

**LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
UNDISCOUNTED GROSS CHARGES FOR SHOPPABLE SERVICES¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024**

ALL INCLUSIVE INPATIENT SERVICES² (Per Diem=Per Day Rate)		Gross Charge		Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
PROGRESSIVE CARE UNIT	n/a	\$ 22,476.00	included in gross charge	\$ 22,476.00	\$ 22,476.00
CARDIOLOGY	n/a	\$ 13,498.00	included in gross charge	\$ 13,498.00	\$ 13,498.00
FAMILY MEDICINE	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
MEDICINE - COMM ADAPT	n/a	\$ 13,498.00	included in gross charge	\$ 13,498.00	\$ 13,498.00
NEUROLOGY	n/a	\$ 13,498.00	included in gross charge	\$ 13,498.00	\$ 13,498.00
ORTHOPEDIC	n/a	\$ 13,498.00	included in gross charge	\$ 13,498.00	\$ 13,498.00
OTOLARYNGOLOGY	n/a	\$ 13,498.00	included in gross charge	\$ 13,498.00	\$ 13,498.00
PAIN MANAGEMENT	n/a	\$ 57,636.00	included in gross charge	\$ 57,636.00	\$ 57,636.00
PEDIATRICS	n/a	\$ 13,475.00	included in gross charge	\$ 13,475.00	\$ 13,475.00
SURGERY - GASTRO	n/a	\$ 57,636.00	included in gross charge	\$ 57,636.00	\$ 57,636.00
SURGERY - GENERAL	n/a	\$ 57,636.00	included in gross charge	\$ 57,636.00	\$ 57,636.00
SURGERY - NEPHROLOGY	n/a	\$ 57,636.00	included in gross charge	\$ 57,636.00	\$ 57,636.00
SURGERY - LIMB PRESERVATION	n/a	\$ 57,636.00	included in gross charge	\$ 57,636.00	\$ 57,636.00
SURGERY - NEUROSURGERY	n/a	\$ 57,636.00	included in gross charge	\$ 57,636.00	\$ 57,636.00
SURGERY - ORTHO JOINT	n/a	\$ 57,636.00	included in gross charge	\$ 57,636.00	\$ 57,636.00
SURGERY - ORTHO SPINE	n/a	\$ 57,636.00	included in gross charge	\$ 57,636.00	\$ 57,636.00
CARDIAC REHABILITATION	n/a	\$ 13,498.00	included in gross charge	\$ 13,498.00	\$ 13,498.00
SP LIMB PRESERVATION	n/a	\$ 57,636.00	included in gross charge	\$ 57,636.00	\$ 57,636.00
SP NEPHROLOGY	n/a	\$ 57,636.00	included in gross charge	\$ 57,636.00	\$ 57,636.00

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ALL INCLUSIVE INPATIENT SERVICES² (Per Diem=Per Day Rate)		Gross Charge		Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/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

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ALL INCLUSIVE INPATIENT SERVICES² (Per Diem=Per Day Rate)		Gross Charge		Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional³	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

