

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LAC+USC MEDICAL CENTER
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE BUNDLED INPATIENT SERVICES BY SERVICE AREA*
EFFECTIVE JANUARY 1, 2023
UPDATED AS OF 12/15/2022

SHOPPABLE BUNDLED INPATIENT SERVICES (Per Diem=Per Day Rate)		HEALTH NET (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		ANTHEM BLUE CROSS (Medi-Cal Managed Care)		L.A. CARE (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Medical Services	CPT/HCPCS Codes	Facility**	Professional	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**
SUB-ACUTE	n/a	\$ 840	included in Per Diem rate	\$ 778	not contracted	\$ 1,357	not contracted	\$ 819	not contracted	\$ 1,357	\$ 778
ACUTE REHAB	n/a	Service not provided	Service not provided	Service not provided	Service not provided	Service not provided	Service not provided	Service not provided	Service not provided	Service not provided	Service not provided
POST ICU/POST CCU/TELEMTRY	n/a	\$ 2,625	included in Per Diem rate	\$ 1,961	not contracted	not contracted	not contracted	not contracted	not contracted	\$ 2,625	\$ 1,961
DEFINITIVE OBSERVATION UNIT (DOU)	n/a	\$ 2,625	included in Per Diem rate	\$ 1,961	not contracted	\$ 2,468	not contracted	not contracted	not contracted	\$ 2,625	\$ 1,961
MEDICAL / SURGICAL	n/a	\$ 2,520	included in Per Diem rate	\$ 1,961	not contracted	\$ 2,468	not contracted	\$ 2,714	not contracted	\$ 2,714	\$ 1,961
PEDIATRIC	n/a	\$ 2,520	included in Per Diem rate	\$ 1,961	not contracted	\$ 2,468	not contracted	\$ 1,236	not contracted	\$ 2,520	\$ 1,236
MEDICAL HUB SERVICES	n/a	not contracted	not contracted	not contracted	not contracted	not contracted	not contracted	\$206 per exam/evaluation	not contracted	\$206 per exam/evaluation	\$206 per exam/evaluation
MATERNITY/DELIVERY	n/a	\$ 1,890	included in Per Diem rate	Additional OB Day: \$2,002	not contracted	\$ 2,468	not contracted	\$ 1,236	not contracted	\$ 2,468	\$ 1,236
BOARDER BABY	n/a	included in Maternity/ Delivery rate	included in Per Diem rate	\$ 668	not contracted	\$ 511	not contracted	included in Maternity/ Delivery rate	not contracted	\$ 668	\$ 511

Footnotes:
* Inpatient services presented are commonly provided by Health Services hospitals, excluding services which are not considered "shoppable".
** Facility Rates presented are per diem rate unless stated otherwise.
*** Professional services are not contracted.