

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
OLIVE VIEW-UCLA MEDICAL CENTER
UNDISCOUNTED GROSS CHARGES FOR SHOPPABLE SERVICES¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

ALL INCLUSIVE INPATIENT SERVICES² <i>(Per Diem=Per Day Rate)</i>		Gross Charge		Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
SPECIAL CARE NURSERY	n/a	\$ 9,002.00	included in gross charge	\$ 9,002.00	\$ 9,002.00
NURSERY	n/a	\$ 8,207.00	included in gross charge	\$ 8,207.00	\$ 8,207.00
STEP DOWN	n/a	\$ 15,750.00	included in gross charge	\$ 15,750.00	\$ 15,750.00
INFECTIOUS DISEASE	n/a	\$ 13,498.00	included in gross charge	\$ 13,498.00	\$ 13,498.00
MEDICINE	n/a	\$ 13,498.00	included in gross charge	\$ 13,498.00	\$ 13,498.00
NEONATOLOGY	n/a	\$ 30,771.00	included in gross charge	\$ 30,771.00	\$ 30,771.00
PEDIATRICS	n/a	\$ 13,475.00	included in gross charge	\$ 13,475.00	\$ 13,475.00
SURGERY - GENERAL	n/a	\$ 16,220.00	included in gross charge	\$ 16,220.00	\$ 16,220.00
SURGERY - HEAD AND NECK	n/a	\$ 16,220.00	included in gross charge	\$ 16,220.00	\$ 16,220.00
SURGERY - NEUROLOGY	n/a	\$ 16,220.00	included in gross charge	\$ 16,220.00	\$ 16,220.00
SURGERY - OPHTHALMOLOGY	n/a	\$ 16,220.00	included in gross charge	\$ 16,220.00	\$ 16,220.00
SURGERY - OBSTETRICS	n/a	\$ 16,220.00	included in gross charge	\$ 16,220.00	\$ 16,220.00
SURGERY - PEDIATRIC	n/a	\$ 16,220.00	included in gross charge	\$ 16,220.00	\$ 16,220.00
OBSTETRICS	n/a	\$ 14,247.00	included in gross charge	\$ 14,247.00	\$ 14,247.00
SURGERY - ORTHOPEDICS	n/a	\$ 16,220.00	included in gross charge	\$ 16,220.00	\$ 16,220.00
SURGERY - PLASTIC	n/a	\$ 16,220.00	included in gross charge	\$ 16,220.00	\$ 16,220.00
SURGERY - PODIATRY	n/a	\$ 16,220.00	included in gross charge	\$ 16,220.00	\$ 16,220.00
SURGERY - THORACIC	n/a	\$ 16,220.00	included in gross charge	\$ 16,220.00	\$ 16,220.00
SURGERY - UROLOGY	n/a	\$ 16,220.00	included in gross charge	\$ 16,220.00	\$ 16,220.00
SURGERY - VASCULAR	n/a	\$ 16,220.00	included in gross charge	\$ 16,220.00	\$ 16,220.00
UROLOGY	n/a	\$ 13,498.00	included in gross charge	\$ 13,498.00	\$ 13,498.00
SURGERY - GYNECOLOGY	n/a	\$ 16,220.00	included in gross charge	\$ 16,220.00	\$ 16,220.00
GYNECOLOGY	n/a	\$ 13,498.00	included in gross charge	\$ 13,498.00	\$ 13,498.00
NEWBORN	n/a	\$ 8,207.00	included in gross charge	\$ 8,207.00	\$ 8,207.00

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EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

