146.88	29.38	20
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	101.90	127.37	25.47	20
76800	ULTRASOUND, SPINAL CANAL AND CONTENTS	175.21	219.01	43.80	20
76810	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	119.09	148.86	29.77	20
93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL	299.86	374.83	74.97	20
93924	NON-INVASIVE PHYSIOLOGIC STUDIES OF LOWER	180.44	225.55	45.11	20
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR	271.91	339.89	67.98	20
76510	OPHTHALMIC ULTRASOUND, DOIAGNOSTIC; B-SCAN AND	216.16	270.20	54.04	20
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	261.32	326.65	65.33	20
76604	ULTRASOUND CHEST (INCLUDES MEDIASTINUM), REAL TIME	112.86	141.07	28.21	20
76831	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW	152.12	190.15	38.03	20
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR	140.64	175.80	35.16	20
76873	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY	210.34	262.93	52.59	20
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH	133.38	166.73	33.35	20
93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR	135.11	168.89	33.78	20



**APPENDIX 2, ATTACHMENT 1  
Diagnostic Imaging / Neurology Discount Rates (2015)**

**CITY OF LOS ANGELES**

93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS,	125.98	157.48	31.50	20
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING	126.07	157.59	31.52	20
76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	101.78	127.22	25.44	20
93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY	27.18	33.97	6.79	20
93306	ECHOCARIOGRAPHY TRANSTHORACIC, REAL-TIME WITH	233.91	292.39	58.48	20
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	228.38	285.47	57.09	20
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME	152.42	190.53	38.11	20
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-	130.44	163.05	32.61	20
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC;	122.93	153.66	30.73	20
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-S	100.64	125.8	25.16	20
<b>CALIFORNIA 95001</b>					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE	157.16	196.45	39.29	20
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	84.13	105.16	21.03	20
93979	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC	124.99	156.24	31.25	20
76514	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL	18.90	23.63	4.73	20
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	123.98	154.97	30.99	20
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	59.26	74.08	14.82	20
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	118.15	147.69	29.54	20
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	182.03	227.54	45.51	20
76830	ECHOGRAPHY, TRANSVAGINAL	157.10	196.37	39.27	20
76857	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR	59.30	74.13	14.83	20
76885	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING	186.46	233.08	46.62	20
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, IMAGING	40.88	51.10	10.22	20
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	119.77	149.71	29.94	20
93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL	133.61	167.01	33.40	20
93922	NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER	93.41	116.76	23.35	20
93980	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS	121.24	151.55	30.31	20
93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING	167.54	209.42	41.88	20
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	81.42	101.78	20.36	20
54240	PENILE PLETHYSMOGRAPHY	127.48	159.35	31.87	20
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC;	117.38	146.72	29.34	20
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG,	149.84	187.30	37.46	20
76705	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE	117.33	146.66	29.33	20
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA,	144.60	180.75	36.15	20
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	107.83	134.79	26.96	20
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	154.05	192.56	38.51	20
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM,	355.51	444.39	88.88	20
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR	97.14	121.43	24.29	20
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR	67.38	84.22	16.84	20
76886	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING	136.61	170.76	34.15	20
93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE	209.86	262.33	52.47	20
93923	COMPLETE NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER	144.43	180.54	36.11	20
93976	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS	169.17	211.46	42.29	20
93978	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC	197.98	247.47	49.49	20
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	153.25	191.56	38.31	20
76775	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA,	72.28	90.35	18.07	20
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE	146.66	183.32	36.66	20
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM,	211.78	264.72	52.94	20
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL	345.95	432.44	86.49	20
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING	40.88	51.10	10.22	20
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT	111.04	138.80	27.76	20
93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR	159.56	199.45	39.89	20
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING	205.24	256.55	51.31	20
93981	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS	73.94	92.42	18.48	20
76801	ULTRASOUND PREGNANT UTERUS, REAL TIME WITH IMAGE	157.77	197.21	39.44	20
76882	ULTRASOUND EXTREMITY NONVASCULAR, REAL-TIME IMAGE	44.55	55.69	11.14	20
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR	25.28	31.60	6.32	20
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-	108.11	135.14	27.03	20
<b>CALIFORNIA 90001</b>					



