ALL INCLUSIVE INPATIENT SERVICES ² (Per Diem=Per Day Rate)		Gros	s Charge	Maximum	Minimum
	CPT/HCPCS		<u> </u>		
Medical Services	Code	Facility	Professional ³	Facility/Professional	Facility/Professional
			included in gross		
CORONARY CARE UNIT - GENERAL	n/a	\$ 30,772			\$ 30,771
CARRIOLOGY	2/2	ć 12.40¢	included in gross		d 42.400
CARDIOLOGY	n/a	\$ 13,498	charge included in gross		\$ 13,498
FAMILY MEDICINE	n/a	\$ 13,498	_		\$ 13,498
THE WEDICHTE	.,, =	Ψ 10) 130	included in gross		Ψ 13,130
MEDICINE	n/a	\$ 13,498	_		\$ 13,498
			included in gross		
NEONATOLOGY	n/a	\$ 30,772			\$ 30,771
			included in gross		
NEUROLOGY	n/a	\$ 13,498			\$ 13,498
DEDIATRICS	2/2	ć 42.47	included in gross		42.475
PEDIATRICS	n/a	\$ 13,475	charge included in gross		\$ 13,475
SURGERY - CARDIOTHORACIC	n/a	\$ 16,220	_		\$ 16,220
JONGENT CANDIOTHONACIC	11/4	7 10,220	included in gross		7 10,220
SURGERY - COLORECTAL	n/a	\$ 16,220	_		\$ 16,220
	·	-,	included in gross		
SURGERY - GENERAL	n/a	\$ 16,220			\$ 16,220
			included in gross		
SURGERY - ONCOLOGY	n/a	\$ 16,220			\$ 16,220
	,		included in gross		
SURGERY - OPHTHALMOLOGY	n/a	\$ 16,220	charge included in gross		\$ 16,220
SURGERY - ORAL & MAXILLOFACIAL	n/a	\$ 16,220	_		\$ 16,220
SONGENT - ONAL & IVIANILLOT ACIAL	11/4	3 10,220	included in gross		٦ 10,220
SURGERY - ENDOVASCULAR	n/a	\$ 16,220	_		\$ 16,220
		,	included in gross		-, -
SURGERY - OTOLARYNGOLOGY	n/a	\$ 16,220	charge	\$ 16,220	\$ 16,220
			included in gross		
OBSTETRICS	n/a	\$ 14,247			\$ 14,247
			included in gross		
LIMB PRESERVATION	n/a	\$ 13,498	charge included in gross		\$ 13,498
SURGERY - ORTHOPEDICS	n/a	\$ 16,220	1		\$ 16,220
JONGENT ONTHOLEDICS	11/4	7 10,220	included in gross		7 10,220
SURGERY - PLASTIC	n/a	\$ 16,220	_		\$ 16,220
		,	included in gross		,
SURGERY - UROLOGY	n/a	\$ 16,220	charge	\$ 16,220	\$ 16,220
			included in gross		
SURGERY - GYNECOLOGY	n/a	\$ 16,220			\$ 16,220
CUMICAL RECEASOR		A	included in gross		
CLINICAL RESEARCH	n/a	\$ 9,412			\$ 9,411
GYN/Oncology	n/a	\$ 16,220	included in gross charge		\$ 16,220
o my oncology	II/d	10,220 ب	included in gross		ب 10,220
GYNECOLOGY - IP	n/a	\$ 16,220	_		\$ 16,220

ALL INCLUSIVE INPATIENT SERVICES ² (Per Diem=Per Day Rate)		Gross Charge			Maximum		Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional ³	Fa	acility/Professional	ı	Facility/Professional
			included in gross				
NEUROSURGERY	n/a	\$ 16,220	charge	\$	16,220	\$	16,220
			included in gross				
NEWBORN	n/a	\$ 8,207	charge	\$	8,207	\$	8,207
			included in gross				
LEAVE OF ABSENCE - W/CHARGE	n/a	\$ 13,498	charge	\$	13,498	\$	13,498
		·	included in gross				
NURSERY - NEWBORN LEVEL IV	n/a	\$ 30,771	charge	\$	30,771	\$	30,771

ALL INCLUSIVE OUTPATIENT SERVICES ² (Per Diem=Per Visit Rate)		Gross	Charge	Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional ³	Facility/Professional	Facility/Professional
			included in gross		
OP NEUROLOGY RN	n/a	\$ 3,100	charge		\$ 3,100
			included in gross		
OP OB/GYN CONTINUITY RN	n/a	\$ 2,604	charge		\$ 2,604
OP PEDS GENETICS RN	n/a	¢ 2.604	included in gross charge		¢ 2.604
OF FEDS GENETICS RIN	n/a	\$ 2,604	included in gross		\$ 2,604