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
SURGERY - OBSTETRICS	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
SURGERY - PODIATRY	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
SURGERY - GYNECOLOGY	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
OP ENDOCRINOLOGY EYE&ENT RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP NEUROLOGY E RN	n/a	\$ 3,100.00	included in gross charge	\$ 3,100.00	\$ 3,100.00
OP RHEUMATOLOGY E RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
OP SURGERY - OPHTHALMOLOGY OPD RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
OP SP - OPHTHALMOLOGY RN	n/a	\$ 2,109.00	included in gross charge	\$ 2,109.00	\$ 2,109.00
OP SURGERY - OTOLARYNGOLOGY E RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
OP SURGERY - PEDIATRICS RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
OP SURGERY - ORTHOPEDICS OPD RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
OP SURGERY - PODIATRY OPD RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
OP PEDS HUB RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP PRIMARY CARE M RN	n/a	\$ 3,100.00	included in gross charge	\$ 3,100.00	\$ 3,100.00
OP SURGERY - PLASTIC M RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP OB/GYN PC RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP PRIMARY CARE OB/GYN PC RN	n/a	\$ 3,100.00	included in gross charge	\$ 3,100.00	\$ 3,100.00
OP OBSTETRICS OB/GYN PC RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP NEUROLOGY NEURO RN	n/a	\$ 2,356.00	included in gross charge	\$ 2,356.00	\$ 2,356.00
OP PEDS ALLERGY RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP PEDS CARDIOLOGY RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP PEDS DERMATOLOGY RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP PEDS ENDOCRINOLOGY RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP PEDS GASTROENTEROLOGY RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP PEDS GENETICS RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00

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ALL INCLUSIVE OUTPATIENT SERVICES² <i>(Per Diem=Per Visit Rate)</i>		Gross Charge		Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
OP PEDS NEPHROLOGY RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP PEDS NEUROLOGY RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP PEDS ORTHOPEDIC RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP PEDIATRICS RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP PEDS PRIMARY CARE RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP PEDS RHEUMATOLOGY RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP PEDS SURGERY - PEDS RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
OP ENDOCRINOLOGY SPEC RN	n/a	\$ 1,861.00	included in gross charge	\$ 1,861.00	\$ 1,861.00
OP GASTROENTEROLOGY SPEC RN	n/a	\$ 1,861.00	included in gross charge	\$ 1,861.00	\$ 1,861.00
OP INFECTIOUS DISEASE SPEC RN	n/a	\$ 2,109.00	included in gross charge	\$ 2,109.00	\$ 2,109.00
OP NEUROLOGY SPEC RN	n/a	\$ 2,356.00	included in gross charge	\$ 2,356.00	\$ 2,356.00
OP ONCOLOGY SPEC RN	n/a	\$ 3,100.00	included in gross charge	\$ 3,100.00	\$ 3,100.00
OP PEDS PC PEDIATRICS RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP PEDS PC PRIMARY CARE RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP RHEUMATOLOGY SPEC RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP HEMATOLOGY SPEC RN	n/a	\$ 2,356.00	included in gross charge	\$ 2,356.00	\$ 2,356.00
OP GYN/ONCOLOGY SPEC RN	n/a	\$ 1,861.00	included in gross charge	\$ 1,861.00	\$ 1,861.00
OP ANTICOAGULATION RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP CARDIOLOGY C RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
OP DIABETES C RN	n/a	\$ 3,100.00	included in gross charge	\$ 3,100.00	\$ 3,100.00
OP ENDOCRINOLOGY RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP GASTROENTEROLOGY C RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP INFECTIOUS DISEASE RN	n/a	\$ 2,852.00	included in gross charge	\$ 2,852.00	\$ 2,852.00
OP NEUROLOGY C RN	n/a	\$ 3,100.00	included in gross charge	\$ 3,100.00	\$ 3,100.00