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ALL INCLUSIVE OUTPATIENT SERVICES² (Per Visit Rate)		Gross Charge		Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
OP ANTICOAGULATION 1 RN	n/a	\$ 2,604	included in gross charge	\$ 2,604	\$ 2,604
OP FAMILY MEDICINE MOBILE 1 RN	n/a	\$ 2,356	included in gross charge	\$ 2,356	\$ 2,356
OP NEUROLOGY 1 RN	n/a	\$ 5,581	included in gross charge	\$ 5,581	\$ 5,581
OP OPHTHALMOLOGY ENT/EYE RN	n/a	\$ 3,100	included in gross charge	\$ 3,100	\$ 3,100
OP OPTOMETRY ENT/EYE RN	n/a	\$ 3,100	included in gross charge	\$ 3,100	\$ 3,100
OP OTOLARYGOLOGY ENT/EYE RN	n/a	\$ 3,100	included in gross charge	\$ 3,100	\$ 3,100
OP PEDIATRICS RN	n/a	\$ 2,604	included in gross charge	\$ 2,604	\$ 2,604
OP PEDS PRIMARY CARE RN	n/a	\$ 3,100	included in gross charge	\$ 3,100	\$ 3,100
OP RHEUMATOLOGY 1 RN	n/a	\$ 3,597	included in gross charge	\$ 3,597	\$ 3,597
OP PCMH - MED SURG RET RN	n/a	\$ 3,100	included in gross charge	\$ 3,100	\$ 3,100
OP PCMH NEURO STROKE 1 RN	n/a	\$ 3,100	included in gross charge	\$ 3,100	\$ 3,100
OP PCMH NEURO DD 1 RN	n/a	\$ 3,100	included in gross charge	\$ 3,100	\$ 3,100
OP NEUROLOGY STROKE 1 RN	n/a	\$ 4,341	included in gross charge	\$ 4,341	\$ 4,341
OP NEUROLOGY MS 1 RN	n/a	\$ 3,100	included in gross charge	\$ 3,100	\$ 3,100
OP NEUROLOGY NEURO DEM 1 RN	n/a	\$ 3,100	included in gross charge	\$ 3,100	\$ 3,100
OP PHYS MED&REHAB 1 RN	n/a	\$ 4,341	included in gross charge	\$ 4,341	\$ 4,341
OP PEDIATRIC REHAB 1 RN	n/a	\$ 3,100	included in gross charge	\$ 3,100	\$ 3,100
OP NEUROLOGY EPILEPSY MP 1 RN	n/a	\$ 3,100	included in gross charge	\$ 3,100	\$ 3,100
OP AUDIOLOGY RN	n/a	\$ 3,597	included in gross charge	\$ 3,597	\$ 3,597
OP FAMILY MEDICINE MOBILE 2 RN	n/a	\$ 2,356	included in gross charge	\$ 2,356	\$ 2,356
OP GASTROENTEROLOGY 2 RN	n/a	\$ 2,604	included in gross charge	\$ 2,604	\$ 2,604

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Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
OP INFECTIOUS DISEASE 2 RN	n/a	\$ 2,109	included in gross charge	\$ 2,109	\$ 2,109
OP NEPHROLOGY 2 RN	n/a	\$ 2,852	included in gross charge	\$ 2,852	\$ 2,852
OP ORTHOPEDIC 2 RN	n/a	\$ 3,597	included in gross charge	\$ 3,597	\$ 3,597
OP PODIATRY 2 RN	n/a	\$ 2,852	included in gross charge	\$ 2,852	\$ 2,852
OP PCMH MED SURG 2 RN	n/a	\$ 3,100	included in gross charge	\$ 3,100	\$ 3,100
OP PCMH NEURO DD 2 RN	n/a	\$ 3,100	included in gross charge	\$ 3,100	\$ 3,100
OP NEUROLOGY - NEURO DEM ALZH RN	n/a	\$ 3,100	included in gross charge	\$ 3,100	\$ 3,100
OP ORTHOPEDIC JOINT 2 RN	n/a	\$ 3,845	included in gross charge	\$ 3,845	\$ 3,845
OP ORTHOPEDIC SPINE 2 RN	n/a	\$ 3,597	included in gross charge	\$ 3,597	\$ 3,597
OP PHYS MED & REHAB 2 RN	n/a	\$ 4,341	included in gross charge	\$ 4,341	\$ 4,341
OP LIMB PRESERVATION 2 RN	n/a	\$ 2,852	included in gross charge	\$ 2,852	\$ 2,852
OP ORTHOPEDIC REHAB 2 RN	n/a	\$ 3,100	included in gross charge	\$ 3,100	\$ 3,100
OP PEDS REHAB 2 RN	n/a	\$ 3,100	included in gross charge	\$ 3,100	\$ 3,100
OP CARDIOLOGY 3 RN	n/a	\$ 3,845	included in gross charge	\$ 3,845	\$ 3,845
OP ENDOCRINOLOGY 3 RN	n/a	\$ 2,604	included in gross charge	\$ 2,604	\$ 2,604
OP FAMILY MEDICINE MOBILE 3 RN	n/a	\$ 2,356	included in gross charge	\$ 2,356	\$ 2,356
OP NEPHROLOGY 3 RN	n/a	\$ 2,852	included in gross charge	\$ 2,852	\$ 2,852
OP NEUROLOGY 3 RN	n/a	\$ 3,100	included in gross charge	\$ 3,100	\$ 3,100
OP PULMONARY 3 RN	n/a	\$ 3,845	included in gross charge	\$ 3,845	\$ 3,845
OP PCMH MED SURG 3 RN	n/a	\$ 3,100	included in gross charge	\$ 3,100	\$ 3,100
OP ORTHO PEDS 3 RN	n/a	\$ 2,852	included in gross charge	\$ 2,852	\$ 2,852