OP OB/GYN RN	n/a	\$ 2,604	charge		\$ 2,604
	1,72		included in gross		7,00
OP PAIN MANAGEMENT RN	n/a	\$ 2,852	charge		\$ 2,852
	,	A 2.504	included in gross		4 2.524
OP PEDIATRICS RN	n/a	\$ 2,604	charge included in gross	\$ 2,604	\$ 2,604
OP PEDS ACUTE FOLLOW UP RN	n/a	\$ 2,604	charge	\$ 2,604	\$ 2,604
OF FEDS ACOTE FOLLOW OF KIN	11/a	\$ 2,004	included in gross	\$ 2,004	2,004
OP PEDS ADOLESCENT RN	n/a	\$ 2,604	charge	\$ 2,604	\$ 2,604
0.7.2507.5022502777.1111	, ۵	2,00	included in gross	φ =,66 .	<u> </u>
OP PEDS ALLERGY RN	n/a	\$ 2,604	charge	\$ 2,604	\$ 2,604
			included in gross		
OP PEDS CARDIOLOGY RN	n/a	\$ 2,604	charge	\$ 2,604	\$ 2,604
			included in gross		
OP PEDS CHILD DEVELOPMENT RN	n/a	\$ 2,604	charge		\$ 2,604
	,		included in gross		
OP PEDS CONTINUITY RN	n/a	\$ 2,604	charge		\$ 2,604
OP PEDS CRANIOFACIAL RN	n/a	¢ 2.604	included in gross charge		\$ 2,604
OF FEDS CRANIOFACIAL RIV	n/a	\$ 2,604	included in gross	\$ 2,604	\$ 2,604
OP PEDS FAILURE TO THRIVE RN	n/a	\$ 2,604	charge	\$ 2,604	\$ 2,604
OT TEEST THE ONE TO THINKE NO	11, 4	2,001	included in gross		2,001
OP PEDS GASTROENTEROLOGY RN	n/a	\$ 2,604	charge		\$ 2,604
	•	,	included in gross		,
OP PEDS GENETICS CC RN	n/a	\$ 2,604	charge	\$ 2,604	\$ 2,604
			included in gross		
OP PEDS IMMUNOLOGY RN	n/a	\$ 2,604	charge		\$ 2,604
			included in gross		
OP PEDS INFECTIOUS DISEASE RN	n/a	\$ 2,604	charge		\$ 2,604
OD DEDS MEDLIDOLOGY DNI	n/a	¢ 2.604	included in gross		¢ 2.604
OP PEDS NEPHROLOGY RN	II/a	\$ 2,604	charge included in gross		\$ 2,604
OP PEDS NEUROLOGY RN	n/a	\$ 2,604	charge		\$ 2,604
OT TEES NEONOLOGY INV	11/4	2,001	included in gross		2,001
OP PEDS PEDIATRICS RN	n/a	\$ 2,604	charge		\$ 2,604
	•		included in gross		·
OP PEDS PRE OP TESTING RN	n/a	\$ 2,604	charge	•	\$ 2,604
			included in gross		
OP PEDS RHEUMATOLOGY RN	n/a	\$ 2,604	charge		\$ 2,604
on pena supcessivi cesses in an	,	A	included in gross		A
OP PEDS SURGERY - GENERAL RN	n/a	\$ 3,597	charge	\$ 3,597	\$ 3,597

ALL INCLUSIVE OUTPATIENT SERVICES ² (Per Diem=Per Visit Rate)		Gross	Charge	Maximum	Minimum
	CPT/HCPCS	G1033	Charge		
Medical Services	Code	Facility	Professional ³	Facility/Professional	Facility/Professional
			included in gross		
OP PEDS INFUSION RN	n/a	\$ 2,604	charge		\$ 2,604
OR DEDG HENATOLOGY DN		å 2.504	included in gross		2 504
OP PEDS HEMATOLOGY RN	n/a	\$ 2,604	charge included in gross	\$ 2,604	\$ 2,604
OP PEDS NEWBORN RN	n/a	\$ 2,604	charge	\$ 2,604	\$ 2,604
	, ۵	2,00	included in gross		φ =,550 :
OP PEDIATRICS K.I.D.S. RN	n/a	\$ 2,604	charge	\$ 2,604	\$ 2,604
			included in gross		
OP MEDICINE RN	n/a	\$ 3,100	charge		\$ 3,100
	,	d 0.400	included in gross		
OP PRIMARY CARE RN	n/a	\$ 3,100	charge included in gross		\$ 3,100
OP SURGERY - AMBULATORY N-24 RN	n/a	\$ 3,597	charge		\$ 3,597
OF SONGERT AND CLATOR IN 24 RIV	11/ 4	3,557	included in gross		3,337
OP PITUITARY RN	n/a	\$ 3,100	charge		\$ 3,100
			included in gross		
OP SURG-COLORECTAL OPD RN	n/a	\$ 3,597	charge	-	\$ 3,597
			included in gross		
OP PEDS DIABETES RN	n/a	\$ 2,604	charge	\$ 2,604	\$ 2,604
OP DIABETES RN	n/a	ć 3.100	included in gross	ć 3.100	ć 2.100
OP DIABETES RIV	n/a	\$ 3,100	charge included in gross		\$ 3,100