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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 ONCOLOGY RN	n/a	\$ 3,845.00	included in gross charge	\$ 3,845.00	\$ 3,845.00
OP PRIMARY CARE C RN	n/a	\$ 3,100.00	included in gross charge	\$ 3,100.00	\$ 3,100.00
OP RHEUMATOLOGY RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
OP ID ENDOCRINOLOGY RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP ID NEUROLOGY RN	n/a	\$ 3,100.00	included in gross charge	\$ 3,100.00	\$ 3,100.00
OP ID PRIMARY CARE RN	n/a	\$ 3,100.00	included in gross charge	\$ 3,100.00	\$ 3,100.00
OP ID DERMATOLOGY RN	n/a	\$ 3,100.00	included in gross charge	\$ 3,100.00	\$ 3,100.00
OP HEMATOLOGY RN	n/a	\$ 2,356.00	included in gross charge	\$ 2,356.00	\$ 2,356.00
OP ENDOCRINOLOGY INF RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP GASTROENTEROLOGY INF RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP NEUROLOGY D RN	n/a	\$ 3,100.00	included in gross charge	\$ 3,100.00	\$ 3,100.00
OP OB/GYN D RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP ONCOLOGY INF RN	n/a	\$ 3,845.00	included in gross charge	\$ 3,845.00	\$ 3,845.00
OP PULMONARY INF RN	n/a	\$ 2,852.00	included in gross charge	\$ 2,852.00	\$ 2,852.00
OP RHEUMATOLOGY INF RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
OP HEMATOLOGY INF RN	n/a	\$ 2,356.00	included in gross charge	\$ 2,356.00	\$ 2,356.00
OP OBSTETRICS D RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP GYN ONC D RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP GYNECOLOGY D RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP CARDIOLOGY GROUP RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
OP DIABETES GROUP RN	n/a	\$ 3,100.00	included in gross charge	\$ 3,100.00	\$ 3,100.00
OP PEDIATRICS GROUP RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP PRIMARY CARE GROUP RN	n/a	\$ 3,100.00	included in gross charge	\$ 3,100.00	\$ 3,100.00
OP PULMONARY GROUP RN	n/a	\$ 2,852.00	included in gross charge	\$ 2,852.00	\$ 2,852.00

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Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
OP OBSTETRICS GROUP RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP GYNECOLOGY GROUP RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP MEDICINE CONTINUING CARE RN	n/a	\$ 3,100.00	included in gross charge	\$ 3,100.00	\$ 3,100.00
ED TRIAGE ONLY - NOT SEEN BY PHYSICIAN	n/a	\$ 748.00	included in gross charge	\$ 748.00	\$ 748.00
CLINICAL RESEARCH	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OP DERMATOLOGY P RN	n/a	\$ 3,100.00	included in gross charge	\$ 3,100.00	\$ 3,100.00
OP ENDOCRINOLOGY P RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP GASTROENTEROLOGY P RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP NEPHROLOGY P RN	n/a	\$ 2,109.00	included in gross charge	\$ 2,109.00	\$ 2,109.00
OP ONCOLOGY P RN	n/a	\$ 3,845.00	included in gross charge	\$ 3,845.00	\$ 3,845.00
OP PALLATIVE P RN	n/a	\$ 2,356.00	included in gross charge	\$ 2,356.00	\$ 2,356.00
OP PRIMARY CARE P RN	n/a	\$ 3,100.00	included in gross charge	\$ 3,100.00	\$ 3,100.00
OP PULMONARY P RN	n/a	\$ 2,852.00	included in gross charge	\$ 2,852.00	\$ 2,852.00
OP ENDOCRINOLOGY A RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP MEDICINE A RN	n/a	\$ 1,861.00	included in gross charge	\$ 1,861.00	\$ 1,861.00
OP NEPHROLOGY RN	n/a	\$ 2,852.00	included in gross charge	\$ 2,852.00	\$ 2,852.00
OP PRIMARY CARE RN	n/a	\$ 3,100.00	included in gross charge	\$ 3,100.00	\$ 3,100.00
OP GASTROENTEROLOGY B RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP RHEUMATOLOGY B RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
OP SURG-AESTHETIC/COSMETIC OPD RN	n/a	\$ 9,430.00	included in gross charge	\$ 9,430.00	\$ 9,430.00
OP SURGERY - BREAST OPD RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
OP SURGERY - COLORECTAL OPD RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP SURGERY - GENERAL OPD RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
OP SURGERY - PLASTIC OPD RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00

