

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES GENERAL MEDICAL CENTER
MEDI-CAL PAYOR CONTRACTS - COMPREHENSIVE BUNDLED INPATIENT SERVICES BY APR-DRG¹
EFFECTIVE JANUARY 1, 2024
UPDATED AS OF 12/15/2023

SHOPPABLE BUNDLED INPATIENT SERVICES (APR-DRG)		KAISER² (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate
Service Categories	APR-DRG³	Facility⁴	Professional⁵	Facility^{2,4}	Facility⁴
SPINAL DISORDERS AND INJURIES	040	\$ 54,374.40	not contracted	\$ 54,374.40	\$ 54,374.40
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXCEPT MULTIPLE SCLEROSIS	042	\$ 68,345.60	not contracted	\$ 68,345.60	\$ 68,345.60
CVA AND PRECEREBRAL OCCLUSION WITH INFARCTION	045	\$ 23,694.40	not contracted	\$ 23,694.40	\$ 23,694.40
SEIZURE	053	\$ 22,467.20	not contracted	\$ 22,467.20	\$ 22,467.20
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL OR FACIAL BONE PROCEDURES	092	\$ 18,691.20	not contracted	\$ 18,691.20	\$ 18,691.20
TONSIL AND ADENOID PROCEDURES	097	\$ 14,160.00	not contracted	\$ 14,160.00	\$ 14,160.00
CARDIAC VALVE PROCEDURES WITHOUT AMI OR COMPLEX PRINCIPAL DIAGNOSIS	163	\$ 50,598.40	not contracted	\$ 50,598.40	\$ 50,598.40
MAJOR SMALL BOWEL PROCEDURES	230	\$ 40,497.60	not contracted	\$ 40,497.60	\$ 40,497.60
MAJOR LARGE BOWEL PROCEDURES	231	\$ 35,777.60	not contracted	\$ 35,777.60	\$ 35,777.60
DORSAL AND LUMBAR FUSION PROCEDURE EXCEPT FOR CURVATURE OF BACK	304	\$ 26,337.60	not contracted	\$ 26,337.60	\$ 26,337.60
FOOT AND TOE PROCEDURES	314	\$ 26,809.60	not contracted	\$ 26,809.60	\$ 26,809.60
SPINAL FUSION AND OTHER BACK AND NECK PROCEDURES EXCEPT FOR DISC PROCEDURES	321	\$ 20,201.60	not contracted	\$ 20,201.60	\$ 20,201.60
ELECTIVE KNEE JOINT REPLACEMENT	326	\$ 18,219.20	not contracted	\$ 18,219.20	\$ 18,219.20
MASTECTOMY PROCEDURES	362	\$ 16,992.00	not contracted	\$ 16,992.00	\$ 16,992.00
PROCEDURES FOR OBESITY	403	\$ 14,726.40	not contracted	\$ 14,726.40	\$ 14,726.40
THYROID, PARATHYROID AND THYROGLOSSAL PROCEDURES	404	\$ 14,726.40	not contracted	\$ 14,726.40	\$ 14,726.40
UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	513	\$ 18,502.40	not contracted	\$ 18,502.40	\$ 18,502.40
UTERINE AND ADNEXA PROCEDURES FOR LEIOMYOMA	519	\$ 19,446.40	not contracted	\$ 19,446.40	\$ 19,446.40
CESAREAN SECTION WITHOUT STERILIZATION	540	\$ 27,753.60	not contracted	\$ 27,753.60	\$ 27,753.60

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Service Categories	APR-DRG³	Facility⁴	Professional⁵	Facility^{2,4}	Facility⁴
VAGINAL DELIVERY WITH O.R. PROCEDURE EXCEPT STERILIZATION AND/OR D&C	542	\$ 21,334.40	not contracted	\$ 21,334.40	\$ 21,334.40
VAGINAL DELIVERY	560	\$ 19,540.80	not contracted	\$ 19,540.80	\$ 19,540.80
ANTEPARTUM WITHOUT O.R. PROCEDURE	566	\$ 19,068.80	not contracted	\$ 19,068.80	\$ 19,068.80
OTHER CHEMOTHERAPY	696	\$ 28,508.80	not contracted	\$ 28,508.80	\$ 28,508.80
MAJOR DEPRESSIVE DISORDERS AND OTHER OR UNSPECIFIED PSYCHOSES	751	\$ 48,710.40	not contracted	\$ 48,710.40	\$ 48,710.40
REHABILITATION	860	\$ 99,592.00	not contracted	\$ 99,592.00	\$ 99,592.00
UNGROUPABLE	956	\$ -	not contracted	\$ -	\$ -

Footnotes:

1. Inpatient services presented are commonly provided by Health Services hospitals, excluding services which are not considered "shoppable".
2. Stop Loss Threshold: 20 days, Per Diem of \$2,150 for days 21 through discharge.
3. Level 1 Severity of Illness is reported for shoppable services.
4. Facility Rates are calculated based on the contract terms, using 100% of National Average Length of Stay multiplied by DHS' SFY 2023-24 Wage Adjusted Base Rate in accordance with DHCS published Medi-Cal DRG pricing calculator.
5. Professional services are not contracted.