

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE BUNDLED INPATIENT SERVICES BY MS-DRG*
EFFECTIVE JANUARY 1, 2023
UPDATED AS OF 12/15/2022

SHOPPABLE BUNDLED INPATIENT SERVICES (MS-DRG)		KAISER (Medi-Care Advantage)		BLUE SHIELD TRIWEST (Medicare Advantage)		MOLINA (Medicare Advantage)		ANTHEM BLUE CROSS (Medicare Advantage)		MOLINA (Cal MediConnect)		L.A. CARE (Cal MediConnect)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate	
Service Categories	MS-DRG	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**	
SPINAL DISORDERS AND INJURIES WITH CC/MCC	052	\$ 43,862.78	not contracted	\$ 43,862.78	not contracted	\$ 43,862.78	not contracted	\$ 43,862.78	not contracted	\$ 43,862.78	not contracted	\$ 43,862.78	not contracted	\$ 43,862.78	not contracted	\$ 43,862.78	not contracted	\$ 43,862.78	\$ 43,862.78	\$ 43,862.78
DEGENERATIVE NERVOUS SYSTEM DISORDERS WITH MCC	056	\$ 46,947.34	not contracted	\$ 46,947.34	not contracted	\$ 46,947.34	not contracted	\$ 46,947.34	not contracted	\$ 46,947.34	not contracted	\$ 46,947.34	not contracted	\$ 46,947.34	not contracted	\$ 46,947.34	not contracted	\$ 46,947.34	\$ 46,947.34	\$ 46,947.34
DEGENERATIVE NERVOUS SYSTEM DISORDERS WITHOUT MCC	057	\$ 38,727.73	not contracted	\$ 38,727.73	not contracted	\$ 38,727.73	not contracted	\$ 38,727.73	not contracted	\$ 38,727.73	not contracted	\$ 38,727.73	not contracted	\$ 38,727.73	not contracted	\$ 38,727.73	not contracted	\$ 38,727.73	\$ 38,727.73	\$ 38,727.73
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH CC OR TPA IN 24 HOURS	065	\$ 36,469.48	not contracted	\$ 36,469.48	not contracted	\$ 36,469.48	not contracted	\$ 36,469.48	not contracted	\$ 36,469.48	not contracted	\$ 36,469.48	not contracted	\$ 36,469.48	not contracted	\$ 36,469.48	not contracted	\$ 36,469.48	\$ 36,469.48	\$ 36,469.48
SEIZURES WITHOUT MCC	101	\$ 35,271.57	not contracted	\$ 35,271.57	not contracted	\$ 35,271.57	not contracted	\$ 35,271.57	not contracted	\$ 35,271.57	not contracted	\$ 35,271.57	not contracted	\$ 35,271.57	not contracted	\$ 35,271.57	not contracted	\$ 35,271.57	\$ 35,271.57	\$ 35,271.57
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	\$ 38,172.94	not contracted	\$ 38,172.94	not contracted	\$ 38,172.94	not contracted	\$ 38,172.94	not contracted	\$ 38,172.94	not contracted	\$ 38,172.94	not contracted	\$ 38,172.94	not contracted	\$ 38,172.94	not contracted	\$ 38,172.94	\$ 38,172.94	\$ 38,172.94
CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITH MCC	216	\$ 116,085.81	not contracted	\$ 116,085.81	not contracted	\$ 116,085.81	not contracted	\$ 116,085.81	not contracted	\$ 116,085.81	not contracted	\$ 116,085.81	not contracted	\$ 116,085.81	not contracted	\$ 116,085.81	not contracted	\$ 116,085.81	\$ 116,085.81	\$ 116,085.81
MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH CC	330	\$ 50,004.69	not contracted	\$ 50,004.69	not contracted	\$ 50,004.69	not contracted	\$ 50,004.69	not contracted	\$ 50,004.69	not contracted	\$ 50,004.69	not contracted	\$ 50,004.69	not contracted	\$ 50,004.69	not contracted	\$ 50,004.69	\$ 50,004.69	\$ 50,004.69
MAJOR SMALL AND LARGE BOWEL PROCEDURES WITHOUT CC/MCC	331	\$ 42,520.26	not contracted	\$ 42,520.26	not contracted	\$ 42,520.26	not contracted	\$ 42,520.26	not contracted	\$ 42,520.26	not contracted	\$ 42,520.26	not contracted	\$ 42,520.26	not contracted	\$ 42,520.26	not contracted	\$ 42,520.26	\$ 42,520.26	\$ 42,520.26
SPINAL FUSION EXCEPT CERVICAL WITHOUT MCC	460	\$ 61,930.90	not contracted	\$ 61,930.90	not contracted	\$ 61,930.90	not contracted	\$ 61,930.90	not contracted	\$ 61,930.90	not contracted	\$ 61,930.90	not contracted	\$ 61,930.90	not contracted	\$ 61,930.90	not contracted	\$ 61,930.90	\$ 61,930.90	\$ 61,930.90
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MCC	470	\$ 44,094.04	not contracted	\$ 44,094.04	not contracted	\$ 44,094.04	not contracted	\$ 44,094.04	not contracted	\$ 44,094.04	not contracted	\$ 44,094.04	not contracted	\$ 44,094.04	not contracted	\$ 44,094.04	not contracted	\$ 44,094.04	\$ 44,094.04	\$ 44,094.04
CERVICAL SPINAL FUSION WITHOUT CC/MCC	473	\$ 49,690.89	not contracted	\$ 49,690.89	not contracted	\$ 49,690.89	not contracted	\$ 49,690.89	not contracted	\$ 49,690.89	not contracted	\$ 49,690.89	not contracted	\$ 49,690.89	not contracted	\$ 49,690.89	not contracted	\$ 49,690.89	\$ 49,690.89	\$ 49,690.89
LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP, FOOT, FEMUR WITHOUT CC/MCC	494	\$ 43,712.88	not contracted	\$ 43,712.88	not contracted	\$ 43,712.88	not contracted	\$ 43,712.88	not contracted	\$ 43,712.88	not contracted	\$ 43,712.88	not contracted	\$ 43,712.88	not contracted	\$ 43,712.88	not contracted	\$ 43,712.88	\$ 43,712.88	\$ 43,712.88
AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	559	\$ 44,010.87	not contracted	\$ 44,010.87	not contracted	\$ 44,010.87	not contracted	\$ 44,010.87	not contracted	\$ 44,010.87	not contracted	\$ 44,010.87	not contracted	\$ 44,010.87	not contracted	\$ 44,010.87	not contracted	\$ 44,010.87	\$ 44,010.87	\$ 44,010.87
AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH CC	560	\$ 37,004.91	not contracted	\$ 37,004.91	not contracted	\$ 37,004.91	not contracted	\$ 37,004.91	not contracted	\$ 37,004.91	not contracted	\$ 37,004.91	not contracted	\$ 37,004.91	not contracted	\$ 37,004.91	not contracted	\$ 37,004.91	\$ 37,004.91	\$ 37,004.91
AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITHOUT CC/MCC	561	\$ 34,475.04	not contracted	\$ 34,475.04	not contracted	\$ 34,475.04	not contracted	\$ 34,475.04	not contracted	\$ 34,475.04	not contracted	\$ 34,475.04	not contracted	\$ 34,475.04	not contracted	\$ 34,475.04	not contracted	\$ 34,475.04	\$ 34,475.04	\$ 34,475.04