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Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
OP SURGERY - THORACIC OPD RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
OP SURGERY - UROLOGY OPD RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
OP SURGERY - VASCULAR OPD RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
CARDIOLOGY C	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
DIABETES C	n/a	\$ 3,387.00	included in gross charge	\$ 3,387.00	\$ 3,387.00
ENDOCRINOLOGY	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
GASTROENTEROLOGY C	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
INFECTIOUS DISEASE	n/a	\$ 3,116.00	included in gross charge	\$ 3,116.00	\$ 3,116.00
NEUROLOGY C	n/a	\$ 3,387.00	included in gross charge	\$ 3,387.00	\$ 3,387.00
ONCOLOGY	n/a	\$ 4,200.00	included in gross charge	\$ 4,200.00	\$ 4,200.00
PRIMARY CARE C	n/a	\$ 3,387.00	included in gross charge	\$ 3,387.00	\$ 3,387.00
PULMONARY C	n/a	\$ 3,116.00	included in gross charge	\$ 3,116.00	\$ 3,116.00
OP RHEUMATOLOGY C	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
ENDOCRINOLOGY	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
NEUROLOGY	n/a	\$ 3,387.00	included in gross charge	\$ 3,387.00	\$ 3,387.00
PRIMARY CARE	n/a	\$ 3,387.00	included in gross charge	\$ 3,387.00	\$ 3,387.00
DERMATOLOGY	n/a	\$ 3,387.00	included in gross charge	\$ 3,387.00	\$ 3,387.00
HEMATOLOGY	n/a	\$ 2,574.00	included in gross charge	\$ 2,574.00	\$ 2,574.00
CLINICAL RESEARCH C	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
ENDOCRINOLOGY INF	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
GASTROENTEROLOGY INF	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
MEDICINE INF	n/a	\$ 6,097.00	included in gross charge	\$ 6,097.00	\$ 6,097.00
NEUROLOGY INF	n/a	\$ 3,387.00	included in gross charge	\$ 3,387.00	\$ 3,387.00
ONCOLOGY INF	n/a	\$ 4,200.00	included in gross charge	\$ 4,200.00	\$ 4,200.00

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Medical Services	CPT/HCPCS Code	Facility	Professional ³	Facility/Professional	Facility/Professional
PEDIATRICS INF	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
PULMONARY INF	n/a	\$ 3,116.00	included in gross charge	\$ 3,116.00	\$ 3,116.00
RHEUMATOLOGY INF	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
INFUSION	n/a	\$ 6,097.00	included in gross charge	\$ 6,097.00	\$ 6,097.00
HEMATOLOGY INF	n/a	\$ 2,574.00	included in gross charge	\$ 2,574.00	\$ 2,574.00
CLINICAL RESEARCH INF	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
GYNECOLOGY INF	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
ENDOCRINOLOGY EYE&ENT	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
SURGERY - OPHTHALMOLOGY OPD	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
OPHTHALMOLOGY SP	n/a	\$ 2,303.00	included in gross charge	\$ 2,303.00	\$ 2,303.00
SURGERY - OTOLARYNGOLOGY	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
CLINICAL RESEARCH EYE ENT	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OP RHEUMATOLOGY	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
NEUROLOGY D	n/a	\$ 3,387.00	included in gross charge	\$ 3,387.00	\$ 3,387.00
OB/GYN D	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OBSTETRICS D	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
CLINICAL RESEARCH D	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
GYN ONC D	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
GYNECOLOGY D	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OPá MEDICINE CONTINUING CARE	n/a	\$ 3,387.00	included in gross charge	\$ 3,387.00	\$ 3,387.00
OP NEUROLOGY E	n/a	\$ 3,387.00	included in gross charge	\$ 3,387.00	\$ 3,387.00
RHEUMATOLOGY E	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
OP SURGERY - OTOLARYNGOLOGY E	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
SURGERY - PEDIATRICS	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00