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Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
OP ORTHO JOINT 3 RN	n/a	\$ 3,845	included in gross charge	\$ 3,845	\$ 3,845
OP PHYS MED & REHAB 3 RN	n/a	\$ 4,341	included in gross charge	\$ 4,341	\$ 4,341
OP PRESSURE ULCER MGMT 3 RN	n/a	\$ 3,100	included in gross charge	\$ 3,100	\$ 3,100
OP PEDIATRIC REHAB 3 RN	n/a	\$ 3,100	included in gross charge	\$ 3,100	\$ 3,100
OP NEUROSURGERY 3 RN	n/a	\$ 3,597	included in gross charge	\$ 3,597	\$ 3,597
OP FAMILY MEDICINE MOBILE 4 RN	n/a	\$ 2,356	included in gross charge	\$ 2,356	\$ 2,356
OP UROLOGY URO/GYN RN	n/a	\$ 4,341	included in gross charge	\$ 4,341	\$ 4,341
OP GYNECOLOGY URO/GYN RN	n/a	\$ 3,597	included in gross charge	\$ 3,597	\$ 3,597
OP CARDIOLOGY CARDIAC RN	n/a	\$ 3,845	included in gross charge	\$ 3,845	\$ 3,845
OP FAMILY MEDICINE MOBILE 5 RN	n/a	\$ 2,356	included in gross charge	\$ 2,356	\$ 2,356
OP INFUSION 5 RN	n/a	\$ 9,430	included in gross charge	\$ 9,430	\$ 9,430
OP FAMILY MEDICINE MOBILE 6 RN	n/a	\$ 2,356	included in gross charge	\$ 2,356	\$ 2,356
OP DENTISTRY RN	n/a	\$ 3,845	included in gross charge	\$ 3,845	\$ 3,845
OP FAMILY MEDICINE MOBILE 7 RN	n/a	\$ 2,356	included in gross charge	\$ 2,356	\$ 2,356
OP FAMILY MEDICINE MOBILE 8 RN	n/a	\$ 2,356	included in gross charge	\$ 2,356	\$ 2,356
OP PHYS MED&REHAB CART RN	n/a	\$ 4,341	included in gross charge	\$ 4,341	\$ 4,341
OP PODIATRY OA RN	n/a	\$ 2,852	included in gross charge	\$ 2,852	\$ 2,852
OP NEUROLOGY SPEC RN	n/a	\$ 5,581	included in gross charge	\$ 5,581	\$ 5,581
OP NEUROLOGY - NEURO DEM SPEC RN	n/a	\$ 3,100	included in gross charge	\$ 3,100	\$ 3,100
OP ORTHOPEDIC - SPINE SPEC RN	n/a	\$ 3,597	included in gross charge	\$ 3,597	\$ 3,597
OP ANESTHESIA RN	n/a	\$ 4,341	included in gross charge	\$ 4,341	\$ 4,341