OP SURGERY - VASCULAR OPD RN	n/a	\$ 3,597	charge		\$ 3,597
		7 3,55	included in gross		7 3,551
OP GASTROENTEROLOGY RN	n/a	\$ 2,604	charge	\$ 2,604	\$ 2,604
			included in gross		
OP PULMONARY RN	n/a	\$ 3,100	charge	\$ 3,100	\$ 3,100
OD CURCERY ONCOLOGY ORD DN	- 1-	ć 2.507	included in gross	ć 2.507	ć 2.507
OP SURGERY - ONCOLOGY OPD RN	n/a	\$ 3,597	charge included in gross		\$ 3,597
OP GEN MED CONTINUITY RN	n/a	\$ 2,356	charge		\$ 2,356
of dely Med continuon have	11/ 4	2,330	included in gross		2,330
OP GEN MED PRIMARY CARE RN	n/a	\$ 3,100	charge		\$ 3,100
			included in gross		
OP ONCOLOGY RN	n/a	\$ 3,845	charge		\$ 3,845
			included in gross		
OP GERI PRIMARY CARE RN	n/a	\$ 3,100	charge included in gross		\$ 3,100
OP SURGERY - GENERAL OPD N-24 RN	n/a	\$ 3,597	charge		\$ 3,597
OF SURGERY - GENERAL OFD N-24 KIN	11/ a	\$ 5,597	included in gross		۶ 5,597
OP HEMATOLOGY HEMONC RN	n/a	\$ 2,109	charge		\$ 2,109
	,,,	, 55	included in gross		,
OP MEDICINE	n/a	\$ 3,387	charge		\$ 3,387
	_		included in gross		
OP PRIMARY CARE	n/a	\$ 3,387	charge		\$ 3,387
OD DITLUTADV	1	ć 2.207	included in gross		ć 3.207
OP PITUITARY	n/a	\$ 3,387	charge	\$ 3,387	\$ 3,387

ALL INCLUSIVE OUTPATIENT SERVICES ² (Per Diem=Per Visit Rate)		Gross	Charge	Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional ³	Facility/Professional	Facility/Professional
21 11 12 22		•	included in gross	,,	,,
OP DIABETES	n/a	\$ 3,387	charge	\$ 3,387	\$ 3,387
			included in gross		
OP DIABETES ENDOCRINOLOGY	n/a	\$ 3,387	charge	\$ 3,387	\$ 3,387
	_		included in gross		
OP GASTROENTEROLOGY	n/a	\$ 2,845	charge included in gross		\$ 2,845
OP GI PULMONARY	n/a	\$ 3,387	charge		\$ 3,387
OF GI FOLIVIONANT	II/a	Ş 5,367	included in gross	Ş 5,36 <i>1</i>	Ş 3,367
OP HEMONC INFUSION/HEMATOLOGY	n/a	\$ 6,097	charge	\$ 6,097	\$ 6,097
	.,,,	7 0,001	included in gross		7 3,551
OP ONCOLOGY	n/a	\$ 4,200	charge	\$ 4,200	\$ 4,200
			included in gross		
OP INFUSION HEMONC	n/a	\$ 2,303	charge	\$ 2,303	\$ 2,303
	,		included in gross		
OP HEMATOLOGY HEMONC	n/a	\$ 2,303	charge	\$ 2,303	\$ 2,303
OP NEPHROLOGY	n/a	¢ 2.116	included in gross charge	¢ 2.116	¢ 2.116
OF NEPHROLOGY	II/a	\$ 3,116	included in gross		\$ 3,116
OP PULMONARY	n/a	\$ 3,116	charge		\$ 3,116
or regimentative	11, 4	9,210	included in gross	γ 3,110	3,110
OP SLEEP STUDY PULMONARY	n/a	\$ 4,742	charge	\$ 4,742	\$ 4,742
			included in gross		
OP GASTROENTEROLOGY ENDO	n/a	\$ 2,845	charge	\$ 2,845	\$ 2,845
			included in gross		
OP GI ENDO PULMONARY	n/a	\$ 3,387	charge	\$ 3,387	\$ 3,387
OP SP GASTROENTEROLOGY ENDO	2/2	ć 2.04F	included in gross	ć 2.04F	ć 2.04F
OP SP GASTROENTEROLOGY ENDO	n/a	\$ 2,845	charge included in gross	\$ 2,845	\$ 2,845
OP SP-PULMONARY ENDO	n/a	\$ 2,845	charge	\$ 2,845	\$ 2,845
or or relineration	11, 4	2,013	included in gross		2,010
OP PALLIATIVE CARE	n/a	\$ 2,574	charge		\$ 2,574
			included in gross		
OP CARDIOLOGY CLINIC	n/a	\$ 3,929	charge		\$ 3,929
			included in gross		
OP DERMATOLOGY	n/a	\$ 3,387	charge		\$ 3,387
OD DOCITIVE CARE		ć 2.207	included in gross		<u> </u>
OP POSITIVE CARE	n/a	\$ 3,387	charge included in gross		\$ 3,387