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Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
SURGERY - ORTHOPEDICS OPD	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
SURGERY - PODIATRY OPD	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
CLINICAL RESEARCH E	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OP ENDOCRINOLOGY M	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
NEONATOLOGY M	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OB/GYN M	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OP ONCOLOGY M	n/a	\$ 4,200.00	included in gross charge	\$ 4,200.00	\$ 4,200.00
PEDIATRICS M	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
PRIMARY CARE M	n/a	\$ 3,387.00	included in gross charge	\$ 3,387.00	\$ 3,387.00
OP SURGERY - PLASTIC M	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
CLINICAL RESEARCH M	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
PEDS ALLERGY	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
PEDS CARDIOLOGY	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
PEDS DERMATOLOGY	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
PEDS ENDOCRINOLOGY	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
PEDS GASTROENTEROLOGY	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
PEDS GENETICS	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
PEDS NEPHROLOGY	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
PEDS NEUROLOGY	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
PEDS ORTHOPEDIC	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
PEDIATRICS	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
PEDS PRIMARY CARE	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
PEDS RHEUMATOLOGY	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
PEDS SURGERY - PEDS	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
OLIVE VIEW-UCLA MEDICAL CENTER
UNDISCOUNTED GROSS CHARGES FOR SHOPPABLE SERVICES¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

ALL INCLUSIVE OUTPATIENT SERVICES² <i>(Per Diem=Per Visit Rate)</i>		Gross Charge		Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
CLINICAL RESEARCH PEDS	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OP PEDS PC PEDIATRICS	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OP PEDS PC PRIMARY CARE	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OP OB/GYN PC	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OP PRIMARY CARE OB/GYN PC	n/a	\$ 3,387.00	included in gross charge	\$ 3,387.00	\$ 3,387.00
OP OBSTETRICS OB/GYN PC	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OP NEUROLOGY NEURO	n/a	\$ 2,574.00	included in gross charge	\$ 2,574.00	\$ 2,574.00
OP ENDOCRINOLOGY SPEC	n/a	\$ 2,032.00	included in gross charge	\$ 2,032.00	\$ 2,032.00
OP GASTROENTEROLOGY SPEC	n/a	\$ 2,032.00	included in gross charge	\$ 2,032.00	\$ 2,032.00
OP INFECTIOUS DISEASE SPEC	n/a	\$ 2,303.00	included in gross charge	\$ 2,303.00	\$ 2,303.00
INFUSION/HEMATOLOGY	n/a	\$ 6,097.00	included in gross charge	\$ 6,097.00	\$ 6,097.00
OP NEUROLOGY SPEC	n/a	\$ 2,574.00	included in gross charge	\$ 2,574.00	\$ 2,574.00
OP ONCOLOGY SPEC	n/a	\$ 3,387.00	included in gross charge	\$ 3,387.00	\$ 3,387.00
OP PRIMARY CARE SPEC	n/a	\$ 2,574.00	included in gross charge	\$ 2,574.00	\$ 2,574.00
OP RHEUMATOLOGY SPEC	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OP HEMATOLOGY SPEC	n/a	\$ 2,574.00	included in gross charge	\$ 2,574.00	\$ 2,574.00
CLINICAL RESEARCH SPEC	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OP GYN/ONCOLOGY SPEC	n/a	\$ 2,032.00	included in gross charge	\$ 2,032.00	\$ 2,032.00
ANTICOAGULATION	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
CARDIOLOGY GROUP	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
DIABETES GROUP	n/a	\$ 3,387.00	included in gross charge	\$ 3,387.00	\$ 3,387.00
PEDIATRICS GROUP	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
PRIMARY CARE GROUP	n/a	\$ 3,387.00	included in gross charge	\$ 3,387.00	\$ 3,387.00
PULMONARY GROUP	n/a	\$ 3,116.00	included in gross charge	\$ 3,116.00	\$ 3,116.00

