

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
MEDICARE PAYOR CONTRACTS - COMPREHENSIVE BUNDLED INPATIENT SERVICES BY MS-DRG<sup>1</sup>  
EFFECTIVE JANUARY 1, 2024  
UPDATED AS OF 12/15/2023

SHOPPABLE BUNDLED INPATIENT SERVICES (MS-DRG)		BLUE SHIELD TRIWEST (Medi-Care Advantage)		KAISER <sup>2</sup> (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Medicare Advantage)		KAISER <sup>3</sup> (Commercial)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Service Categories	MS-DRG	Facility <sup>4</sup>	Professional	Facility <sup>4</sup>	Professional <sup>5</sup>	Facility <sup>4</sup>	Professional <sup>6</sup>	Facility <sup>4</sup>	Professional <sup>6</sup>	Facility <sup>4</sup>	Professional <sup>6</sup>	Facility <sup>4</sup>	Professional <sup>6</sup>	Facility <sup>4</sup>	Professional <sup>6</sup>	Facility <sup>2,3,4</sup>	Facility <sup>4</sup>
SPINAL DISORDERS AND INJURIES WITH CC/MCC	052	\$ 53,787.25	see footnote <sup>5</sup>	\$ 53,787.25	not contracted	\$ 61,855.34	not contracted	\$ 53,787.25	not contracted	\$ 75,302.15	not contracted	\$ 53,787.25	not contracted	\$ 96,817.05	not contracted	\$ 96,817.05	\$ 53,787.25
DEGENERATIVE NERVOUS SYSTEM DISORDERS WITH MCC	056	\$ 58,244.56	see footnote <sup>5</sup>	\$ 58,244.56	not contracted	\$ 66,981.24	not contracted	\$ 58,244.56	not contracted	\$ 81,542.38	not contracted	\$ 58,244.56	not contracted	\$ 104,840.21	not contracted	\$ 104,840.21	\$ 58,244.56
DEGENERATIVE NERVOUS SYSTEM DISORDERS WITHOUT MCC	057	\$ 49,209.92	see footnote <sup>5</sup>	\$ 49,209.92	not contracted	\$ 56,591.41	not contracted	\$ 49,209.92	not contracted	\$ 68,893.89	not contracted	\$ 49,209.92	not contracted	\$ 88,577.86	not contracted	\$ 88,577.86	\$ 49,209.92
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH CC OR TPA IN 24 HOURS	065	\$ 46,384.00	see footnote <sup>5</sup>	\$ 46,384.00	not contracted	\$ 53,341.60	not contracted	\$ 46,384.00	not contracted	\$ 64,937.60	not contracted	\$ 46,384.00	not contracted	\$ 83,491.20	not contracted	\$ 83,491.20	\$ 46,384.00
SEIZURES WITHOUT MCC	101	\$ 45,235.37	see footnote <sup>5</sup>	\$ 45,235.37	not contracted	\$ 52,020.68	not contracted	\$ 45,235.37	not contracted	\$ 63,329.52	not contracted	\$ 45,235.37	not contracted	\$ 81,423.67	not contracted	\$ 81,423.67	\$ 45,235.37
MAJOR HEAD AND NECK PROCEDURES WITHOUT CC/MCC	142	\$ 52,885.28	see footnote <sup>5</sup>	\$ 52,885.28	not contracted	\$ 60,818.07	not contracted	\$ 52,885.28	not contracted	\$ 74,039.39	not contracted	\$ 52,885.28	not contracted	\$ 95,193.50	not contracted	\$ 95,193.50	\$ 52,885.28
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES	145	\$ 48,113.43	see footnote <sup>5</sup>	\$ 48,113.43	not contracted	\$ 55,330.44	not contracted	\$ 48,113.43	not contracted	\$ 67,358.80	not contracted	\$ 48,113.43	not contracted	\$ 86,604.17	not contracted	\$ 86,604.17	\$ 48,113.43
CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITH MCC	216	\$ 130,351.71	see footnote <sup>5</sup>	\$ 130,351.71	not contracted	\$ 149,904.47	not contracted	\$ 130,351.71	not contracted	\$ 182,492.39	not contracted	\$ 130,351.71	not contracted	\$ 234,633.08	not contracted	\$ 234,633.08	\$ 130,351.71
MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH CC	330	\$ 60,291.38	see footnote <sup>5</sup>	\$ 60,291.38	not contracted	\$ 69,335.09	not contracted	\$ 60,291.38	not contracted	\$ 84,407.93	not contracted	\$ 60,291.38	not contracted	\$ 108,524.48	not contracted	\$ 108,524.48	\$ 60,291.38
MAJOR SMALL AND LARGE BOWEL PROCEDURES WITHOUT CC/	331	\$ 53,003.34	see footnote <sup>5</sup>	\$ 53,003.34	not contracted	\$ 60,953.84	not contracted	\$ 53,003.34	not contracted	\$ 74,204.68	not contracted	\$ 53,003.34	not contracted	\$ 95,406.01	not contracted	\$ 95,406.01	\$ 53,003.34
SPINAL FUSION EXCEPT CERVICAL WITHOUT MCC	460	\$ 72,670.15	see footnote <sup>5</sup>	\$ 72,670.15	not contracted	\$ 83,570.67	not contracted	\$ 72,670.15	not contracted	\$ 101,738.21	not contracted	\$ 72,670.15	not contracted	\$ 130,806.27	not contracted	\$ 130,806.27	\$ 72,670.15
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHME	470	\$ 54,844.61	see footnote <sup>5</sup>	\$ 54,844.61	not contracted	\$ 63,071.30	not contracted	\$ 54,844.61	not contracted	\$ 76,782.45	not contracted	\$ 54,844.61	not contracted	\$ 98,720.30	not contracted	\$ 98,720.30	\$ 54,844.61
CERVICAL SPINAL FUSION WITHOUT CC/MCC	473	\$ 60,802.40	see footnote <sup>5</sup>	\$ 60,802.40	not contracted	\$ 69,922.76	not contracted	\$ 60,802.40	not contracted	\$ 85,123.36	not contracted	\$ 60,802.40	not contracted	\$ 109,444.32	not contracted	\$ 109,444.32	\$ 60,802.40
LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP,	494	\$ 54,673.95	see footnote <sup>5</sup>	\$ 54,673.95	not contracted	\$ 62,875.04	not contracted	\$ 54,673.95	not contracted	\$ 76,543.53	not contracted	\$ 54,673.95	not contracted	\$ 98,413.11	not contracted	\$ 98,413.11	\$ 54,673.95

