ALL INCLUSIVE INPATIENT SERV (Per Diem=Per Day Rate,			Gross (Charge	Maximum		Minimum	
Medical Services	CPT/HCPCS Code		Facility	Professional ³	Facilit	cy/Professional	Facility/Professiona	
PROGRESSIVE CARE UNIT	n/a	ć	22,476.00	included in gross charge		22,476.00	\$ 22,476.0	
PROGRESSIVE CARE UNIT	n/a	\$	22,476.00	included in gross	Ş	22,476.00	\$ 22,476.0	
CARDIOLOGY	n/a	\$	13,498.00	charge	\$	13,498.00	\$ 13,498.0	
FAMILY MEDICINE	n/a	\$	13,498.00	included in gross charge	\$	13,498.00	\$ 13,498.0	
	-		·	included in gross	-	·		
MEDICINE	n/a	\$	13,498.00	charge	\$	13,498.00	\$ 13,498.0	
MEDICINE - COMM ADAPT	n/a	\$	13,498.00	included in gross charge	\$	13,498.00	\$ 13,498.0	
NEUROLOGY	n/a	\$	13,498.00	included in gross charge	\$	13,498.00	\$ 13,498.0	
	11, 4	Ψ	13, 130.00	included in gross		10, 130.00	φ 13,136.0	
ORTHOPEDIC	n/a	\$	13,498.00	charge	\$	13,498.00	\$ 13,498.0	
OTOLARYNGOLOGY	n/a	\$	13,498.00	included in gross charge	\$	13,498.00	\$ 13,498.0	
	11/4	Ψ	23, 130.00	included in gross	Ψ	10, 130.00	ψ 13,130.0	
PAIN MANAGEMENT	n/a	\$	57,636.00	charge	\$	57,636.00	\$ 57,636.0	
PEDIATRICS	n/a	\$	13,475.00	included in gross charge	\$	13,475.00	\$ 13,475.0	
				included in gross				
SURGERY - GASTRO	n/a	\$	57,636.00	charge	\$	57,636.00	\$ 57,636.0	
SURGERY - GENERAL	n/a	\$	57,636.00	included in gross charge	\$	57,636.00	\$ 57,636.0	
SURGERY - NEPHROLOGY	n/a	\$	57,636.00	included in gross charge		57,636.00	\$ 57,636.0	
ooneen nermoess.	11/4	Ψ	37,030.00	included in gross		37,030.00	φ 37,030.0	
SURGERY - LIMB PRESERVATION	n/a	\$	57,636.00	charge		57,636.00	\$ 57,636.0	
SURGERY - NEUROSURGERY	n/a	\$	57,636.00	included in gross charge		57,636.00	\$ 57,636.0	
			,	included in gross		,	•	
SURGERY - ORTHO JOINT	n/a	\$	57,636.00	charge	\$	57,636.00	\$ 57,636.0	
SURGERY - ORTHO SPINE	n/a	\$	57,636.00	included in gross charge	\$	57,636.00	\$ 57,636.0	
				included in gross				
CARDIAC REHABILITATION	n/a	\$	13,498.00	charge	\$	13,498.00	\$ 13,498.0	
SP LIMB PRESERVATION	n/a	\$	57,636.00	included in gross charge	\$	57,636.00	\$ 57,636.0	
SP NEPHROLOGY	n/a	\$	57,636.00	included in gross charge		57,636.00	\$ 57,636.0	

ALL INCLUSIVE INPATIENT SERV (Per Diem=Per Day Rate)		Gross	Charge	Maximum		Minimum	
Medical Services	CPT/HCPCS Code	Facility	Professional ³	Facili	ity/Professional	Facil	ity/Professional
SURGERY - ORTHO PEDS	n/a	\$ 57,636.00	included in gross charge	\$	57,636.00	\$	57,636.00
SURGERY - PRESSURE ULCER	n/a	\$ 57,636.00	included in gross charge	\$	57,636.00	\$	57,636.00
ORTHOPEDIC - PEDIATRIC	n/a	\$ 13,498.00	included in gross charge	\$	13,498.00	\$	13,498.00
ORTHOPEDIC - JOINT	n/a	\$ 13,498.00	included in gross charge	\$	13,498.00	\$	13,498.00
ORTHOPEDIC - SPINE	n/a	\$ 13,498.00	included in gross charge	\$	13,498.00	\$	13,498.00
SP CARDIOLOGY	n/a	\$ 57,636.00	included in gross charge	\$	57,636.00	\$	57,636.00
SP GASTROENTEROLOGY	n/a	\$ 57,636.00	included in gross charge	\$	57,636.00	\$	57,636.00
SURGERY - OTOLARYNGOLOGY	n/a	\$ 57,636.00	included in gross charge	\$	57,636.00	\$	57,636.00
LIMB PRESERVATION	n/a	\$ 13,498.00	included in gross charge	\$	13,498.00	\$	13,498.00
PRESSURE ULCER MANAGEMENT	n/a	\$ 13,498.00	included in gross charge	\$	13,498.00	\$	13,498.00
STROKE REHAB	n/a	\$ 13,498.00	included in gross charge	\$	13,498.00	\$	13,498.00
BRAIN INJURY REHAB	n/a	\$ 13,498.00	included in gross charge	\$	13,498.00	\$	13,498.00
GENERAL REHAB	n/a	\$ 13,498.00	included in gross charge	\$	13,498.00	\$	13,498.00
NEUROREHABILITATION	n/a	\$ 13,498.00	included in gross charge	\$	13,498.00	\$	13,498.00
ORTHOPEDIC REHAB	n/a	\$ 13,498.00	included in gross charge	\$	13,498.00	\$	13,498.00
PEDIATRIC REHAB	n/a	\$ 13,498.00	included in gross charge	\$	13,498.00	\$	13,498.00
NEUROLOGY EPILEPSY	n/a	\$ 22,476.00	included in gross charge	\$	22,476.00	\$	22,476.00
SURGERY - ORTHOPEDICS	n/a	\$ 57,636.00	included in gross charge	\$	57,636.00	\$	57,636.00
SURGERY - PODIATRY	n/a	\$ 57,636.00	included in gross charge	\$	57,636.00	\$	57,636.00
SURGERY - UROLOGY	n/a	\$ 57,636.00	included in gross charge	\$	57,636.00	\$	57,636.00