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
OLIVE VIEW-UCLA MEDICAL CENTER
UNDISCOUNTED GROSS CHARGES FOR SHOPPABLE SERVICES¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

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
OBSTETRICS GROUP	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
CLINICAL RESEARCH GROUP	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
GYNECOLOGY GROUP	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
DERMATOLOGY	n/a	\$ 3,387.00	included in gross charge	\$ 3,387.00	\$ 3,387.00
ENDOCRINOLOGY A	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OP GERIATRICS A	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
OP MEDICINE A	n/a	\$ 2,032.00	included in gross charge	\$ 2,032.00	\$ 2,032.00
NEPHROLOGY	n/a	\$ 3,116.00	included in gross charge	\$ 3,116.00	\$ 3,116.00
PRIMARY CARE	n/a	\$ 3,387.00	included in gross charge	\$ 3,387.00	\$ 3,387.00
CLINICAL RESEARCH A	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OP GERIATRICS A RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
OP DERMATOLOGY P	n/a	\$ 3,387.00	included in gross charge	\$ 3,387.00	\$ 3,387.00
OP ENDOCRINOLOGY P	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OP GASTROENTEROLOGY P	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OP GERIATRICS P	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
OP NEPHROLOGY P	n/a	\$ 2,303.00	included in gross charge	\$ 2,303.00	\$ 2,303.00
OP ONCOLOGY P	n/a	\$ 4,200.00	included in gross charge	\$ 4,200.00	\$ 4,200.00
OP PALLATIVE P	n/a	\$ 2,574.00	included in gross charge	\$ 2,574.00	\$ 2,574.00
PRIMARY CARE P	n/a	\$ 3,387.00	included in gross charge	\$ 3,387.00	\$ 3,387.00
OP PULMONARY P	n/a	\$ 3,116.00	included in gross charge	\$ 3,116.00	\$ 3,116.00
CLINICAL RESEARCH P	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OP RHEUMATOLOGY C RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP SURGERY - OTOLARYNGOLOGY ENT	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
GASTROENTEROLOGY	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
OLIVE VIEW-UCLA MEDICAL CENTER
UNDISCOUNTED GROSS CHARGES FOR SHOPPABLE SERVICES¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

ALL INCLUSIVE OUTPATIENT SERVICES² <i>(Per Diem=Per Visit Rate)</i>		Gross Charge		Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
PULMONARY B	n/a	\$ 3,116.00	included in gross charge	\$ 3,116.00	\$ 3,116.00
RHEUMATOLOGY	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
SURG-AESTHETIC/COSMETIC OPD	n/a	\$ 10,478.00	included in gross charge	\$ 10,478.00	\$ 10,478.00
SURGERY - BREAST OPD	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
OP SURGERY - COLORECTAL OPD	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
SURGERY - GENERAL OPD	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
SURGERY - PLASTIC OPD	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
SURGERY - THORACIC OPD	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
SURGERY - UROLOGY OPD	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
SURGERY - VASCULAR OPD	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
CLINICAL RESEARCH B	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OP SURGERY - OTOLARYNGOLOGY ENT RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
PEDS HUB	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
CLINICAL RESEARCH HUB	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OP NEUROLOGY INF RN	n/a	\$ 3,100.00	included in gross charge	\$ 3,100.00	\$ 3,100.00
ANESTHESIA PRE-OP	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
CARDIOLOGY CL	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
DIABETES	n/a	\$ 3,387.00	included in gross charge	\$ 3,387.00	\$ 3,387.00
GASTROENTEROLOGY	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OCCUPATIONAL THERAPY	n/a	\$ 2,032.00	included in gross charge	\$ 2,032.00	\$ 2,032.00
PHYSICAL THERAPY	n/a	\$ 2,032.00	included in gross charge	\$ 2,032.00	\$ 2,032.00
PULMONARY	n/a	\$ 3,116.00	included in gross charge	\$ 3,116.00	\$ 3,116.00
SPEECH THERAPY	n/a	\$ 2,303.00	included in gross charge	\$ 2,303.00	\$ 2,303.00
SURGERY - AMB NEUROLOGY	n/a	\$ 10,478.00	included in gross charge	\$ 10,478.00	\$ 10,478.00

**LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
OLIVE VIEW-UCLA MEDICAL CENTER
UNDISCOUNTED GROSS CHARGES FOR SHOPPABLE SERVICES¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024**

ALL INCLUSIVE OUTPATIENT SERVICES² (Per Diem=Per Visit Rate)		Gross Charge		Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
SURGERY - AMB PODIATRY	n/a	\$ 10,478.00	included in gross charge	\$ 10,478.00	\$ 10,478.00
SURGERY - AMB GENERAL	n/a	\$ 10,478.00	included in gross charge	\$ 10,478.00	\$ 10,478.00
SURGERY - AMB HEAD AND NECK	n/a	\$ 10,478.00	included in gross charge	\$ 10,478.00	\$ 10,478.00
SURGERY - AMB OPHTHALMOLOGY	n/a	\$ 10,478.00	included in gross charge	\$ 10,478.00	\$ 10,478.00
SURGERY - AMB ORTHOPEDICS	n/a	\$ 10,478.00	included in gross charge	\$ 10,478.00	\$ 10,478.00
SURGERY - AMB PLASTIC	n/a	\$ 10,478.00	included in gross charge	\$ 10,478.00	\$ 10,478.00
SURGERY - AMB PEDIATRICS	n/a	\$ 10,478.00	included in gross charge	\$ 10,478.00	\$ 10,478.00
SURGERY - AMB THORACIC	n/a	\$ 10,478.00	included in gross charge	\$ 10,478.00	\$ 10,478.00
SURGERY - AMB VASCULAR	n/a	\$ 10,478.00	included in gross charge	\$ 10,478.00	\$ 10,478.00
SURGERY - AMB UROLOGY	n/a	\$ 10,478.00	included in gross charge	\$ 10,478.00	\$ 10,478.00
SURGERY - AMB OBSTETRICS	n/a	\$ 10,478.00	included in gross charge	\$ 10,478.00	\$ 10,478.00
SURGERY - AMB GYNECOLOGY	n/a	\$ 10,478.00	included in gross charge	\$ 10,478.00	\$ 10,478.00
SURGERY - AMB PULMONARY	n/a	\$ 10,478.00	included in gross charge	\$ 10,478.00	\$ 10,478.00
SURGERY - AMB CARDIOLOGY	n/a	\$ 10,478.00	included in gross charge	\$ 10,478.00	\$ 10,478.00
CARDIOLOGY SP	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
GASTROENTEROLOGY SP	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
PULMONARY SP	n/a	\$ 3,116.00	included in gross charge	\$ 3,116.00	\$ 3,116.00
VASCULAR SURGERY SP	n/a	\$ 10,478.00	included in gross charge	\$ 10,478.00	\$ 10,478.00
OBSTETRICS	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
NEUROLOGY	n/a	\$ 3,387.00	included in gross charge	\$ 3,387.00	\$ 3,387.00
SURGERY - VASCULAR CL	n/a	\$ 3,929.00	included in gross charge	\$ 3,929.00	\$ 3,929.00
GYNECOLOGY	n/a	\$ 2,845.00	included in gross charge	\$ 2,845.00	\$ 2,845.00
OP GERIATRICS P RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
OP PRIMARY CARE SPEC RN	n/a	\$ 2,356.00	included in gross charge	\$ 2,356.00	\$ 2,356.00

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
OLIVE VIEW-UCLA MEDICAL CENTER
UNDISCOUNTED GROSS CHARGES FOR SHOPPABLE SERVICES¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024