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT STRESS OR NON-	112.68	140.85	28.17	20
76872	ECHOGRAPHY, TRANSRECTAL;	119.34	149.18	29.84	20
<b>CALIFORNIA 90001</b>					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
93930	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR	217.59	271.99	54.40	20
93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS	292.86	366.08	73.22	20
76881	ULTRASOUND EXTREMITY NONVASCULAR, REAL-TIME IMAGE	149.79	187.24	37.45	20
76776	ULTRASOUND TRANSPLANTED KIDNEY, REAL TIME AND X-RAY	201.73	252.16	50.43	20
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL;	41.80	99.29	57.49	58
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL,	41.80	63.73	21.93	34
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM	41.80	60.51	18.71	31
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX,	41.80	44.04	2.24	5
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	41.80	43.89	2.09	5
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO	41.80	42.08	0.28	1
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	41.80	43.37	1.57	4
73090	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	40.61	40.61	0.00	0
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	41.80	46.23	4.43	10
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	41.80	111.75	69.95	63
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS	41.80	170.43	128.63	75
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL	41.80	130.57	88.77	68
76098	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	25.44	25.44	0.00	0
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE	41.80	138.21	96.41	70
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION	41.80	1,167.59	1,125.79	96
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	23.47	23.47	0.00	0
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL	41.80	53.36	11.56	22
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE,	41.80	88.55	46.75	53
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	36.37	36.37	0.00	0
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE,	41.80	45.52	3.72	8
73550	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	41.80	42.67	0.87	2
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	41.80	46.17	4.37	9
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT,	41.80	225.17	183.37	81
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH	41.80	339.58	297.78	88
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT,	41.80	92.26	50.46	55
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE,	41.80	86.55	44.75	52
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI,	41.80	81.51	39.71	49
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT,	41.80	49.23	7.43	15
77072	BONE AGE STUDIES	36.34	36.34	0.00	0
77076	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	41.80	150.45	108.65	72
70350	CEPHALOGRAM, ORTHODONTIC	30.42	30.42	0.00	0
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	35.24	35.24	0.00	0
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO	41.80	46.20	4.40	10
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	41.80	49.36	7.56	15
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY,	41.80	67.24	25.44	38
73500	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; ONE VIEW	41.50	41.50	0.00	0
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR	41.80	63.15	21.35	34
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	41.71	41.71	0.00	0
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	40.61	40.61	0.00	0
73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO	41.80	44.29	2.49	6
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE	41.80	69.39	27.59	40
<b>CALIFORNIA 90001</b>					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS	41.80	219.21	177.41	81
20501	INJECTION OF SINUS TRACT; DIAGNOSTIC	41.80	195.46	153.66	79
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF	41.80	1,020.36	978.56	96
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE,	41.80	59.89	18.09	30
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE	41.80	53.90	12.10	22
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE,	41.80	65.67	23.87	36



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

CALIFORNIA 90001					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM	41.80	66.71	24.91	37
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL,	41.80	58.73	16.93	29
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL	41.80	85.31	43.51	51
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF	41.80	61.82	20.02	32
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO	41.80	52.65	10.85	21
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM	41.80	49.66	7.86	16
73510	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; COMPLETE,	41.80	58.76	16.96	29
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	41.80	54.27	12.47	23
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE	41.80	121.25	79.45	66
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF	41.80	43.46	1.66	4
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT,	41.80	74.91	33.11	44
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	41.80	43.22	1.42	3
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING	41.80	74.64	32.84	44
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR	41.80	52.28	10.48	20
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	41.80	43.25	1.45	3
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR	41.80	52.09	10.29	20
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS,	41.80	56.48	14.68	26
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	41.19	41.19	0.00	0
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF	41.80	62.32	20.52	33
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT,	41.80	293.03	251.23	86
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN	41.80	52.15	10.35	20
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR	41.80	56.45	14.65	26
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF	41.80	71.02	29.22	41
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION,	41.80	61.60	19.80	32
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL	41.80	121.53	79.73	66
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL	41.80	65.95	24.15	37
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF	41.80	65.36	23.56	36
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	41.80	58.61	16.81	29
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF	41.80	70.40	28.60	41
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR	41.80	55.20	13.40	24
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	41.80	44.04	2.24	5
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG,	41.80	51.57	9.77	19
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING	41.80	56.86	15.06	26
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY,	41.80	111.34	69.54	62
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR	41.80	62.32	20.52	33
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT,	41.80	42.94	1.14	3
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO	41.80	42.35	0.55	1
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE,	41.80	58.61	16.81	29
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL	41.80	123.76	81.96	66
CALIFORNIA 90001					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES	41.80	166.63	124.83	75
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION	41.80	119.93	78.13	65
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE,	41.80	51.63	9.83	19
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	41.80	55.47	13.67	25
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	41.80	47.21	5.41	11
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR	41.80	57.25	15.45	27
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY	34.25	34.25	0.00	0
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR,	41.80	50.53	8.73	17
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE	41.80	54.24	12.44	23
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM	41.80	77.19	35.39	46
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN	41.80	44.63	2.83	6
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT,	41.80	42.94	1.14	3
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE	41.80	48.13	6.33	13
CALIFORNIA 90001					
CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO	41.80	49.53	7.73	16