ALL INCLUSIVE INPATIENT SERVICES ² (Per Diem=Per Day Rate)			Gross Charge			Maximum		Minimum	
Medical Services	CPT/HCPCS Code	Facility		Professional ³	Facility/Professional		Facility/Professional		
SURGERY - VASCULAR	n/a	\$	57,636.00	included in gross charge		57,636.00	\$	57,636.00	
UROLOGY	n/a	\$	13,498.00	included in gross charge		13,498.00	\$	13,498.00	
SURGERY - GYNECOLOGY	n/a	\$	57,636.00	included in gross charge		57,636.00	\$	57,636.00	
SURGERY - CARDIOVASCULAR	n/a	\$	57,636.00	included in gross charge		57,636.00	\$	57,636.00	
NEUROSURGERY	n/a	\$	13,498.00	included in gross charge		13,498.00	\$	13,498.00	
SPINAL CORD INJURY REHAB	n/a	\$	13,498.00	included in gross charge		13,498.00	\$	13,498.00	
WEEKEND THERAPEUTIC	n/a	\$	5,112.00	included in gross charge		5,112.00	\$	5,112.00	

ALL INCLUSIVE OUTPATIENT SER (Per Visit Rate)			Gross	Charge	Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	,	Professional ³	Facility/Professional	Facility/Professional
				included in gross		
OP ANTICOAGULATION 1 RN	n/a	\$	2,604	charge		\$ 2,604
OP FAMILY MEDICINE MOBILE 1 RN	2/2	¢	2 256	included in gross		ć 2.2FC
OF FAMILY MEDICINE MOBILE 1 RN	n/a	Ş	2,356	charge included in gross		\$ 2,356
OP NEUROLOGY 1 RN	n/a	\$	5,581	charge		\$ 5,581
	.,,	<u> </u>	0,002	included in gross		ψ 5,552
OP OPHTHALMOLOGY ENT/EYE RN	n/a	\$	3,100	charge		\$ 3,100
				included in gross		
OP OPTOMETRY ENT/EYE RN	n/a	\$	3,100	charge	\$ 3,100	\$ 3,100
				included in gross		
OP OTOLARYGOLOGY ENT/EYE RN	n/a	\$	3,100	charge		\$ 3,100
				included in gross		
OP PEDIATRICS RN	n/a	\$	2,604	charge		\$ 2,604
	,		2.400	included in gross		
OP PEDS PRIMARY CARE RN	n/a	Ş	3,100	charge		\$ 3,100
OP RHEUMATOLOGY 1 RN	n/a	خ	3,597	included in gross charge		\$ 3,597
OF KHEDIMATOLOGY I KIN	11/ a	\$	3,397	included in gross		\$ 3,597
OP PCMH - MED SURG RET RN	n/a	\$	3,100	charge		\$ 3,100
OF FEMALE MILES SONG RET HIV	11/4	7	3,100	included in gross		3,100
OP PCMH NEURO STROKE 1 RN	n/a	\$	3,100	charge		\$ 3,100
	14 2	т	-,	included in gross		7 5/=55
OP PCMH NEURO DD 1 RN	n/a	\$	3,100	charge		\$ 3,100
				included in gross		
OP NEUROLOGY STROKE 1 RN	n/a	\$	4,341	charge	\$ 4,341	\$ 4,341
				included in gross		
OP NEUROLOGY MS 1 RN	n/a	\$	3,100	charge	\$ 3,100	\$ 3,100
				included in gross		
OP NEUROLOGY NEURO DEM 1 RN	n/a	\$	3,100	charge		\$ 3,100
OD DUNG \$450 0 DELLAD 4 DAL	,	A	4 2 4 4	included in gross		4 2 4 4
OP PHYS MED&REHAB 1 RN	n/a	\$	4,341	charge		\$ 4,341
OP PEDIATRIC REHAB 1 RN	n/2	خ	3,100	included in gross charge		¢ 2.100
OF FEDIATRIC REHAB I KIN	n/a	Ş	3,100	included in gross		\$ 3,100
OP NEUROLOGY EPILEPSY MP 1 RN	n/a	\$	3,100	charge		\$ 3,100
OF WESTIGES OF EFFECT STIME THAT	11/4	7	3,100	included in gross		γ 3,100
OP AUDIOLOGY RN	n/a	\$	3,597	charge		\$ 3,597
	, .		, -	included in gross		
OP FAMILY MEDICINE MOBILE 2 RN	n/a	\$	2,356	charge		\$ 2,356
				included in gross		
OP GASTROENTEROLOGY 2 RN	n/a	\$	2,604	charge	\$ 2,604	\$ 2,604