ALL INCLUSIVE OUTPATIENT SERVICES² (Per Diem=Per Visit Rate)		Gross Charge		Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
OP ANESTHESIA PRE-OP RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
OP GASTROENTEROLOGY RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP IMMUNIZATIONS EXP RN	n/a	\$ 992.00	included in gross charge	\$ 992.00	\$ 992.00
OP EXPRESS SERVICES RN	n/a	\$ 992.00	included in gross charge	\$ 992.00	\$ 992.00
OP SURG-AMB NEUROLOGY RN	n/a	\$ 9,430.00	included in gross charge	\$ 9,430.00	\$ 9,430.00
OP SURGERY-AMB PODIATRY RN	n/a	\$ 9,430.00	included in gross charge	\$ 9,430.00	\$ 9,430.00
OP SURGERY - AMB GENERAL RN	n/a	\$ 9,430.00	included in gross charge	\$ 9,430.00	\$ 9,430.00
OP SURGERY - AMB HEAD AND NECK RN	n/a	\$ 9,430.00	included in gross charge	\$ 9,430.00	\$ 9,430.00
OP SURGERY - AMB OPHTHALMOLOGY RN	n/a	\$ 9,430.00	included in gross charge	\$ 9,430.00	\$ 9,430.00
OP SURGERY - AMB ORTHOPEDICS RN	n/a	\$ 9,430.00	included in gross charge	\$ 9,430.00	\$ 9,430.00
OP SURGERY - AMB PLASTIC RN	n/a	\$ 9,430.00	included in gross charge	\$ 9,430.00	\$ 9,430.00
OP SURGERY - AMB PEDIATRICS RN	n/a	\$ 9,430.00	included in gross charge	\$ 9,430.00	\$ 9,430.00
OP SURGERY - AMB THORACIC RN	n/a	\$ 9,430.00	included in gross charge	\$ 9,430.00	\$ 9,430.00
OP SURGERY - AMB VASCULAR RN	n/a	\$ 9,430.00	included in gross charge	\$ 9,430.00	\$ 9,430.00
OP SURGERY - AMB UROLOGY RN	n/a	\$ 9,430.00	included in gross charge	\$ 9,430.00	\$ 9,430.00
OP SURGERY - AMB OBSTETRICS RN	n/a	\$ 9,430.00	included in gross charge	\$ 9,430.00	\$ 9,430.00
OP SURGERY - AMB GYNECOLOGY RN	n/a	\$ 9,430.00	included in gross charge	\$ 9,430.00	\$ 9,430.00
OP SURGERY - AMB PULMONARY RN	n/a	\$ 9,430.00	included in gross charge	\$ 9,430.00	\$ 9,430.00
OP SURGERY - AMB CARDIOLOGY RN	n/a	\$ 9,430.00	included in gross charge	\$ 9,430.00	\$ 9,430.00
OP SP - CARDIOLOGY RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
OP SP - GASTROENTEROLOGY RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00
OP SP - PULMONARY RN	n/a	\$ 2,852.00	included in gross charge	\$ 2,852.00	\$ 2,852.00
OP SP - VASCULAR SURGERY RN	n/a	\$ 9,430.00	included in gross charge	\$ 9,430.00	\$ 9,430.00
OP OBSTETRICS RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
 OLIVE VIEW-UCLA MEDICAL CENTER
 UNDISCOUNTED GROSS CHARGES FOR SHOPPABLE SERVICES¹
 EFFECTIVE JANUARY 1, 2025
 UPDATED AS OF 12/19/2024

ALL INCLUSIVE OUTPATIENT SERVICES² <i>(Per Diem=Per Visit Rate)</i>		Gross Charge		Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
OP NEUROLOGY RN	n/a	\$ 3,100.00	included in gross charge	\$ 3,100.00	\$ 3,100.00
OP SURGERY - VASCULAR CL RN	n/a	\$ 3,597.00	included in gross charge	\$ 3,597.00	\$ 3,597.00
OP GYNECOLOGY RN	n/a	\$ 2,604.00	included in gross charge	\$ 2,604.00	\$ 2,604.00

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.