OP INFECTIOUS DISEASE	n/a	\$ 3,116	charge		\$ 3,116
OP ARTHRITIS MANAGEMENT	n/a		charge		\$ 4,742
	11, 4	, ,,, ,,	included in gross		1,7,72
OP RHEUMATOLOGY	n/a	\$ 3,929	charge		\$ 3,929
			included in gross		
OP SURGERY - AMBULATORY N-24	n/a	\$ 3,929	charge	\$ 3,929	\$ 3,929
			included in gross	_	
OP SURG-COLORECTAL OPD	n/a	\$ 3,929	charge		\$ 3,929
OD SUDCEDV. CENEDAL ODD	I.	ć 2.020	included in gross		ć 3.000
OP SURGERY - GENERAL OPD	n/a	\$ 3,929	charge	\$ 3,929	\$ 3,929

ALL INCLUSIVE OUTPATIENT SERVICES ² (Per Diem=Per Visit Rate)			Gross	Charge		Maximum		Minimum
Medical Services	CPT/HCPCS Code		Facility	Professional ³	Facili	ty/Professional	Fac	cility/Professional
OP SURGERY - VASCULAR OPD	n/a	خ	3,929	included in gross charge	ć	3,929	\$	3,929
OF SONGENT - VASCOLAN OF D	TI/ a	٧	3,323	included in gross		3,323	٧	3,323
OP SURGERY - ONCOLOGY OPD	n/a	\$	3,929	charge		3,929	\$	3,929
				included in gross				
OP SURGERY - GENERAL OPD N-24	n/a	\$	3,929	charge		3,929	\$	3,929
OR SURGERY THORASIS ORD		_	2 020	included in gross		2.020	,	2.020
OP SURGERY - THORACIC OPD	n/a	Ş	3,929	charge included in gross		3,929	\$	3,929
OP SURGERY - PLASTIC OPD	n/a	ς .	3,929	charge		3,929	\$	3,929
OF SONGENT - FEASTIC OF D	11/ a	7	3,323	included in gross		3,323	٧	3,323
OP UROLOGY	n/a	\$	3,116	charge		3,116	\$	3,116
	·		,	included in gross		,		,
OP SURGERY - TRANSPLANT OPD	n/a	\$	3,929	charge	\$	3,929	\$	3,929
				included in gross				
OP OTOLARYNGOLOGY	n/a	\$	3,116	charge		3,116	\$	3,116
0.5.5.7.1.0.1.0.0.7	,	,	2.446	included in gross		2.446	,	2.446
OP PATHOLOGY	n/a	\$	3,116	charge included in gross		3,116	\$	3,116
OP OPHTHALMOLOGY	n/a	¢	2,303	charge		2,303	\$	2,303
OF OTTIMALWIOLOGY	11/4	7	2,303	included in gross		2,303	7	2,303
OP OPTOMETRY	n/a	\$	2,303	charge		2,303	\$	2,303
			,	included in gross		, , , , , , , , , , , , , , , , , , ,		,
OP ENDOVASCULAR SURG OPD	n/a	\$	3,929	charge	\$	3,929	\$	3,929
				included in gross				
OP SURGERY - BREAST OPD	n/a	\$	3,929	charge		3,929	\$	3,929
OP ORTHOPEDIC	- /-	ے ا	2 110	included in gross		2.116	۲	2.116
OP ORTHOPEDIC	n/a	Ş	3,116	charge included in gross		3,116	\$	3,116
OP GERI PRIMARY CARE	n/a	Ś	3,387	charge		3,387	\$	3,387
er dem rimina in dem e	11, 4	Ψ	3,307	included in gross		3,337	· ·	3,307
OP PAIN MANAGEMENT	n/a	\$	3,116	charge		3,116	\$	3,116
				included in gross				
OP CONTINUITY	n/a	\$	2,574	charge		2,574	\$	2,574
	_	١.		included in gross				
OP MFI OBSTETRICS	n/a	\$	2,845	charge		2,845	\$	2,845
OD OCCUPATIONAL THERADY	2/2	ے	2 022	included in gross charge		2.022	۲	2 022
OP OCCUPATIONAL THERAPY	n/a	Ş	2,032	included in gross		2,032	\$	2,032
OP PHYSICAL THERAPY	n/a	\$	2,032	charge		2,032	\$	2,032
	, u	_	_,552	included in gross		_,552	7	_,552
OP LOMITA FAMILY MEDICINE RN	n/a	\$	2,109	charge		2,109	\$	2,109
				included in gross				
OP LOMITA FAM MED PRIMARY CARE RN	n/a	\$	2,109	charge	\$	2,109	\$	2,109
OD DIALVEIS	I -	۲	2 207	inciuaea in gross	ć	2 207	ć	2 207
OP DIALYSIS	n/a	Ş	3,387	charge included in gross		3,387	\$	3,387
OP SURGERY - DENTAL OPD	n/a	\$	3,929	charge		3,929	\$	3,929

ALL INCLUSIVE OUTPATIENT SERVICES 2 (Per Diem=Per Visit Rate)		Gross	Charge	Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional ³	Facility/Professional	Facility/Professional