ALL INCLUSIVE OUTPATIENT SERVICES ² (Per Visit Rate)			Gross	Charge	Maximum	Minimum
Medical Services	CPT/HCPCS Code		Facility	Professional ³	Facility/Professional	Facility/Professional
				included in gross		
OP INFECTIOUS DISEASE 2 RN	n/a	\$	2,109	charge	\$ 2,109	\$ 2,109
	,			included in gross		
OP NEPHROLOGY 2 RN	n/a	\$	2,852	charge		\$ 2,852
OD ODTHODEDIC 3 DAI	2/2	۲	2 507	included in gross charge		ć 2.507
OP ORTHOPEDIC 2 RN	n/a	Ş	3,597	included in gross	\$ 3,597	\$ 3,597
OP PODIATRY 2 RN	n/a	ς	2,852	charge	\$ 2,852	\$ 2,852
01 1 0 5 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11/ 4	7	2,032	included in gross		2,032
OP PCMH MED SURG 2 RN	n/a	\$	3,100	charge		\$ 3,100
	•		,	included in gross	,	,
OP PCMH NEURO DD 2 RN	n/a	\$	3,100	charge	\$ 3,100	\$ 3,100
				included in gross		
OP NEUROLOGY - NEURO DEM ALZH RN	n/a	\$	3,100	charge	\$ 3,100	\$ 3,100
				included in gross		
OP ORTHOPEDIC JOINT 2 RN	n/a	\$	3,845	charge		\$ 3,845
				included in gross		
OP ORTHOPEDIC SPINE 2 RN	n/a	\$	3,597	charge		\$ 3,597
00 010/6 4450 0 051140 2 041	,	,	4 2 4 4	included in gross		.
OP PHYS MED & REHAB 2 RN	n/a	\$	4,341	charge		\$ 4,341
OP LIMB PRESERVATION 2 RN	n/a	۲	2 052	included in gross charge		ć 2.0E2
OF LIIVIB PRESERVATION 2 KN	П/а	Ş	2,852	included in gross		\$ 2,852
OP ORTHOPEDIC REHAB 2 RN	n/a	¢	3,100	charge		\$ 3,100
OF ORTHOLESIC RELIAB 2 KIV	11/ 4	7	3,100	included in gross	3,100	3,100
OP PEDS REHAB 2 RN	n/a	\$	3,100	charge	\$ 3,100	\$ 3,100
	,-		2, 22	included in gross		
OP CARDIOLOGY 3 RN	n/a	\$	3,845	charge		\$ 3,845
				included in gross		
OP ENDOCRINOLOGY 3 RN	n/a	\$	2,604	charge	\$ 2,604	\$ 2,604
				included in gross		
OP FAMILY MEDICINE MOBILE 3 RN	n/a	\$	2,356	charge	\$ 2,356	\$ 2,356
				included in gross		
OP NEPHROLOGY 3 RN	n/a	\$	2,852	charge		\$ 2,852
OR NEUROLOGY 3 PM	,	,	2.400	included in gross		ć 2.400
OP NEUROLOGY 3 RN	n/a	\	3,100	charge	\$ 3,100	\$ 3,100
OP PULMONARY 3 RN	n/a	ڔ	3,845	included in gross charge	\$ 3,845	\$ 3,845
OF FOLIVIONANT 5 KIN	II/d	٧	3,043	included in gross		\$ 3,845
OP PCMH MED SURG 3 RN	n/a	Ś	3,100	charge		\$ 3,100
o Simi MED Sond Sinv	11/α	7	3,100	included in gross		5,100
OP ORTHO PEDS 3 RN	n/a	\$	2,852	charge		\$ 2,852

ALL INCLUSIVE OUTPATIENT SER (Per Visit Rate)			Gross	Charge	Maximum	Minimum
Medical Services	CPT/HCPCS Code		Facility	Professional ³	Facility/Professional	Facility/Professional
				included in gross		
OP ORTHO JOINT 3 RN	n/a	\$	3,845	charge	\$ 3,845	\$ 3,845
	,			included in gross		
OP PHYS MED & REHAB 3 RN	n/a	\$	4,341	charge		\$ 4,341
OD DDESCLIDE LILCED MCMT 2 DN	2/2	۲	2 100	included in gross		ć 3.100
OP PRESSURE ULCER MGMT 3 RN	n/a	Ş	3,100	charge included in gross	\$ 3,100	\$ 3,100
OP PEDIATRIC REHAB 3 RN	n/a	¢	3,100	charge	\$ 3,100	\$ 3,100
OF FEDIATRIC RETIAD 3 RIV	11/ 4	7	3,100	included in gross		3,100
OP NEUROSURGERY 3 RN	n/a	\$	3,597	charge		\$ 3,597
	.,,-	т	2,221	included in gross	7 5,55	7 5,551
OP FAMILY MEDICINE MOBILE 4 RN	n/a	\$	2,356	charge	\$ 2,356	\$ 2,356
			•	included in gross		
OP UROLOGY URO/GYN RN	n/a	\$	4,341	charge	\$ 4,341	\$ 4,341
				included in gross		
OP GYNECOLOGY URO/GYN RN	n/a	\$	3,597	charge	\$ 3,597	\$ 3,597
				included in gross		
OP CARDIOLOGY CARDIAC RN	n/a	\$	3,845	charge	\$ 3,845	\$ 3,845
				included in gross		
OP FAMILY MEDICINE MOBILE 5 RN	n/a	\$	2,356	charge		\$ 2,356
				included in gross		
OP INFUSION 5 RN	n/a	\$	9,430	charge		\$ 9,430
		١.		included in gross		
OP FAMILY MEDICINE MOBILE 6 RN	n/a	\$	2,356	charge		\$ 2,356
	,	_	2 2 4 5	included in gross		A 2245
OP DENTISTRY RN	n/a	\$	3,845	charge		\$ 3,845
OD FAMILY MEDICINE MODILE 7 DN	2/2	۲	2 256	included in gross		ć 2.256
OP FAMILY MEDICINE MOBILE 7 RN	n/a	Ş	2,356	charge included in gross		\$ 2,356
OP FAMILY MEDICINE MOBILE 8 RN	n/a	ς .	2,356	charge		\$ 2,356
OF TAIVILET WIEDICHVE WIODIEE O KIV	11/ 4	7	2,330	included in gross		2,330
OP PHYS MED&REHAB CART RN	n/a	Ś	4,341	charge		\$ 4,341
OT THIS MEDICALE, WE SHALL THE	11/ 4		1,5 11	included in gross	ή 1,3 11	γ 1,312
OP PODIATRY OA RN	n/a	Ś	2,852	charge	\$ 2,852	\$ 2,852
	, -		,	included in gross		,,,,,
OP NEUROLOGY SPEC RN	n/a	\$	5,581	charge		\$ 5,581
	<u> </u>			included in gross		
OP NEUROLOGY - NEURO DEM SPEC RN	n/a	\$	3,100	charge	\$ 3,100	\$ 3,100
				included in gross		
OP ORTHOPEDIC - SPINE SPEC RN	n/a	\$	3,597	charge	\$ 3,597	\$ 3,597
				included in gross		
OP ANESTHESIA RN	n/a	\$	4,341	charge	\$ 4,341	\$ 4,341