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Service Categories	MS-DRG	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Professional***	Facility**	Facility**	
OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST PROCEDURES WITHOUT CC/MCC	581	\$ 39,551.37	not contracted	\$ 39,551.37	not contracted	\$ 39,551.37	not contracted	\$ 39,551.37	not contracted	\$ 39,551.37	not contracted	\$ 39,551.37	not contracted	\$ 39,551.37	not contracted	\$ 39,551.37	not contracted	\$ 39,551.37	\$ 39,551.37	\$ 39,551.37
AMPUTATION OF LOWER LIMB FOR ENDOCRINE, NUTRITIONAL, AND METABOLIC DISORDERS WITH CC	617	\$ 45,452.37	not contracted	\$ 45,452.37	not contracted	\$ 45,452.37	not contracted	\$ 45,452.37	not contracted	\$ 45,452.37	not contracted	\$ 45,452.37	not contracted	\$ 45,452.37	not contracted	\$ 45,452.37	not contracted	\$ 45,452.37	\$ 45,452.37	\$ 45,452.37
O.R. PROCEDURES FOR OBESITY WITHOUT CC/MCC	621	\$ 41,437.14	not contracted	\$ 41,437.14	not contracted	\$ 41,437.14	not contracted	\$ 41,437.14	not contracted	\$ 41,437.14	not contracted	\$ 41,437.14	not contracted	\$ 41,437.14	not contracted	\$ 41,437.14	not contracted	\$ 41,437.14	\$ 41,437.14	\$ 41,437.14
THYROID, PARATHYROID AND THYROIDECTOMY PROCEDURES WITHOUT CC/MCC	627	\$ 37,806.66	not contracted	\$ 37,806.66	not contracted	\$ 37,806.66	not contracted	\$ 37,806.66	not contracted	\$ 37,806.66	not contracted	\$ 37,806.66	not contracted	\$ 37,806.66	not contracted	\$ 37,806.66	not contracted	\$ 37,806.66	\$ 37,806.66	\$ 37,806.66
KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITHOUT CC/MCC	661	\$ 36,763.00	not contracted	\$ 36,763.00	not contracted	\$ 36,763.00	not contracted	\$ 36,763.00	not contracted	\$ 36,763.00	not contracted	\$ 36,763.00	not contracted	\$ 36,763.00	not contracted	\$ 36,763.00	not contracted	\$ 36,763.00	\$ 36,763.00	\$ 36,763.00
UTERINE AND ADNEXA PROCEDURES FOR NONMALIGNANCY WITH CC/MCC	742	\$ 42,586.86	not contracted	\$ 42,586.86	not contracted	\$ 42,586.86	not contracted	\$ 42,586.86	not contracted	\$ 42,586.86	not contracted	\$ 42,586.86	not contracted	\$ 42,586.86	not contracted	\$ 42,586.86	not contracted	\$ 42,586.86	\$ 42,586.86	\$ 42,586.86
UTERINE AND ADNEXA PROCEDURES FOR NONMALIGNANCY WITHOUT CC/MCC	743	\$ 37,368.51	not contracted	\$ 37,368.51	not contracted	\$ 37,368.51	not contracted	\$ 37,368.51	not contracted	\$ 37,368.51	not contracted	\$ 37,368.51	not contracted	\$ 37,368.51	not contracted	\$ 37,368.51	not contracted	\$ 37,368.51	\$ 37,368.51	\$ 37,368.51
CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITH MCC	846	\$ 51,132.48	not contracted	\$ 51,132.48	not contracted	\$ 51,132.48	not contracted	\$ 51,132.48	not contracted	\$ 51,132.48	not contracted	\$ 51,132.48	not contracted	\$ 51,132.48	not contracted	\$ 51,132.48	not contracted	\$ 51,132.48	\$ 51,132.48	\$ 51,132.48
CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITH CC	847	\$ 33,735.73	not contracted	\$ 33,735.73	not contracted	\$ 33,735.73	not contracted	\$ 33,735.73	not contracted	\$ 33,735.73	not contracted	\$ 33,735.73	not contracted	\$ 33,735.73	not contracted	\$ 33,735.73	not contracted	\$ 33,735.73	\$ 33,735.73	\$ 33,735.73
REHABILITATION WITH CC/MCC	945	\$ 40,651.19	not contracted	\$ 40,651.19	not contracted	\$ 40,651.19	not contracted	\$ 40,651.19	not contracted	\$ 40,651.19	not contracted	\$ 40,651.19	not contracted	\$ 40,651.19	not contracted	\$ 40,651.19	not contracted	\$ 40,651.19	\$ 40,651.19	\$ 40,651.19
AFTERCARE WITH CC/MCC	949	\$ 37,346.68	not contracted	\$ 37,346.68	not contracted	\$ 37,346.68	not contracted	\$ 37,346.68	not contracted	\$ 37,346.68	not contracted	\$ 37,346.68	not contracted	\$ 37,346.68	not contracted	\$ 37,346.68	not contracted	\$ 37,346.68	\$ 37,346.68	\$ 37,346.68

Footnotes:

* Inpatient services presented are commonly provided by Health Services hospitals, excluding services which are not considered "shoppable".

** Facility Rates are calculated using 100% National Average Payment rate in accordance with the contract terms. Optum360 EncoderPro is used for such calculations for each respective DHS Hospital Medicare Provider Number. For example, the Hospital Medicare Provider Number for Rancho Los Amigos National Rehabilitation Center is 050717.

*** Professional services are not contracted.