			included in gross		
OP SURGERY-ORAL&MAXILLOFAC OPD	n/a	\$ 3,929	charge	\$ 3,929	\$ 3,929
			included in gross		
OP NEUROLOGY	n/a	\$ 3,387	charge	\$ 3,387	\$ 3,387
			included in gross		
OP OB/GYN CONTINUITY	n/a	\$ 2,845	charge	\$ 2,845	\$ 2,845
on on /sva		ć 2.045	included in gross	. 2.045	2.045
OP OB/GYN	n/a	\$ 2,845	charge included in gross	\$ 2,845	\$ 2,845
OD OD (CVN) WOMEN'S HEALTH	n/2	¢ 2.04E	charge	¢ 2.94E	¢ 2.04E
OP OB/GYN WOMEN'S HEALTH	n/a	\$ 2,845	included in gross	\$ 2,845	\$ 2,845
OP PEDS GENETICS	n/a	\$ 2,845	charge	\$ 2,845	\$ 2,845
OT TEDS GENETICS	11/ 4	2,043	included in gross	2,043	2,043
OP PEDIATRICS	n/a	\$ 2,845	charge	\$ 2,845	\$ 2,845
	.,,,	7 -/5 :5	included in gross	7 -/5 :5	7 -/5 :5
OP PEDS ACUTE FOLLOW UP	n/a	\$ 2,845	charge	\$ 2,845	\$ 2,845
			included in gross	•	
OP PEDS ADOLESCENT	n/a	\$ 2,845	charge	\$ 2,845	\$ 2,845
			included in gross		
OP PEDS CARDIOLOGY	n/a	\$ 2,845	charge	\$ 2,845	\$ 2,845
			included in gross		
OP PEDS CHILD DEVELOPMENT	n/a	\$ 2,845	charge	\$ 2,845	\$ 2,845
	,	A 2.245	included in gross	A 2.245	
OP PEDS CONTINUITY	n/a	\$ 2,845	charge included in gross	\$ 2,845	\$ 2,845
OP PEDS CRANIOFACIAL	n/a	¢ 2.945	charge	¢ 2.945	\$ 2,845
OF FEDS CRAINIOFACIAL	11/ a	\$ 2,845	included in gross	\$ 2,845	\$ 2,845
OP PEDS FAILURE TO THRIVE	n/a	\$ 2,845	charge	\$ 2,845	\$ 2,845
011200171120112 10 111111112	11,4	2,013	included in gross	2,013	2,013
OP PEDS GASTROENTEROLOGY	n/a	\$ 2,845	charge	\$ 2,845	\$ 2,845
	, -	, , , , ,	included in gross	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
OP PEDS GENETICS CC	n/a	\$ 2,845	charge	\$ 2,845	\$ 2,845
			included in gross		
OP PEDS IMMUNOLOGY	n/a	\$ 2,845	charge		\$ 2,845
			included in gross		
OP PEDS INFECTIOUS DISEASE	n/a	\$ 2,845	charge		\$ 2,845
	,		included in gross		
OP PEDS NEPHROLOGY	n/a	\$ 2,845	charge	\$ 2,845	\$ 2,845
OD DEDS MELIDOLOGY	/-	ć 2045	included in gross charge	ć 2.04F	¢ 2045
OP PEDS NEUROLOGY	n/a	\$ 2,845	included in gross	\$ 2,845	\$ 2,845
OP PEDS PEDIATRICS	n/a	\$ 2,845	charge	\$ 2,845	\$ 2,845
OF FEDSTEDIATRICS	11/ a	2,043	included in gross	2,043	2,043
OP PEDS PRE OP TESTING	n/a	\$ 2,845	charge	\$ 2,845	\$ 2,845
	, u	,5 .5	included in gross		
OP PEDS RHEUMATOLOGY	n/a	\$ 2,845	charge	\$ 2,845	\$ 2,845
		ŕ	included in gross	•	· ·
OP PEDS SURGERY - GENERAL	n/a	\$ 3,929	charge	\$ 3,929	\$ 3,929

ALL INCLUSIVE OUTPATIENT SERVICES 2 (Per Diem=Per Visit Rate)		Gross	Charge	Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional ³	Facility/Professional	Facility/Professional
			included in gross		
OP PEDS INFUSION	n/a	\$ 2,845	charge	\$ 2,845	\$ 2,845
OD DEDS HEMATOLOGY	n /a	ć 2.04F	included in gross	ć 2.04F	ć 2.04F
OP PEDS HEMATOLOGY	n/a	\$ 2,845	charge included in gross	\$ 2,845	\$ 2,845
OP PEDS NEWBORN	n/a	\$ 2,845	charge	\$ 2,845	\$ 2,845
	, ,	, , , , ,	included in gross	,- ,-	, , , , , ,
OP PEDIATRICS K.I.D.S.	n/a	\$ 2,845	charge	\$ 2,845	\$ 2,845
			included in gross		
OP PEDS DIABETES	n/a	\$ 2,845	charge		\$ 2,845
OD DEDG ENDOGDINOLOGY	. , .	Ġ 2.045	included in gross		2.045