ALL INCLUSIVE OUTPATIENT SER (Per Visit Rate)			Gross	Charge	Maximum	Minimum
Medical Services	CPT/HCPCS Code		Facility	Professional ³	Facility/Professional	Facility/Professional
				included in gross		
OP IMMUNIZATIONS EXP RN	n/a	\$	992	charge		\$ 992
	- /-	۲ ا	0.420	included in gross		ć 0.430
OP PAIN MANAGEMENT RN	n/a	Ş	9,430	charge included in gross		\$ 9,430
OP EXPRESS SERVICES RN	n/a	\$	992	charge		\$ 992
OT EAR NESS SERVICES INV	11,0		332	included in gross		ý 33 <u>2</u>
OP SP LIMB PRESERVATION RN	n/a	\$	9,430	charge		\$ 9,430
				included in gross		
OP SP NEPHROLOGY RN	n/a	\$	9,430	charge	\$ 9,430	\$ 9,430
				included in gross		
SURGERY - AMB DENT RN	n/a	\$	13,750	charge		\$ 13,750
				included in gross		
SURGERY - AMB GENERAL RN	n/a	\$	13,750	charge		\$ 13,750
	,	_	10.750	included in gross		40.750
SURGERY - AMB HEAD&NECK RN	n/a	\$	13,750	charge		\$ 13,750
SUDCEDV AMB ORTHODEDICS DN	2/2	۲	12.750	included in gross charge		ć 12.7F0
SURGERY-AMB ORTHOPEDICS RN	n/a	Ş	13,750	included in gross		\$ 13,750
SURGERY - AMB PEDS RN	n/a	ς .	13,750	charge		\$ 13,750
SONGERT AND FEBS RIV	11/4	7	13,730	included in gross		15,750
SURGERY - AMB VASCULAR RN	n/a	Ś	13,750	charge		\$ 13,750
	1,72	т		included in gross		7 257.00
SURGERY - AMB UROLOGY RN	n/a	\$	13,750	charge		\$ 13,750
			-	included in gross		
SURGERY - AMB GYNECOLOGY RN	n/a	\$	13,750	charge	\$ 13,750	\$ 13,750
				included in gross		
SURGERY - AMB CARDIOLOGY RN	n/a	\$	13,750	charge	\$ 13,750	\$ 13,750
				included in gross		
OP SP CARDIOLOGY RN	n/a	\$	9,430	charge		\$ 9,430
	,	_	0.400	included in gross		A 0.400
OP SP GASTROENTEROLOGY RN	n/a	\$	9,430	charge		\$ 9,430
OP ANESTHESIA	n/a	خ	4 742	included in gross charge		¢ 4.742
OP ANESTHESIA	П/а	Ş	4,742	included in gross		\$ 4,742
OCCUPATIONAL THERAPY CD	n/a	Ś	2,845	charge		\$ 2,845
	11/ 0	~	2,0-13	included in gross		- 2,043
OP PAIN MANAGEMENT	n/a	\$	15,278	charge		\$ 15,278
	,		,	included in gross		·
PHYSICAL THERAPY CD	n/a	\$	2,845	charge		\$ 2,845
				included in gross		
OP SP LIMB PRESERVATION	n/a	\$	15,278	charge	\$ 15,278	\$ 15,278

ALL INCLUSIVE OUTPATIENT SER (Per Visit Rate)			Gross	Charge	Maximum	Minimum
Medical Services	CPT/HCPCS Code		Facility	Professional ³	Facility/Professional	Facility/Professional
				included in gross		
OP SP NEPHROLOGY	n/a	\$	15,278	charge		\$ 15,278
	,	_	45.070	included in gross		45.070
SURGERY - AMB DENT	n/a	\$	15,278	charge		\$ 15,278
SURGERY - AMB GENERAL	n/2	۲	15 270	included in gross charge		ć 1E 270
SURGERY - AIVIB GENERAL	n/a	Ş	15,278	included in gross		\$ 15,278
SURGERY - AMB HEAD&NECK	n/a	¢	15,278	charge		\$ 15,278
SONGENT - AIVID TEADQUEEK	11/4	7	13,270	included in gross		J 15,276
SURGERY AMBULATORY-ORTHOTICS	n/a	Ś	15,278	charge		\$ 15,278
	.,, 2	т.		included in gross		7 25/2: 5
SURGERY - AMB PEDS	n/a	\$	15,278	charge		\$ 15,278
			,	included in gross		,
SURGERY - AMB VASCULAR	n/a	\$	15,278	charge	\$ 15,278	\$ 15,278
				included in gross		
SURGERY - AMB UROLOGY	n/a	\$	15,278	charge	\$ 15,278	\$ 15,278
				included in gross		
SURGERY - AMB GYNECOLOGY	n/a	\$	15,278	charge	\$ 15,278	\$ 15,278
				included in gross		
SURGERY - AMB CARDIOLOGY	n/a	\$	15,278	charge	\$ 15,278	\$ 15,278
				included in gross		
OP SP - CARDIOLOGY	n/a	\$	15,278	charge		\$ 15,278
				included in gross		
OP SP - GASTROENTEROLOGY	n/a	\$	15,278	charge		\$ 15,278
	,			included in gross		
OP PHSYICAL THERAPY TRANS	n/a	Ş	2,845	charge		\$ 2,845
OR OCCUPATIONAL TUERARY TRANS	- 1-	_	2.045	included in gross		ć 2.04F
OP OCCUPATIONAL THERAPY TRANS	n/a	\$	2,845	charge included in gross		\$ 2,845
OP OCCUPATIONAL THERAPY VOC	n/a	خ	2,845	charge		\$ 2,845
OF OCCOPATIONAL ITERAPT VOC	11/4	۲	2,843	included in gross		2,043
OP PHYSICAL THERAPY SC	n/a	¢	2,845	charge		\$ 2,845
OF THISICAL HERALT SC	11/4	7	2,043	included in gross		2,045
OP CARDIOLOGY CARDIAC	n/a	Ś	4,200	charge		\$ 4,200
	, 🥨	Ť	.,	included in gross		,,===
OP PHYSICAL THERAPY CARDIAC	n/a	Ś	2,845	charge		\$ 2,845
	, -	Ė	,- 2	included in gross		,- ,-
OP PHYSICAL THERAPY ORTHO	n/a	\$	2,845	charge		\$ 2,845
			·	included in gross		
OP DENTISTRY	n/a	\$	4,200	charge		\$ 4,200
				included in gross		
OP OCCUPATIONAL THERAPY JPI	n/a	\$	2,845	charge	\$ 2,845	\$ 2,845