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Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
OP IMMUNIZATIONS EXP RN	n/a	\$ 992	included in gross charge	\$ 992	\$ 992
OP PAIN MANAGEMENT RN	n/a	\$ 9,430	included in gross charge	\$ 9,430	\$ 9,430
OP EXPRESS SERVICES RN	n/a	\$ 992	included in gross charge	\$ 992	\$ 992
OP SP LIMB PRESERVATION RN	n/a	\$ 9,430	included in gross charge	\$ 9,430	\$ 9,430
OP SP NEPHROLOGY RN	n/a	\$ 9,430	included in gross charge	\$ 9,430	\$ 9,430
SURGERY - AMB DENT RN	n/a	\$ 13,750	included in gross charge	\$ 13,750	\$ 13,750
SURGERY - AMB GENERAL RN	n/a	\$ 13,750	included in gross charge	\$ 13,750	\$ 13,750
SURGERY - AMB HEAD&NECK RN	n/a	\$ 13,750	included in gross charge	\$ 13,750	\$ 13,750
SURGERY-AMB ORTHOPEDICS RN	n/a	\$ 13,750	included in gross charge	\$ 13,750	\$ 13,750
SURGERY - AMB PEDS RN	n/a	\$ 13,750	included in gross charge	\$ 13,750	\$ 13,750
SURGERY - AMB VASCULAR RN	n/a	\$ 13,750	included in gross charge	\$ 13,750	\$ 13,750
SURGERY - AMB UROLOGY RN	n/a	\$ 13,750	included in gross charge	\$ 13,750	\$ 13,750
SURGERY - AMB GYNECOLOGY RN	n/a	\$ 13,750	included in gross charge	\$ 13,750	\$ 13,750
SURGERY - AMB CARDIOLOGY RN	n/a	\$ 13,750	included in gross charge	\$ 13,750	\$ 13,750
OP SP CARDIOLOGY RN	n/a	\$ 9,430	included in gross charge	\$ 9,430	\$ 9,430
OP SP GASTROENTEROLOGY RN	n/a	\$ 9,430	included in gross charge	\$ 9,430	\$ 9,430
OP ANESTHESIA	n/a	\$ 4,742	included in gross charge	\$ 4,742	\$ 4,742
OCCUPATIONAL THERAPY CD	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP PAIN MANAGEMENT	n/a	\$ 15,278	included in gross charge	\$ 15,278	\$ 15,278
PHYSICAL THERAPY CD	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP SP LIMB PRESERVATION	n/a	\$ 15,278	included in gross charge	\$ 15,278	\$ 15,278

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Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
OP SP NEPHROLOGY	n/a	\$ 15,278	included in gross charge	\$ 15,278	\$ 15,278
SURGERY - AMB DENT	n/a	\$ 15,278	included in gross charge	\$ 15,278	\$ 15,278
SURGERY - AMB GENERAL	n/a	\$ 15,278	included in gross charge	\$ 15,278	\$ 15,278
SURGERY - AMB HEAD&NECK	n/a	\$ 15,278	included in gross charge	\$ 15,278	\$ 15,278
SURGERY AMBULATORY-ORTHOTICS	n/a	\$ 15,278	included in gross charge	\$ 15,278	\$ 15,278
SURGERY - AMB PEDS	n/a	\$ 15,278	included in gross charge	\$ 15,278	\$ 15,278
SURGERY - AMB VASCULAR	n/a	\$ 15,278	included in gross charge	\$ 15,278	\$ 15,278
SURGERY - AMB UROLOGY	n/a	\$ 15,278	included in gross charge	\$ 15,278	\$ 15,278
SURGERY - AMB GYNECOLOGY	n/a	\$ 15,278	included in gross charge	\$ 15,278	\$ 15,278
SURGERY - AMB CARDIOLOGY	n/a	\$ 15,278	included in gross charge	\$ 15,278	\$ 15,278
OP SP - CARDIOLOGY	n/a	\$ 15,278	included in gross charge	\$ 15,278	\$ 15,278
OP SP - GASTROENTEROLOGY	n/a	\$ 15,278	included in gross charge	\$ 15,278	\$ 15,278
OP PHSYICAL THERAPY TRANS	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP OCCUPATIONAL THERAPY TRANS	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP OCCUPATIONAL THERAPY VOC	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP PHYSICAL THERAPY SC	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP CARDIOLOGY CARDIAC	n/a	\$ 4,200	included in gross charge	\$ 4,200	\$ 4,200
OP PHYSICAL THERAPY CARDIAC	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP PHYSICAL THERAPY ORTHO	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP DENTISTRY	n/a	\$ 4,200	included in gross charge	\$ 4,200	\$ 4,200
OP OCCUPATIONAL THERAPY JPI	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845

