



**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
FINANCE DEPARTMENT POLICY & PROCEDURE**

SUBJECT: HOSPITAL BILLING RATES

Policy No: **401.3**
Supersedes:
Revision No: **1**
Page: **1 of 1**

I. PURPOSE:

To establish billing rates that cover the costs of providing services to patients.

II. POLICY:

1. Adhere to all departmental instructions and requirements in the preparation and completion of the rates.
2. Timely submission of billing rate adjustment package to Fiscal Programs (DHS) for subsequent submission to Board of Supervisors before rates are implemented.
3. Secure approval of rates by Board of Supervisors before rates are implemented.
4. Ensure all hospital financial systems are updated to incorporate any billing rate charges.
5. Proper and timely notification of billing rate changes to all interested parties.

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

EFFECTIVE DATE: May 1, 2000

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APPROVED BY:

Reviewed: July, 2004
Reviewed: August, 2006

COUNTY OF LOS ANGELES- DEPARTMENT OF HEALTH SERVICES
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES RATES
FISCAL YEAR 2005-06

(No change has been made to these rates since December 1, 1999)

FACILITY: RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER	PROCEDURE CODES	HOSPITAL& RELATED STAFF SERVICES	HOSPITAL SERVICES
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OUTPATIENT SERVICES

PROVIDER NOS.

Medi-Cal Non-Contract/CBRC: ZZW42014F/FHC42014F*

Medicare: 05-0717

GENERAL OUTPATIENT SERVICES

Level of Care

Level1	2460	\$40	\$36
Level2	2460	60	54
Level3	2460	75	68
Level4	2460	100	90
Level 5	2460	125	113
Level6	2461	150	135
Level?	2461	175	158
Level8	2461	200	180
Level9	2461	225	203
Level 10	2461	250	225
Level 11	2461	275	248
Level 12	2461	300	270
Level 13	2462	350	315
Level 14	2462	400	360
Level 15	2462	450	405
Level 16	2462	500	450
Level 17	2463	550	495
Level 18	2463	600	540
Level 19	2464	650	585
Level20	2464	700	630
Level21	2466	800	720
Level22	2466	900	810
Level23	2466	1,000	900
Level24	2467	1,100	990
Level25	2467	1,200	1,080
Level26	2467	1,300	1,170
Level27	2468	1,400	1,260
Level28	2468	1,500	1,350
Level29	2468	1,700	1,530
Level 30	2468	1,900	1,710
Level 31	2468	2,100	1,890
Level 32	2468	2,300	2,070
Level33	2468	2,500	2,250
Level34	2468	2,700	2,430
Level35	2468	2,900	2,610
Level36	2468	3,400	3,060
Level37	2468	3,900	3,510
Level38	2468	4,400	3,960
Level39	2468	4,900	4,410
Level40	2468	5,400	4,860

The Medi Cal Provider numbers are subject to change once the Medicaid Waiver Implementation Legislation for California is finalized.

COUNTY OF LOS ANGELES- DEPARTMENT OF HEALTH SERVICES
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES RATES
 FISCAL YEAR 2005-06

(No change has been made to these rates since December 1, 1999)

FACILITY: RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER	PROCEDURE CODES	HOSPITAL & RELATED STAFF SERVICES	HOSPITAL SERVICES
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OUTPATIENT SERVICES
(CONTINUED)

PROVIDER NOS.

Medi-Cal Non-Contract: ZZW 42014F *
 Medicare: 05-0717 (Acute)
 Medicare: 05-T717 (Rehab.)

SPECIAL OUTPATIENT SERVICES

Other Outpatient Services

Outpatient Surgery:

Level 1	2468	\$1,265	\$1 '119
Level2	2468	2,107	1,870
Level3	2468	2,950	2,621
Level4	2468	4,075	3,626
Level 5	2468	5,436	4,835
Level6	2468	6,814	6,056
Level?	2468	8,177	7,268
LevelS	2468	9,569	8,504
Observation Outpatient	2472	40	36

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COUNTY OF LOS ANGELES - C. • TMENT OF HEALTH SERVICES

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES RATES**

Fiscal Year 2005-06

(No change has been made to these rates since January 25, 2005)

FACILITY: RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER	PROCEDURE CODES PRE 02/01/04	UB 92 NATIONAL DESCRIPTOR CODES EFFECTIVE WITH DATES OF SERVICE 02101104				HOSPITAL & RELATED STAFF SERVICES	HOSPITAL SERVICES
PROVIDER NOS.							
Medi-Cal Contract: *	HSW 32014F	----- HSC 32014F -----					
Medi-Cal Non-Contract: *	ZZW 32014F	----- ZZT 32014F -----					
Medicare: 05-0717 (Acute)							
Medicare: 05-T717 (Rehab.)							
INPATIENT SERVICES							
Liver	2407	111	121	131	151	\$4,685	\$4,586
Acute Medical	2409	111	121	131	151	4,914	4,793
Surgical:							
Surgical-Level 1	2416	111	121	131	151	5,213	5,028
Surgical-Level 2	2417	111	121	131	151	8,678	8,372
Surgical-Level 3	2418	111	121	131	151	12,151	11,722
Surgical-Level 4	2419	111	121	131	151	16,786	16,193
Surgical-Level 5	2420	111	121	131	151	22,392	21,601
Surgical-Level 6	2421	111	121	131	151	28,064	27,072
Surgical-Level 7	2422	111	121	131	151	33,681	32,492
Surgical-Level 8	2424	111	121	131	151	39,416	38,024
Surgical-Level 9	2426	111	121	131	151	45,832	44,212
Surgical-Level 10	2427	111	121	131	151	52,020	50,183
Surgical-Level 11	2428	111	121	131	151	58,571	56,503
Surgical-Level 12	2429	111	121	131	151	66,440	64,094
Surgical-Level 13	2433	111	121	131	151	74,525	71,893
Surgical-Level 14	2434	111	121	131	151	82,394	79,484
Surgical-Level 15	2436	111	121	131	151	90,273	87,084
Surgical-Level 16	2437	111	121	131	151	98,142	94,676
Surgical-Level 17	2438	111	121	131	151	106,014	102,269
Surgical-Level 18	2439	111	121	131	151	113,886	109,864
Surgical-Level 19	2445	111	121	131	151	121,760	117,459
Surgical-Level 20	2449	111	121	131	151	131,207	126,573
Intensive Care- Pediatrics	2430	203				11,798	11,432
Definitive Observation Unit	2450	111	121	131	151	8,732	8,518
Weekend Therapeutic**	2451	N/A				1,986	
Skilled Nursing Administrative Days-Routine ***	2452	169					
Intensive Care -Adults	2496	200				11,798	11,432

Notes:

The Medi-Cal Provider numbers are subject to change once the Medicaid Waiver Implementation Legislation for California is finalized.

** This rate was not revised.

..., Skilled Nursing Administrative Days- Routine services are billed under the Medi-Cal Non-Contract Provider number using Procedure Code 52 (UB 92 code 169).