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF	41.80	45.79	3.99	9
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH	41.80	239.75	197.95	83
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	41.80	62.64	20.84	33
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE,	41.80	279.80	238.00	85
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING,	41.80	52.00	10.20	20
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC,	41.80	148.13	106.33	72
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE,	41.80	211.78	169.98	80
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL	41.80	244.26	202.46	83
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN	41.80	46.84	5.04	11
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS	41.80	46.96	5.16	11
70355	ORTHOPANTOGRAM	31.40	31.40	0.00	0
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	41.80	150.47	108.67	72
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL	41.80	43.74	1.94	4
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	41.80	47.83	6.03	13
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR	41.80	56.95	15.15	27
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL	41.80	178.53	136.73	77
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	41.80	47.33	5.53	12
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF	41.80	56.08	14.28	25
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	41.80	42.94	1.14	3
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF	41.80	49.66	7.86	16
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE	36.99	36.99	0.00	0
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR	41.80	55.35	13.55	24
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	41.80	141.03	99.23	70
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT,	41.80	186.88	145.08	78
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT,	41.80	273.20	231.40	85
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT,	41.80	203.74	161.94	79
74260	DUODENOGRAPHY, HYPOTONIC	41.80	567.73	525.93	93
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY,	41.80	127.35	85.55	67
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR	41.07	41.07	0.00	0
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, CARDIOLOGY	41.80	101.05	59.25	59
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL	110.34	137.92	27.58	20

**CALIFORNIA 90001**

CPT	Description	Net Price	Fee/UCR	\$ Savings	% Savings
34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD	1,913.37	2,391.71	478.34	20
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12	8.20	10.25	2.05	20
61612	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS	1,766.81	2,208.51	441.70	20
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL	178.06	222.57	44.51	20
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12	17.05	21.31	4.26	20
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12	8.86	11.07	2.21	20
61610	TRANSECTION OR LIGATION, CAROTID ARTERY IN	2,295.96	2,869.95	573.99	20
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER	216.21	270.26	54.05	20
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM,	295.90	369.87	73.97	20
93040	RHYTHM ECG, ONE TO THREE LEADS; WITH	12.63	15.79	3.16	20
61611	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS	471.05	588.81	117.76	20
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL	113.94	142.42	28.48	20
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG,	176.19	220.24	44.05	20

The above net pricing may include pricing that can be based on a percentage off of the current state fee schedule or UCR table. These net prices may vary dependent on any changes/updates made by a particular state to their fee schedule/UCR table since the time that this report was generated.