ALL INCLUSIVE OUTPATIENT SER (Per Visit Rate)			Gross	Charge	Maximum	Minimum
Medical Services	CPT/HCPCS Code		Facility	Professional ³	Facility/Professional	Facility/Professional
				included in gross		
OP PHYSICAL THERAPY JPI	n/a	\$	2,845	charge		\$ 2,845
OD CDEECH THED A DV IDI	- /-	,	2.116	included in gross		ć 2.11C
OP SPEECH THERAPY JPI	n/a	\$	3,116	charge included in gross		\$ 3,116
OP OCCUPATIONAL THERAPY DR	n/a	\$	2,845	charge		\$ 2,845
OF OCCOPATIONAL ITEMAN POR	11/ 0	7	2,043	included in gross		2,043
OP PHYSICAL THERAPY DR	n/a	\$	2,845	charge		\$ 2,845
	· -		,	included in gross		,
OP SPEECH THERAPY DR	n/a	\$	3,116	charge	\$ 3,116	\$ 3,116
				included in gross		
OP SPEECH THERAPY TRANS	n/a	\$	3,116	charge	\$ 3,116	\$ 3,116
				included in gross		
OP OPHTHALMOLOGY ENT/EYE	n/a	\$	3,387	charge		\$ 3,387
				included in gross		
OP OPTOMETRY ENT/EYE	n/a	\$	3,387	charge		\$ 3,387
	,	_	2 227	included in gross		A 0.007
OP OTOLARYGOLOGY ENT/EYE	n/a	\$	3,387	charge		\$ 3,387
OP SPEECH THERAPY ENT/EYE	n/a	خ	3,116	included in gross charge		\$ 3,116
OF SPEECH THERAPT ENT/ETE	11/ a	۶	3,110	included in gross		\$ 5,110
OP PCMH - MED SURG RET	n/a	Ś	3,387	charge		\$ 3,387
OF FEMILE MED SONG KET	11/ 4	7	3,307	included in gross		ý 5,507
OP NEUROLOGY - NEURO DEM ALZH	n/a	Ś	3,387	charge		\$ 3,387
	, -		- /	included in gross		1 2/22
OP CARDIOLOGY MED SURG	n/a	\$	4,200	charge	\$ 4,200	\$ 4,200
				included in gross		
OP NEPHROLOGY MED SURG	n/a	\$	3,387	charge	\$ 3,387	\$ 3,387
				included in gross		
OP OCCUPATIONAL THERAPY MED SURC	n/a	\$	2,845	charge		\$ 2,845
				included in gross		
OP ORTHOPEDIC MED SURG	n/a	\$	3,929	charge		\$ 3,929
	,	_	2 2 4 5	included in gross		A 2.045
OP PHYSICAL THERAPY MED SURG	n/a	\$	2,845	charge		\$ 2,845
OP PODIATRY MED SURG	n/a	خ	3,116	included in gross charge		¢ 2.116
OF FORMAN WILD SUNG	11/ d	۲	3,110	included in gross		\$ 3,116
OP SPEECH THERAPY MED SURG	n/a	Ś	3,116	charge		\$ 3,116
	, a	T	3,110	included in gross		, 3,110
OP SURGERY - GENERAL MED SURG	n/a	\$	3,929	charge		\$ 3,929
	7.5		-,-	included in gross	· ·	,
OP PCMH - MED SURG	n/a	\$	3,387	charge		\$ 3,387

