

**LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
OLIVE VIEW-UCLA MEDICAL CENTER
PAYOR CONTRACT - SHOPPABLE BUNDLED INPATIENT SERVICES BY MS-DRG*
EFFECTIVE JANUARY 1, 2022
UPDATED AS OF 12/15/2021**

SHOPPABLE BUNDLED INPATIENT SERVICES (MS-DRG)		KAISER (Medicare Advantage)		Maximum Negotiated Rate	Minimum Negotiated Rate
Service Category	MS-DRG CODE	Facility**	Professional***	Facility**	Facility**
DEGENERATIVE NERVOUS SYSTEM DISORDERS WITH MCC	056	\$ 43,437.65	not contracted	\$ 43,437.65	\$ 43,437.65
DEGENERATIVE NERVOUS SYSTEM DISORDERS WITHOUT MCC	057	\$ 32,528.47	not contracted	\$ 32,528.47	\$ 32,528.47
SEIZURES WITHOUT MCC	101	\$ 27,579.92	not contracted	\$ 27,579.92	\$ 27,579.92
RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC	177	\$ 39,337.66	not contracted	\$ 39,337.66	\$ 39,337.66
CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH	216	\$ 138,859.03	not contracted	\$ 138,859.03	\$ 138,859.03
MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH CC	330	\$ 47,197.85	not contracted	\$ 47,197.85	\$ 47,197.85
MAJOR SMALL AND LARGE BOWEL PROCEDURES WITHOUT CC/MCC	331	\$ 37,131.17	not contracted	\$ 37,131.17	\$ 37,131.17
SPINAL FUSION EXCEPT CERVICAL WITHOUT MCC	460	\$ 62,090.23	not contracted	\$ 62,090.23	\$ 62,090.23
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	470	\$ 38,832.07	not contracted	\$ 38,832.07	\$ 38,832.07
CERVICAL SPINAL FUSION WITHOUT CC/MCC	473	\$ 46,087.21	not contracted	\$ 46,087.21	\$ 46,087.21
LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP, FOOT, FEMUR	494	\$ 38,513.03	not contracted	\$ 38,513.03	\$ 38,513.03
AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	559	\$ 39,593.73	not contracted	\$ 39,593.73	\$ 39,593.73
AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH CC	560	\$ 30,175.68	not contracted	\$ 30,175.68	\$ 30,175.68
AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITHOUT CC/MCC	561	\$ 26,718.15	not contracted	\$ 26,718.15	\$ 26,718.15
OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST PROCEDURES WITHOUT CC/MCC	581	\$ 31,805.18	not contracted	\$ 31,805.18	\$ 31,805.18
AMPUTATION OF LOWER LIMB FOR ENDOCRINE, NUTRITIONAL, AND METABOLIC	617	\$ 41,476.91	not contracted	\$ 41,476.91	\$ 41,476.91
THYROID, PARATHYROID AND THYROGLOSSAL PROCEDURES WITHOUT CC/MCC	627	\$ 30,695.42	not contracted	\$ 30,695.42	\$ 30,695.42
KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITHOUT CC/MCC	661	\$ 29,365.16	not contracted	\$ 29,365.16	\$ 29,365.16
MAJOR MALE PELVIC PROCEDURES WITHOUT CC/MCC	708	\$ 34,203.43	not contracted	\$ 34,203.43	\$ 34,203.43
UTERINE AND ADNEXA PROCEDURES FOR NONMALIGNANCY WITH CC/MCC	742	\$ 37,209.37	not contracted	\$ 37,209.37	\$ 37,209.37
UTERINE AND ADNEXA PROCEDURES FOR NONMALIGNANCY WITHOUT CC/MCC	743	\$ 30,134.53	not contracted	\$ 30,134.53	\$ 30,134.53
CESAREAN SECTION WITHOUT STERILIZATION WITH MCC	786	\$ 36,232.51	not contracted	\$ 36,232.51	\$ 36,232.51
CESAREAN SECTION WITHOUT STERILIZATION WITH CC	787	\$ 29,795.60	not contracted	\$ 29,795.60	\$ 29,795.60

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CESAREAN SECTION WITHOUT STERILIZATION WITHOUT CC/MCC	788	\$ 27,581.04	not contracted	\$ 27,581.04	\$ 27,581.04
VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITH CC	806	\$ 25,845.18	not contracted	\$ 25,845.18	\$ 25,845.18
VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITHOUT CC/MCC	807	\$ 24,568.81	not contracted	\$ 24,568.81	\$ 24,568.81
CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITH MCC	846	\$ 48,905.89	not contracted	\$ 48,905.89	\$ 48,905.89
CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITH CC	847	\$ 32,883.24	not contracted	\$ 32,883.24	\$ 32,883.24
PSYCHOSES	885	\$ 32,895.94	not contracted	\$ 32,895.94	\$ 32,895.94
REHABILITATION WITH CC/MCC	945	\$ 35,251.76	not contracted	\$ 35,251.76	\$ 35,251.76
AFTERCARE WITH CC/MCC	949	\$ 30,748.39	not contracted	\$ 30,748.39	\$ 30,748.39

Footnotes:
 * Inpatient services presented are commonly provided by Health Services hospitals, excluding services which are not considered "shoppable".
 ** Facility Rates are calculated using National Average Payment rate in accordance with the contract term. Optum360 EncoderPro is used for such calculations for each respective DHS Hospital Medicare Provider Number. For example, the Hospital Medicare Provider Number for OLIVE VIEW-UCLA MEDICAL CENTER is 050040.
 *** Physician services are not contracted.