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Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
OP PHYSICAL THERAPY JPI	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP SPEECH THERAPY JPI	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP OCCUPATIONAL THERAPY DR	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP PHYSICAL THERAPY DR	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP SPEECH THERAPY DR	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP SPEECH THERAPY TRANS	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP OPHTHALMOLOGY ENT/EYE	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP OPTOMETRY ENT/EYE	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP OTOLARYGOLOGY ENT/EYE	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP SPEECH THERAPY ENT/EYE	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP PCMH - MED SURG RET	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP NEUROLOGY - NEURO DEM ALZH	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP CARDIOLOGY MED SURG	n/a	\$ 4,200	included in gross charge	\$ 4,200	\$ 4,200
OP NEPHROLOGY MED SURG	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP OCCUPATIONAL THERAPY MED SURG	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP ORTHOPEDIC MED SURG	n/a	\$ 3,929	included in gross charge	\$ 3,929	\$ 3,929
OP PHYSICAL THERAPY MED SURG	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP PODIATRY MED SURG	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP SPEECH THERAPY MED SURG	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP SURGERY - GENERAL MED SURG	n/a	\$ 3,929	included in gross charge	\$ 3,929	\$ 3,929
OP PCMH - MED SURG	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387

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Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
OP ORTHOPEDIC - PEDS MED SURG	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP ORTHOPEDIC - JOINT MED SURG	n/a	\$ 4,200	included in gross charge	\$ 4,200	\$ 4,200
OP PHYS MED&REHAB MED SURG	n/a	\$ 4,742	included in gross charge	\$ 4,742	\$ 4,742
OP LIMB PRESERVATION MED SURG	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP ORTHOPEDIC REHAB MED SURG	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP PHYSICAL THERAPY URO/GYN	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP UROLOGY URO/GYN	n/a	\$ 4,742	included in gross charge	\$ 4,742	\$ 4,742
OP GYNECOLOGY URO/GYN	n/a	\$ 3,929	included in gross charge	\$ 3,929	\$ 3,929
OP ANTICOAGULATION NS	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP NEUROLOGY NS	n/a	\$ 3,929	included in gross charge	\$ 3,929	\$ 3,929
OP OCCUPATIONAL THERAPY NS	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP PHYSICAL THERAPY NS	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP RHEUMATOLOGY NS	n/a	\$ 3,929	included in gross charge	\$ 3,929	\$ 3,929
OP SPEECH THERAPY NS	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP PCMH - NEURO STROKE	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP PCMH - NEURO DD	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP NEUROLOGY - STROKE	n/a	\$ 4,742	included in gross charge	\$ 4,742	\$ 4,742
OP NEUROLOGY - MS	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP INFUSION NS	n/a	\$ 10,478	included in gross charge	\$ 10,478	\$ 10,478
OP PEDIATRIC REHAB NS	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP NEUROLOGY EPILEPSY MP	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387

**LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
UNDISCOUNTED GROSS CHARGES FOR SHOPPABLE SERVICES¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024**