ALL INCLUSIVE OUTPATIENT SER (Per Visit Rate)	VICES ²	Gross	Charge	Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional ³	Facility/Professional	Facility/Professional
			included in gross		
OP ORTHOPEDIC - PEDS MED SURG	n/a	\$ 3,116	charge		\$ 3,116
	,		included in gross		
OP ORTHOPEDIC - JOINT MED SURG	n/a	\$ 4,200	charge		\$ 4,200
OD DLIVE MACD O DELLA DI MACD CLIDO	2/2	ć 4.742	included in gross		ć 4.742
OP PHYS MED&REHAB MED SURG	n/a	\$ 4,742	charge included in gross		\$ 4,742
OP LIMB PRESERVATION MED SURG	n/a	\$ 3,116	charge		\$ 3,116
OF EINER RESERVATION WILD SONG	11/4	3,110	included in gross		3,110
OP ORTHOPEDIC REHAB MED SURG	n/a	\$ 3,387	charge		\$ 3,387
	, :	, -,	included in gross		1
OP PHYSICAL THERAPY URO/GYN	n/a	\$ 2,845	charge		\$ 2,845
			included in gross		
OP UROLOGY URO/GYN	n/a	\$ 4,742	charge	\$ 4,742	\$ 4,742
			included in gross		
OP GYNECOLOGY URO/GYN	n/a	\$ 3,929	charge	\$ 3,929	\$ 3,929
			included in gross		
OP ANTICOAGULATION NS	n/a	\$ 2,845	charge		\$ 2,845
			included in gross		
OP NEUROLOGY NS	n/a	\$ 3,929	charge		\$ 3,929
			included in gross		
OP OCCUPATIONAL THERAPY NS	n/a	\$ 2,845	charge		\$ 2,845
	, ,		included in gross		
OP PHYSICAL THERAPY NS	n/a	\$ 2,845	charge		\$ 2,845
OD BUILDMATOLOGY NG	12/2	ć 2.020	included in gross		ć 2.020
OP RHEUMATOLOGY NS	n/a	\$ 3,929	charge included in gross		\$ 3,929
OP SPEECH THERAPY NS	n/a	\$ 3,116	charge		\$ 3,116
OF SPEECH HERAFTINS	11/ a	у 3,110	included in gross		3,110
OP PCMH - NEURO STROKE	n/a	\$ 3,387	charge		\$ 3,387
	, 😅	φ σ,σσ:	included in gross		φ σ,σσ.
OP PCMH - NEURO DD	n/a	\$ 3,387	charge		\$ 3,387
	,	,	included in gross		,
OP NEUROLOGY - STROKE	n/a	\$ 4,742	charge		\$ 4,742
			included in gross		
OP NEUROLOGY - MS	n/a	\$ 3,387	charge	\$ 3,387	\$ 3,387
			included in gross		
OP INFUSION NS	n/a	\$ 10,478	charge	\$ 10,478	\$ 10,478
			included in gross		
OP PEDIATRIC REHAB NS	n/a	\$ 3,387	charge		\$ 3,387
			included in gross		<u> </u>
OP NEUROLOGY EPILEPSY MP	n/a	\$ 3,387	charge	\$ 3,387	\$ 3,387

ALL INCLUSIVE OUTPATIENT SER (Per Visit Rate)	VICES ²		Gross	Charge	Maximum	Minimum
Medical Services	CPT/HCPCS Code	Faci	ility	Professional ³	Facility/Professional	Facility/Professional
				included in gross		
OP CARDIOLOGY AQUA	n/a	\$	4,200	charge		\$ 4,200
	,			included in gross		
OP OCCUPATIONAL THERAPY AQUA	n/a	Ş	2,845	charge		\$ 2,845
OP PHYSICAL THERAPY AQUA	2/2	.	2 045	included in gross charge		ć 2.04F
OF PHYSICAL THERAPY AQUA	n/a	Þ	2,845	included in gross		\$ 2,845
OP SPEECH THERAPY AQUA	n/a	\$	2,845	charge		\$ 2,845
or or elementary reger	11/ 4	Ψ	2,013	included in gross		2,3 13
OP RECREATION THERAPY AT	n/a	\$	2,845	charge		\$ 2,845
	,		,	included in gross		,
OP RECREATION THERAPY	n/a	\$	2,845	charge		\$ 2,845
				included in gross		
OP PHYSICAL THERAPY	n/a	\$	2,845	charge	\$ 2,845	\$ 2,845
				included in gross		
OP PHYSICAL THERAPY PK	n/a	\$	4,471	charge	\$ 4,471	\$ 4,471
				included in gross		
OP OCCUPATIONAL THERAPY	n/a	\$	2,845	charge		\$ 2,845
	,			included in gross		
OP RECREATION THERAPY OT	n/a	Ş	2,845	charge		\$ 2,845
OD OCCUPATIONAL TUEDADVID	- /-	¢	2.045	included in gross		ć 2.04F
OP OCCUPATIONAL THERAPY LR	n/a	\$	2,845	charge included in gross		\$ 2,845
OP SPEECH THERAPY	n/a	¢	3,116	charge		\$ 3,116
OF SELECTIFICATE	11/4	٧	3,110	included in gross		3,110
OP AUDIOLOGY	n/a	Ś	3,929	charge		\$ 3,929
	1.72	т		included in gross		7 3,5 25
OP SPEECH THERAPY 2ND FLOOR	n/a	\$	3,116	charge		\$ 3,116
				included in gross		
OP ANTICOAGULATION 1	n/a	\$	2,845	charge	\$ 2,845	\$ 2,845
				included in gross		
OP NEUROLOGY 1	n/a	\$	6,097	charge		\$ 6,097
				included in gross		
OP OCCUPATION THERAPY 1	n/a	\$	2,845	charge		\$ 2,845
	,		2 2 4 5	included in gross		A 2.045
OP PHYSICAL THERAPY 1	n/a	\$	2,845	charge		\$ 2,845
OR PHELIMATOLOGY 1	n/a	خ	2 020	included in gross		່ ວຸດາດ
OP RHEUMATOLOGY 1	n/a	ې	3,929	charge included in gross		\$ 3,929
OP SPEECH THERAPY 1	n/a	¢	3,116	charge		\$ 3,116
OF STEECH HILIAN 11	11/ a	ب	3,110	included in gross		γ 3,110
OP PCMH NEURO NS 1	n/a	\$	3,387	charge		\$ 3,387