OP PEDS ENDOCRINOLOGY	n/a	\$ 2,845	charge included in gross	\$ 2,845	\$ 2,845
OP PEDS ENDOCRINOLOGY RN	n/a	\$ 2,604	charge	\$ 2,604	\$ 2,604
OF FEBS ENDOCKINGEOGT KIN	11/4	2,004	included in gross	2,004	2,004
OP DERMATOLOGY INF	n/a	\$ 6,097	charge	\$ 6,097	\$ 6,097
	·	· · · · · · · · · · · · · · · · · · ·	included in gross	,	
OP ENDOCRINOLOGY INF	n/a	\$ 2,845	charge	\$ 2,845	\$ 2,845
			included in gross		
OP GASTROENTEROLOGY INF	n/a	\$ 6,097	charge		\$ 6,097
	,		included in gross		
OP GENETICS INF	n/a	\$ 6,097	charge included in gross	\$ 6,097	\$ 6,097
OP INFECTIOUS DISEASE INF	n/a	\$ 6,097	charge	\$ 6,097	\$ 6,097
OF INTECTIOUS DISEASE IN	11/ a	ÿ 0,037	included in gross	ÿ 0,037	3 0,037
OP INFUSION/HEMATOLOGY	n/a	\$ 6,097	charge	\$ 6,097	\$ 6,097
		<u>, </u>	included in gross	<u> </u>	
OP MEDICINE INF	n/a	\$ 6,097	charge	\$ 6,097	\$ 6,097
			included in gross		
OP NEPHROLOGY INF	n/a	\$ 6,097	charge	\$ 6,097	\$ 6,097
OD NEUDOLOGY INE		ć 6007	included in gross	ć 6007	ć 6007
OP NEUROLOGY INF	n/a	\$ 6,097	charge included in gross	\$ 6,097	\$ 6,097
OP ONCOLOGY INF	n/a	\$ 6,097	charge	\$ 6,097	\$ 6,097
or enegger iii	11, 4	φ 0,037	included in gross		σ,σσ,
OP RHEUMATOLOGY INF	n/a	\$ 6,097	charge		\$ 6,097
			included in gross		
OP INFUSION INF	n/a	\$ 6,097	charge		\$ 6,097
			included in gross		
OP HEMATOLOGY INF	n/a	\$ 6,097	charge		\$ 6,097
OD OBSTETDICS INF	/-	ć (007	included in gross		¢
OP OBSTETRICS INF	n/a	\$ 6,097	charge included in gross		\$ 6,097
OP GYN/ONCOLOGY INF	n/a	\$ 6,097	charge		\$ 6,097
	11, 4	. 0,037	included in gross		. 3,337
OP GEN MED CONTINUITY	n/a	\$ 2,574	charge		\$ 2,574
		·	included in gross		
OP GEN MED PRIMARY CARE	n/a	\$ 3,387	charge	\$ 3,387	\$ 3,387

ALL INCLUSIVE OUTPATIENT SERVICES ² (Per Diem=Per Visit Rate)		Gross	Charge	Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional ³	Facility/Professional	Facility/Professional
			included in gross		
OP DERMATOLOGY INF RN	n/a	\$ 5,581	charge		\$ 5,581
OP NEPHROLOGY RN	n/a	\$ 2,852	included in gross charge		\$ 2,852
OF NEFTIROLOGI KIN	11/ a	2,832	included in gross		۷ 2,832
OP NEUROSURGERY OPD RN	n/a	\$ 3,597	charge		\$ 3,597
		•	included in gross		
OP DIALYSIS RN	n/a	\$ 3,100	charge		\$ 3,100
			included in gross		
OP SURGERY - THORACIC OPD RN	n/a	\$ 3,597	charge included in gross		\$ 3,597
OP PULMONARY RN	n/a	\$ 2,852	charge		\$ 2,852
OF FOLIMONARY KIN	11/ a	2,032	included in gross	-	2,832
OP SLEEP STUDY PULMONARY RN	n/a	\$ 4,341	charge		\$ 4,341
		· · · · · · · · · · · · · · · · · · ·	included in gross	-	,
OP UROLOGY RN	n/a	\$ 2,852	charge		\$ 2,852
			included in gross		
OP GASTROENTEROLOGY ENDO RN	n/a	\$ 2,604	charge		\$ 2,604
OD DIJI MONARY ENDO DNI	2/2	ć 2.100	included in gross		ć 2.100
OP PULMONARY ENDO RN	n/a	\$ 3,100	charge included in gross		\$ 3,100
OP SP GASTROENTEROLOGY ENDO RN	n/a	\$ 2,604	charge		\$ 2,604
	1,72	7 2,000	included in gross		-/551
OP SP-PULMONARY ENDO RN	n/a	\$ 2,852	charge	\$ 2,852	\$ 2,852
			included in gross		
OP SURGERY - TRANSPLANT OPD RN	n/a	\$ 3,597	charge		\$ 3,597
OD ANECTHECIA DDE OD		ć 2.020	included in gross		ć 2.020
OP ANESTHESIA PRE OP	n/a	\$ 3,929	charge included in gross	·	\$ 3,929