ALL INCLUSIVE OUTPATIENT SERVICES² (Per Visit Rate)		Gross Charge		Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
OP CARDIOLOGY AQUA	n/a	\$ 4,200	included in gross charge	\$ 4,200	\$ 4,200
OP OCCUPATIONAL THERAPY AQUA	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP PHYSICAL THERAPY AQUA	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP SPEECH THERAPY AQUA	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP RECREATION THERAPY AT	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP RECREATION THERAPY	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP PHYSICAL THERAPY	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP PHYSICAL THERAPY PK	n/a	\$ 4,471	included in gross charge	\$ 4,471	\$ 4,471
OP OCCUPATIONAL THERAPY	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP RECREATION THERAPY OT	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP OCCUPATIONAL THERAPY LR	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP SPEECH THERAPY	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP AUDIOLOGY	n/a	\$ 3,929	included in gross charge	\$ 3,929	\$ 3,929
OP SPEECH THERAPY 2ND FLOOR	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP ANTICOAGULATION 1	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP NEUROLOGY 1	n/a	\$ 6,097	included in gross charge	\$ 6,097	\$ 6,097
OP OCCUPATION THERAPY 1	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP PHYSICAL THERAPY 1	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP RHEUMATOLOGY 1	n/a	\$ 3,929	included in gross charge	\$ 3,929	\$ 3,929
OP SPEECH THERAPY 1	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP PCMH NEURO NS 1	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387

**LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
UNDISCOUNTED GROSS CHARGES FOR SHOPPABLE SERVICES¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024**

ALL INCLUSIVE OUTPATIENT SERVICES² (Per Visit Rate)		Gross Charge		Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
OP PCMH NEURO DD 1	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP NEURO STROKE 1	n/a	\$ 4,742	included in gross charge	\$ 4,742	\$ 4,742
OP NEURO MS 1	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP NEURO ND 1	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP PHYS MED & REHAB 1	n/a	\$ 4,742	included in gross charge	\$ 4,742	\$ 4,742
OP PEDIATRIC REHAB 1	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP NEURO EPILEPSY MP 1	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP GASTROENTEROLOGY 2	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP INFECTIOUS DISEASE 2	n/a	\$ 2,303	included in gross charge	\$ 2,303	\$ 2,303
OP NEPHROLOGY 2	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP OCCUPATIONAL THERAPY 2	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP ORTHOPEDIC 2	n/a	\$ 3,929	included in gross charge	\$ 3,929	\$ 3,929
OP PHYSICAL THERAPY 2	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP PODIATRY 2	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP SPEECH THERAPY 2	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP SURGERY GENERAL 2	n/a	\$ 3,929	included in gross charge	\$ 3,929	\$ 3,929
OP PCMH MED SURG 2	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP PCMH NEURO DD 2	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP ORTHO PEDS 2	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP ORTHO JOINT 2	n/a	\$ 4,200	included in gross charge	\$ 4,200	\$ 4,200
OP ORTHO SPINE 2	n/a	\$ 3,929	included in gross charge	\$ 3,929	\$ 3,929

**LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
UNDISCOUNTED GROSS CHARGES FOR SHOPPABLE SERVICES¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024**

ALL INCLUSIVE OUTPATIENT SERVICES² (Per Visit Rate)		Gross Charge		Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
OP PHYS MED & REHAB 2	n/a	\$ 4,742	included in gross charge	\$ 4,742	\$ 4,742
OP LIMB PRESERVATION 2	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP ORTHO REHAB 2	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP PEDS REHAB 2	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP CARDIOLOGY 3	n/a	\$ 4,200	included in gross charge	\$ 4,200	\$ 4,200
OP ENDOCRINOLOGY 3	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP NEPHROLOGY 3	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP NEUROLOGY 3	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP OCCUPATIONAL THERAPY 3	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP PHYSICAL THERAPY 3	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP PULMONARY 3	n/a	\$ 4,200	included in gross charge	\$ 4,200	\$ 4,200
OP SPEECH THERAPY 3	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP PCMH MED SURG 3	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP ORTHO PEDS 3	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP ORTHO JOINT 3	n/a	\$ 4,200	included in gross charge	\$ 4,200	\$ 4,200
OP PHYS MED & REHAB 3	n/a	\$ 4,742	included in gross charge	\$ 4,742	\$ 4,742
OP PRESSURE ULCER MGMT 3	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP PEDS REHAB 3	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP NEUROSURGERY 3	n/a	\$ 3,929	included in gross charge	\$ 3,929	\$ 3,929
OP INFUSION 5	n/a	\$ 10,478	included in gross charge	\$ 10,478	\$ 10,478
OP OCCUPATIONAL THERAPY CART	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845

**LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
UNDISCOUNTED GROSS CHARGES FOR SHOPPABLE SERVICES¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024**

ALL INCLUSIVE OUTPATIENT SERVICES² (Per Visit Rate)		Gross Charge		Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
OP PHYSICAL THERAPY CART	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP SPEECH THERAPY CART	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP PHYS MED&REHAB CART	n/a	\$ 4,742	included in gross charge	\$ 4,742	\$ 4,742
OP FAMILY MEDICINE MOBILE 1	n/a	\$ 2,574	included in gross charge	\$ 2,574	\$ 2,574
OP FAMILY MEDICINE MOBILE 2	n/a	\$ 2,574	included in gross charge	\$ 2,574	\$ 2,574
OP FAMILY MEDICINE MOBILE 3	n/a	\$ 2,574	included in gross charge	\$ 2,574	\$ 2,574
OP FAMILY MEDICINE MOBILE 4	n/a	\$ 2,574	included in gross charge	\$ 2,574	\$ 2,574
OP FAMILY MEDICINE MOBILE 5	n/a	\$ 2,574	included in gross charge	\$ 2,574	\$ 2,574
OP FAMILY MEDICINE MOBILE 6	n/a	\$ 2,574	included in gross charge	\$ 2,574	\$ 2,574
OP FAMILY MEDICINE MOBILE 7	n/a	\$ 2,574	included in gross charge	\$ 2,574	\$ 2,574
OP FAMILY MEDICINE MOBILE 8	n/a	\$ 2,574	included in gross charge	\$ 2,574	\$ 2,574
OP CARDIOLOGY OA	n/a	\$ 3,929	included in gross charge	\$ 3,929	\$ 3,929
OP ORTHOPEDIC OA	n/a	\$ 3,929	included in gross charge	\$ 3,929	\$ 3,929
OP PODIATRY OA	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP PCMH MED SURG OA	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP PCMH NEURO STROKE OA	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP PCMH NEURO DD OA	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP NEUROLOGY STROKE OA	n/a	\$ 4,742	included in gross charge	\$ 4,742	\$ 4,742
OP NEUROLOGY MS OA	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP ORTHO/PROS OA	n/a	\$ 3,929	included in gross charge	\$ 3,929	\$ 3,929
OP PHYS MED&REHAB OA	n/a	\$ 4,742	included in gross charge	\$ 4,742	\$ 4,742

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RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
UNDISCOUNTED GROSS CHARGES FOR SHOPPABLE SERVICES¹
EFFECTIVE JANUARY 1, 2025
UPDATED AS OF 12/19/2024**

ALL INCLUSIVE OUTPATIENT SERVICES² (Per Visit Rate)		Gross Charge		Maximum	Minimum
Medical Services	CPT/HCPCS Code	Facility	Professional³	Facility/Professional	Facility/Professional
OP UROLOGY OA	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP PEDIATRICS	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP PEDS PRIMARY CARE	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP NEUROLOGY SPEC	n/a	\$ 6,097	included in gross charge	\$ 6,097	\$ 6,097
OP NEUROLOGY - NEURO DEM SPEC	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP ORTHOPEDIC - SPINE SPEC	n/a	\$ 3,929	included in gross charge	\$ 3,929	\$ 3,929
OP OCCUPATIONAL THERAPY NT	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP PHYSICAL THERAPY NT	n/a	\$ 2,845	included in gross charge	\$ 2,845	\$ 2,845
OP PULMONARY NT	n/a	\$ 4,200	included in gross charge	\$ 4,200	\$ 4,200
OP SPEECH THERAPY NT	n/a	\$ 3,116	included in gross charge	\$ 3,116	\$ 3,116
OP PHYS MED&REHAB NT	n/a	\$ 4,742	included in gross charge	\$ 4,742	\$ 4,742
OP PRESSURE ULCER MGMT NT	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP PEDIATRIC REHAB NT	n/a	\$ 3,387	included in gross charge	\$ 3,387	\$ 3,387
OP NEUROSURGERY NT	n/a	\$ 3,929	included in gross charge	\$ 3,929	\$ 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.