ALL INCLUSIVE OUTPATIENT SE (Per Visit Rate)			Gross	Charge	Maximum	Minimum
Medical Services	CPT/HCPCS Code	-	Facility	Professional ³	Facility/Professional	Facility/Professional
				included in gross		
OP PCMH NEURO DD 1	n/a	\$	3,387	charge		\$ 3,387
	<u> </u>			included in gross		
OP NEURO STROKE 1	n/a	\$	4,742	charge		\$ 4,742
OR NEURO MC 1	n /a	۲	2 207	included in gross charge		ć 2.207
OP NEURO MS 1	n/a	Ş	3,387	included in gross		\$ 3,387
OP NEURO ND 1	n/a	Ġ	3,387	charge		\$ 3,387
OF NEORO ND 1	11/4	7	3,307	included in gross		3,307
OP PHYS MED & REHAB 1	n/a	\$	4,742	charge		\$ 4,742
	, ,		,	included in gross		,
OP PEDIATRIC REHAB 1	n/a	\$	3,387	charge		\$ 3,387
				included in gross		
OP NEURO EPILEPSY MP 1	n/a	\$	3,387	charge	\$ 3,387	\$ 3,387
				included in gross		
OP GASTROENTEROLOGY 2	n/a	\$	2,845	charge	\$ 2,845	\$ 2,845
				included in gross		
OP INFECTIOUS DISEASE 2	n/a	\$	2,303	charge		\$ 2,303
				included in gross		
OP NEPHROLOGY 2	n/a	\$	3,116	charge		\$ 3,116
	,			included in gross		
OP OCCUPATIONAL THERAPY 2	n/a	Ş	2,845	charge		\$ 2,845
OR ORTHOREDIC 3	/-	,	2.020	included in gross		ć 2,020
OP ORTHOPEDIC 2	n/a	Þ	3,929	charge included in gross		\$ 3,929
OP PHYSICAL THERAPY 2	n/a	خ	2,845	charge		\$ 2,845
OF THISICAL TIERAL 12	11/4	7	2,043	included in gross		2,043
OP PODIATRY 2	n/a	Ś	3,116	charge		\$ 3,116
	.,, .	т	5,225	included in gross		7
OP SPEECH THERAPY 2	n/a	\$	3,116	charge		\$ 3,116
				included in gross		
OP SURGERY GENERAL 2	n/a	\$	3,929	charge	\$ 3,929	\$ 3,929
				included in gross		
OP PCMH MED SURG 2	n/a	\$	3,387	charge	\$ 3,387	\$ 3,387
				included in gross		
OP PCMH NEURO DD 2	n/a	\$	3,387	charge		\$ 3,387
			_	included in gross		_
OP ORTHO PEDS 2	n/a	\$	3,116	charge		\$ 3,116
OR ORTHO JOINT 3	,	,	4 222	included in gross		,
OP ORTHO JOINT 2	n/a	۶	4,200	charge		\$ 4,200
OP ORTHO SPINE 2	n/2	٥	3,929	included in gross charge		\$ 3,929
OF ONTHO SPINE Z	n/a	۲	3,329	charge	5,929	5,929

ALL INCLUSIVE OUTPATIENT SERVICES ² (Per Visit Rate)			Gross	Charge	Maximum	Minimum	
Medical Services	CPT/HCPCS Code		Facility	Professional ³	Facility/Professional	Facility/Professional	
				included in gross			
OP PHYS MED & REHAB 2	n/a	\$	4,742	charge		\$ 4,742	
	,	_	2.446	included in gross		A 0.446	
OP LIMB PRESERVATION 2	n/a	\$	3,116	charge		\$ 3,116	
OP ORTHO REHAB 2	n/a	خ	3,387	included in gross charge		\$ 3,387	
OF ORTHO REHAB 2	11/ a	٧	3,367	included in gross		Ş 3,367	
OP PEDS REHAB 2	n/a	Ś	3,387	charge		\$ 3,387	
	, =	7	2,22.	included in gross		φ σ,σσ.	
OP CARDIOLOGY 3	n/a	\$	4,200	charge		\$ 4,200	
			•	included in gross			
OP ENDOCRINOLOGY 3	n/a	\$	2,845	charge	\$ 2,845	\$ 2,845	
				included in gross			
OP NEPHROLOGY 3	n/a	\$	3,116	charge		\$ 3,116	
				included in gross			
OP NEUROLOGY 3	n/a	\$	3,387	charge		\$ 3,387	
		١.		included in gross			
OP OCCUPATIONAL THERAPY 3	n/a	\$	2,845	charge		\$ 2,845	
OR DUNGICAL THERABY 3		,	2.045	included in gross		ć 2.04F	
OP PHYSICAL THERAPY 3	n/a	\$	2,845	charge		\$ 2,845	
OP PULMONARY 3	n/a	خ	4,200	included in gross charge		\$ 4,200	
OF FOLIVIONANT 3	11/a	Ą	4,200	included in gross		Ş 4,200	
OP SPEECH THERAPY 3	n/a	\$	3,116	charge		\$ 3,116	
of Steen mercury	11/4	7	3,110	included in gross		γ 3,110	
OP PCMH MED SURG 3	n/a	\$	3,387	charge		\$ 3,387	
		·	,	included in gross		,	
OP ORTHO PEDS 3	n/a	\$	3,116	charge	\$ 3,116	\$ 3,116	
				included in gross			
OP ORTHO JOINT 3	n/a	\$	4,200	charge		\$ 4,200	
				included in gross			
OP PHYS MED & REHAB 3	n/a	\$	4,742	charge		\$ 4,742	
	,			included in gross			
OP PRESSURE ULCER MGMT 3	n/a	Ş	3,387	charge		\$ 3,387	
OD DEDC DELIAD 3	- /-	۲ .	2 207	included in gross		ć 2.207	
OP PEDS REHAB 3	n/a	Þ	3,387	charge included in gross		\$ 3,387	
OP NEUROSURGERY 3	n/a	\$	3,929	charge		\$ 3,929	
O. NEOROSONGERTS	11/0	7	3,323	included in gross		7 3,323	
OP INFUSION 5	n/a	Ś	10,478	charge		\$ 10,478	
	, u	7	25, 6	included in gross	· ·		
OP OCCUPATIONAL THERAPY CART	n/a	\$	2,845	charge		\$ 2,845	