OP CARDIOLOGY	n/a	\$ 3,929	charge		\$ 3,929
	1,72	7 3,5 = 5	included in gross		7,525
MEDICINE PRE OP	n/a	\$ 3,929	charge	\$ 3,929	\$ 3,929
			included in gross		
OP NEUROPHYSIOLOGY	n/a	\$ 3,929	charge		\$ 3,929
ONCOLOGY PRE OR		ć 2.020	included in gross		ć 2.020
ONCOLOGY PRE OP	n/a	\$ 3,929	charge included in gross		\$ 3,929
PEDIATRICS PRE OP	n/a	\$ 3,929	charge		\$ 3,929
	.,, =	φ 0,013	included in gross		γ 3,523
OP RADIATION ONCOLOGY	n/a	\$ 2,303	charge		\$ 2,303
			included in gross		
OP SURGERY - AMBULATORY	n/a	\$ 6,097	charge		\$ 6,097
OD CD CARRIOLOGY	,	d 2000	included in gross		d 222
OP SP-CARDIOLOGY	n/a	\$ 3,929	charge included in gross		\$ 3,929
OP SP-RADIOLOGY/IMAGING	n/a	\$ 2,303	charge		\$ 2,303
o. o. molocodyminality	11/4	2,303	included in gross		2,303
HEMATOLGY PRE OP	n/a	\$ 3,929	charge		\$ 3,929

ALL INCLUSIVE OUTPATIENT SERVICES ² (Per Diem=Per Visit Rate)		Gross	Charge	Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional ³	Facility/Professional	Facility/Professional
OP OB TRIAGE	n/a	\$ 2,303	included in gross charge		\$ 2,303
OP SURGERY - VASCULAR ECHO	n/a	\$ 3,929	included in gross charge	\$ 3,929	\$ 3,929
GYN/ONCOLOGY PRE OP	n/a	\$ 3,929	included in gross charge	\$ 3,929	\$ 3,929
OP OTOLARYNGOLOGY RN	n/a	\$ 2,852	included in gross charge	\$ 2,852	\$ 2,852
OP PALLIATIVE CARE RN	n/a	\$ 2,356	included in gross charge		\$ 2,356
OP PATHOLOGY RN	n/a	\$ 2,852	included in gross charge		\$ 2,852
OP CARDIOLOGY CLINIC RN	n/a	\$ 3,597	included in gross charge		\$ 3,597
OP CONTINUITY RN	n/a	\$ 2,356	included in gross charge	\$ 2,356	\$ 2,356
OP MFI OBSTETRICS RN	n/a	\$ 2,604	included in gross charge	\$ 2,604	\$ 2,604
OP DERMATOLOGY RN	n/a	\$ 3,100	included in gross charge	\$ 3,100	\$ 3,100
OP ENDOCRINOLOGY INF RN	n/a	\$ 2,604	included in gross charge	\$ 2,604	\$ 2,604
OP GENETICS INF RN	n/a	\$ 5,581	included in gross charge	\$ 5,581	\$ 5,581
OP INFECTIOUS DISEASE INF RN	n/a	\$ 5,581	included in gross charge	\$ 5,581	\$ 5,581
OP MEDICINE INF RN	n/a	\$ 5,581	included in gross charge	\$ 5,581	\$ 5,581
OP NEPHROLOGY INF RN	n/a	\$ 5,581	included in gross charge		\$ 5,581
OP NEUROLOGY INF RN	n/a	\$ 5,581	included in gross charge included in gross	\$ 5,581	\$ 5,581
OP ONCOLOGY INF RN	n/a	\$ 5,581	charge included in gross	\$ 5,581	\$ 5,581
OP RHEUMATOLOGY INF RN	n/a	\$ 5,581	charge included in gross	\$ 5,581	\$ 5,581
OP INFUSION INF RN	n/a	\$ 5,581	charge included in gross	\$ 5,581	\$ 5,581
OP HEMATOLOGY INF RN	n/a	\$ 5,581	charge included in gross	\$ 5,581	\$ 5,581
OP OBSTETRICS INF RN	n/a	\$ 5,581	charge included in gross	\$ 5,581	\$ 5,581
OP GYN/ONCOLOGY INF RN	n/a	\$ 5,581	charge included in gross	\$ 5,581	\$ 5,581
OP OPHTHALMOLOGY RN	n/a	\$ 2,109	charge		\$ 2,109

ALL INCLUSIVE OUTPATIENT SERVICES ² (Per Diem=Per Visit Rate)		Gross	Charge	Maximum	Minimum
	CPT/HCPCS	0.000	l		
Medical Services	Code	Facility	Professional ³	Facility/Professional	Facility/Professional
			included in gross		
OP OPTOMETRY RN	n/a	\$ 2,109	charge		\$ 2,109
OP ANESTHESIA PRE OP RN	n/a	\$ 3,597	included in gross charge		\$ 3,597
OF ANESTHESIA FRE OF KIN	11/a	Ş 5,597	included in gross		3,591