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

<b>CALIFORNIA 90001</b>						
<b>EMG</b>						
<b>CPT</b>	<b>Description</b>	<b>Net Price</b>	<b>Fee/UCR</b>	<b>\$ Savings</b>	<b>% Savings</b>	
95861	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR W	197.32	219.24	21.92	10	
95864	NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR V	277.92	308.80	30.88	10	
95867	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MU:	106.79	118.66	11.87	10	
95868	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MU:	150.99	167.77	16.78	10	
95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATI	95.18	105.75	10.57	10	
95961	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMU	329.21	365.79	36.58	10	
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AN	181.59	201.77	20.18	10	
99220	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION A	201.77	224.19	22.42	10	
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND M	148.52	165.02	16.50	10	
99356	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, F	100.03	111.14	11.11	10	
95908	3-4 NERVE CONDUCTION STUDIES	141.99	157.77	15.78	10	
92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXAT	24.51	27.23	2.72	10	
92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH	28.79	31.99	3.20	10	
92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR F	17.06	18.96	1.90	10	
92545	OSCILLATING TRACKING TEST, WITH RECORDING	15.89	17.65	1.76	10	
95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITH	141.30	157.00	15.70	10	
95921	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CARDI	99.57	110.63	11.06	10	
95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUD	178.26	198.07	19.81	10	
95933	ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC	96.71	107.45	10.74	10	
99357	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, F	98.91	109.90	10.99	10	
95929	CENTRAL MOTOR EVOKED POTENTIAL STUDY; LOWER LIMBS	300.10	333.44	33.34	10	
95806	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, R	193.56	215.07	21.51	10	
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REF	34.98	38.87	3.89	10	
95832	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REF	34.37	38.19	3.82	10	
95833	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REF	42.32	47.02	4.70	10	
95834	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REF	57.04	63.38	6.34	10	
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE	18.76	20.84	2.08	10	
95923	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOM	223.06	247.84	24.78	10	
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AN	119.64	132.93	13.29	10	
95885	NEEDLE EMG, EACH EXTREMITY, WITH NCS, LIMITED	67.71	75.23	7.52	10	
<b>CALIFORNIA 90001</b>						
<b>EMG</b>						
92547	USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITIO	7.43	8.26	0.83	10	
95857	TENSILON TEST FOR MYASTHENIA GRAVIS;	61.29	68.10	6.81	10	
95870	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN	103.02	114.47	11.45	10	
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULA	33.37	37.08	3.71	10	
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCI	36.93	41.03	4.10	10	
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN E	192.38	213.75	21.37	10	
99354	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OL	108.88	120.98	12.10	10	
95886	NEEDLE EMG, EACH EXTREMITY, WITH NCS, COMPLETE	103.96	115.51	11.55	10	
95910	7-8 NERVE CONDUCTION STUDIES	223.25	248.05	24.80	10	
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STA	94.90	105.44	10.54	10	
51785	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR UR	371.70	413.00	41.30	10	
92543	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BIT	18.23	20.25	2.02	10	
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE	21.07	23.41	2.34	10	
95863	NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR	243.88	270.98	27.10	10	
95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUD	183.59	203.99	20.40	10	
95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS	150.59	167.32	16.73	10	
95950	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CE	382.31	424.79	42.48	10	
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, F	365.33	405.92	40.59	10	



**APPENDIX 2, ATTACHMENT 1**  
**Diagnostic Imaging / Neurology Discount Rates (2015)**  
**CITY OF LOS ANGELES**

97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MI	48.92	54.36	5.44	10
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AN	160.73	178.59	17.86	10
95905	MOTOR AND/OR SENSORY NERVE CONDUCTION USING PRECOI	84.61	94.01	9.40	10
95928	CENTRAL MOTOR EVOKED POENTIAL STUDY (TRANSCRANIAL M	299.75	333.06	33.31	10
95907	1-2 NERVE CONDUCTION STUDIES	110.36	122.62	12.26	10
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHEC/	435.02	483.36	48.34	10
92265	NEEDLE OCULOECTROMYOGRAPHY, ONE OR MORE EXTRAOI	98.16	109.07	10.91	10
95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUD	168.15	186.83	18.68	10
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AN	22.66	25.18	2.52	10
99355	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OL	105.51	117.23	11.72	10
95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	163.16	181.29	18.13	10
64550	APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMUL	23.11	25.68	2.57	10
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDI	158.09	175.66	17.57	10
95872	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTROI	220.75	245.28	24.53	10

**CALIFORNIA 90001**

**EMG**

95922	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; VASOM	114.48	127.20	12.72	10
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACT	17.72	19.69	1.97	10
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MI	36.09	40.10	4.01	10
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AN	49.13	54.59	5.46	10
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AN	83.39	92.65	9.26	10
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AN	49.13	54.59	5.46	10
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION	42.28	46.98	4.70	10
95887	NEEDLE EMG, NON-EXTREMITY WITH NCS (CRANIAL NERVE / AX	93.23	103.59	10.36	10
95911	9-10 NERVE CONDUCTION STUDIES	265.01	294.46	29.45	10
95912	11-12 NERVE CONDUCTION STUDIES	294.41	327.12	32.71	10
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	355.03	394.48	39.45	10
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FR/	1,047.86	1,164.29	116.43	10
95869	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCI	94.86	105.40	10.54	10
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTI	21.52	23.91	2.39	10
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AN	120.06	133.40	13.34	10
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AN	227.46	252.73	25.27	10
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AN	80.83	89.81	8.98	10
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION	78.54	87.27	8.73	10
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEI	86.09	95.66	9.57	10
95909	5-6 NERVE CONDUCTION STUDIES	168.14	186.82	18.68	10
95913	13 OR MORE NERVE CONDUCTION STUDIES	332.96	369.96	37.00	10

The above net pricing may include pricing that can be based on a percentage off of the current state fee schedule or UCR table. These net prices may vary dependent on any changes/updates made by a particular state to their fee schedule/UCR table since the time that this report was generated.

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