ALL INCLUSIVE OUTPATIENT SERVICES ² (Per Visit Rate)			Gross	Charge	Maximum	Minimum	
Medical Services	CPT/HCPCS Code		Facility	Professional ³	Facility/Professional	Facility/Professional	
				included in gross			
OP PHYSICAL THERAPY CART	n/a	\$	2,845	charge		\$ 2,845	
	,	_	0.446	included in gross		A 0.446	
OP SPEECH THERAPY CART	n/a	\$	3,116	charge		\$ 3,116	
OP PHYS MED&REHAB CART	n/a	خ	4,742	included in gross charge		\$ 4,742	
OF FITTS WEDAREHAB CART	11/a	ş	4,742	included in gross		<i>4,742</i>	
OP FAMILY MEDICINE MOBILE 1	n/a	Ś	2,574	charge		\$ 2,574	
	.,, =	7	_,_,	included in gross			
OP FAMILY MEDICINE MOBILE 2	n/a	\$	2,574	charge		\$ 2,574	
			·	included in gross			
OP FAMILY MEDICINE MOBILE 3	n/a	\$	2,574	charge	\$ 2,574	\$ 2,574	
				included in gross			
OP FAMILY MEDICINE MOBILE 4	n/a	\$	2,574	charge	\$ 2,574	\$ 2,574	
				included in gross			
OP FAMILY MEDICINE MOBILE 5	n/a	\$	2,574	charge		\$ 2,574	
	_			included in gross			
OP FAMILY MEDICINE MOBILE 6	n/a	\$	2,574	charge		\$ 2,574	
OD FANALLY MEDICINE MODILE 7		۸ .	2.574	included in gross		ć 2.574	
OP FAMILY MEDICINE MOBILE 7	n/a	\$	2,574	charge		\$ 2,574	
OP FAMILY MEDICINE MOBILE 8	n/a	خ	2,574	included in gross charge		\$ 2,574	
OF FAMILY MEDICINE MOBILE 8	11/a	Ą	2,374	included in gross		Ş 2,374	
OP CARDIOLOGY OA	n/a	\$	3,929	charge		\$ 3,929	
or critical control	11/4	7	3,323	included in gross		ÿ 3,323	
OP ORTHOPEDIC OA	n/a	\$	3,929	charge		\$ 3,929	
			,	included in gross		,	
OP PODIATRY OA	n/a	\$	3,116	charge	\$ 3,116	\$ 3,116	
				included in gross			
OP PCMH MED SURG OA	n/a	\$	3,387	charge		\$ 3,387	
				included in gross			
OP PCMH NEURO STROKE OA	n/a	\$	3,387	charge		\$ 3,387	
				included in gross			
OP PCMH NEURO DD OA	n/a	\$	3,387	charge		\$ 3,387	
OD NEUDOLOGY STROVE OA	n /n	۲	4.742	included in gross		ć 4.742	
OP NEUROLOGY STROKE OA	n/a	Ş	4,742	charge included in gross		\$ 4,742	
OP NEUROLOGY MS OA	n/a	ς .	3,387	charge		\$ 3,387	
OF MEDICEGOT WIS ON	11/4	7	3,307	included in gross		y 3,387	
OP ORTHO/PROS OA	n/a	Ś	3,929	charge		\$ 3,929	
	.,, u	7	0,023	included in gross		, 5,525	
OP PHYS MED&REHAB OA	n/a	\$	4,742	charge		\$ 4,742	

ALL INCLUSIVE OUTPATIENT SERVICES ² (Per Visit Rate)		Gross Charge			Maximum		Minimum
Medical Services	CPT/HCPCS Code		Facility	Professional ³	Facility/Professiona	al I	Facility/Professional
				included in gross			
OP UROLOGY OA	n/a	\$	3,116	charge		6 :	\$ 3,116
				included in gross			
OP PEDIATRICS	n/a	\$	2,845	charge		5 :	\$ 2,845
				included in gross			
OP PEDS PRIMARY CARE	n/a	\$	3,387	charge		7 :	\$ 3,387
				included in gross			
OP NEUROLOGY SPEC	n/a	\$	6,097	charge		7 :	\$ 6,097
				included in gross			
OP NEUROLOGY - NEURO DEM SPEC	n/a	\$	3,387	charge		7 :	\$ 3,387
				included in gross			
OP ORTHOPEDIC - SPINE SPEC	n/a	\$	3,929	charge		9 :	\$ 3,929
				included in gross			
OP OCCUPATIONAL THERAPY NT	n/a	\$	2,845	charge		5 :	\$ 2,845
				included in gross			
OP PHYSICAL THERAPY NT	n/a	\$	2,845	charge	\$ 2,84	5 :	\$ 2,845
				included in gross			
OP PULMONARY NT	n/a	\$	4,200	charge		0 :	\$ 4,200
				included in gross			
OP SPEECH THERAPY NT	n/a	\$	3,116	charge	\$ 3,11	6 :	\$ 3,116
				included in gross			
OP PHYS MED&REHAB NT	n/a	\$	4,742	charge	\$ 4,74	2 :	\$ 4,742
				included in gross			
OP PRESSURE ULCER MGMT NT	n/a	\$	3,387	charge	\$ 3,38	7 :	\$ 3,387
				included in gross			
OP PEDIATRIC REHAB NT	n/a	\$	3,387	charge		7 :	\$ 3,387
				included in gross			
OP NEUROSURGERY NT	n/a	\$	3,929	charge	\$ 3,92	9 :	\$ 3,929

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.