OP CARDIOLOGY RN	n/a	\$ 3,597	charge		\$ 3,597
		,	included in gross		,
OP IMMUNIZATIONS EXP RN	n/a	\$ 992	charge	\$ 992	\$ 992
			included in gross		
MEDICINE PRE OP RN	n/a	\$ 3,597	charge		\$ 3,597
OR MEUROPLINGIO I OCY PM	. 1.	á 2.507	included in gross		2.507
OP NEUROPHYSIOLOGY RN	n/a	\$ 3,597	charge included in gross		\$ 3,597
ONCOLOGY PRE OP RN	n/a	\$ 3,597	charge		\$ 3,597
ONCOLOGI FILE OF KIN	11/ a	3,337	included in gross		3,337
PEDIATRICS PRE OP RN	n/a	\$ 3,597	charge		\$ 3,597
	•	,	included in gross		,
OP RADIATION ONCOLOGY RN	n/a	\$ 2,109	charge		\$ 2,109
			included in gross		
OP SURGERY - AMBULATORY RN	n/a	\$ 5,581	charge		\$ 5,581
	_		included in gross		
OP EXPRESS SERVICES RN	n/a	\$ 992	charge		\$ 992
OD CD CARRIOLOGY DNI	- /-	ć 2.507	included in gross		¢ 2.507
OP SP-CARDIOLOGY RN	n/a	\$ 3,597	charge included in gross		\$ 3,597
OP SP-RADIOLOGY/IMAGING RN	n/a	\$ 2,109	charge		\$ 2,109
or or indicately indicate in	11,4	Ψ 2,103	included in gross		2,103
HEMATOLGY PRE OP RN	n/a	\$ 3,597	charge	\$ 3,597	\$ 3,597
			included in gross		
OP OB TRIAGE RN	n/a	\$ 2,109	charge		\$ 2,109
			included in gross		
OP SURGERY - VASCULAR ECHO RN	n/a	\$ 3,597	charge		\$ 3,597
CVN/ONCOLOGY DDF OD DN	n /a	ć 2.507	included in gross		¢ 2.507
GYN/ONCOLOGY PRE OP RN	n/a	\$ 3,597	charge included in gross		\$ 3,597
OP ENDOVASCULAR SURG OPD RN	n/a	\$ 3,597	charge		\$ 3,597
er Erreeviseed weeke ere in	11/ 4	ý 3,337	included in gross		ψ 3,33 <i>1</i>
OP POSITIVE CARE RN	n/a	\$ 3,100			\$ 3,100
			included in gross		
OP INFECTIOUS DISEASE RN	n/a	\$ 2,852			\$ 2,852
			included in gross		
OP SURGERY - BREAST OPD RN	n/a	\$ 3,597			\$ 3,597
OR CURCERY DENITAL COR SAL		¢ 2.505	included in gross		
OP SURGERY - DENTAL OPD RN	n/a	\$ 3,597	charge included in gross		\$ 3,597
OP SURGERY-ORAL&MAXILLOFAC OPD RN	n/a	\$ 3,597	charge		\$ 3,597
OF SONGLITE-CHALQIVIAAILLOFAC OFD KIN	II/d	ر ور ع	included in gross		ر (3,597
OP ARTHRITIS MANAGEMENT RN	n/a	\$ 4,341	_		\$ 4,341

ALL INCLUSIVE OUTPATIENT SERVICES ² (Per Diem=Per Visit Rate)		Gross	Charge	Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional ³	Facility/Professional	Facility/Professional
			included in gross		
OP ORTHOPEDIC RN	n/a	\$ 2,852	charge	\$ 2,852	\$ 2,852
			included in gross		
OP RHEUMATOLOGY RN	n/a	\$ 3,597	charge	\$ 3,597	\$ 3,597

Footnotes:

- 1. Los Angeles County does not offer a standard discounted cash price for a service or an item. Therefore, the undiscounted gross charges for shoppable services are reported in compliance with CMS 45 CFR paragraph 180.60 b (4). Discounts may be available pursuant to Los Angeles County's Financial Assistance Programs. The undiscounted gross charges reported represent charges for inpatient and outpatient services at Los Angeles County Department of Health Services hospitals, excluding charges for categories of services that are not considered "shoppable."
- 2. Health Services primarily uses an all-inclusive billing methodology, therefore gross charges reported are all inclusive charges defined by day or visit (per diem) rather than by item or service.
- 3. Professional services are included in gross charges.