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SHOPPABLE BUNDLED INPATIENT SERVICES (MS-DRG)		BLUE SHIELD TRIWEST (Medi-Care Advantage)		KAISER <sup>2</sup> (Medicare Advantage)		MOLINA (Medicare Advantage)		L.A. CARE (Medicare Advantage)		KAISER <sup>3</sup> (Commercial)		L.A. CARE (Covered CA)		MOLINA (Covered CA)		Maximum Negotiated Rate	Minimum Negotiated Rate
Service Categories	MS-DRG	Facility <sup>4</sup>	Professional	Facility <sup>4</sup>	Professional <sup>5</sup>	Facility <sup>4</sup>	Professional <sup>6</sup>	Facility <sup>4</sup>	Professional <sup>6</sup>	Facility <sup>4</sup>	Professional <sup>6</sup>	Facility <sup>4</sup>	Professional <sup>6</sup>	Facility <sup>4</sup>	Professional <sup>6</sup>	Facility <sup>2,3,4</sup>	Facility <sup>4</sup>
AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	559	\$ 53,882.34	see footnote <sup>5</sup>	\$ 53,882.34	not contracted	\$ 61,964.69	not contracted	\$ 53,882.34	not contracted	\$ 75,435.28	not contracted	\$ 53,882.34	not contracted	\$ 96,988.21	not contracted	\$ 96,988.21	\$ 53,882.34
AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH CC	560	\$ 47,191.32	see footnote <sup>5</sup>	\$ 47,191.32	not contracted	\$ 54,270.02	not contracted	\$ 47,191.32	not contracted	\$ 66,067.85	not contracted	\$ 47,191.32	not contracted	\$ 84,944.38	not contracted	\$ 84,944.38	\$ 47,191.32
AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITHOUT CC/MCC	561	\$ 44,221.53	see footnote <sup>5</sup>	\$ 44,221.53	not contracted	\$ 50,854.76	not contracted	\$ 44,221.53	not contracted	\$ 61,910.14	not contracted	\$ 44,221.53	not contracted	\$ 79,598.75	not contracted	\$ 79,598.75	\$ 44,221.53
OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST PROCEDU	580	\$ 53,315.46	see footnote <sup>5</sup>	\$ 53,315.46	not contracted	\$ 61,312.78	not contracted	\$ 53,315.46	not contracted	\$ 74,641.64	not contracted	\$ 53,315.46	not contracted	\$ 95,967.83	not contracted	\$ 95,967.83	\$ 53,315.46
OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST PROCEDURES WITHOUT CC/MCC	581	\$ 50,110.98	see footnote <sup>5</sup>	\$ 50,110.98	not contracted	\$ 57,627.63	not contracted	\$ 50,110.98	not contracted	\$ 70,155.37	not contracted	\$ 50,110.98	not contracted	\$ 90,199.76	not contracted	\$ 90,199.76	\$ 50,110.98
AMPUTATION OF LOWER LIMB FOR ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS WITH CC	617	\$ 55,402.39	see footnote <sup>5</sup>	\$ 55,402.39	not contracted	\$ 63,712.75	not contracted	\$ 55,402.39	not contracted	\$ 77,563.35	not contracted	\$ 55,402.39	not contracted	\$ 99,724.30	not contracted	\$ 99,724.30	\$ 55,402.39
O.R. PROCEDURES FOR OBESITY WITHOUT CC/MCC	621	\$ 51,382.45	see footnote <sup>5</sup>	\$ 51,382.45	not contracted	\$ 59,089.82	not contracted	\$ 51,382.45	not contracted	\$ 71,935.43	not contracted	\$ 51,382.45	not contracted	\$ 92,488.41	not contracted	\$ 92,488.41	\$ 51,382.45
THYROID, PARATHYROID AND THYROGLOSSAL PROCEDURES W	626	\$ 52,096.59	see footnote <sup>5</sup>	\$ 52,096.59	not contracted	\$ 59,911.08	not contracted	\$ 52,096.59	not contracted	\$ 72,935.23	not contracted	\$ 52,096.59	not contracted	\$ 93,773.86	not contracted	\$ 93,773.86	\$ 52,096.59
THYROID, PARATHYROID AND THYROGLOSSAL PROCEDURES WITHOUT CC/MCC	627	\$ 48,764.46	see footnote <sup>5</sup>	\$ 48,764.46	not contracted	\$ 56,079.13	not contracted	\$ 48,764.46	not contracted	\$ 68,270.24	not contracted	\$ 48,764.46	not contracted	\$ 87,776.03	not contracted	\$ 87,776.03	\$ 48,764.46
KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITH CC	660	\$ 50,158.29	see footnote <sup>5</sup>	\$ 50,158.29	not contracted	\$ 57,682.03	not contracted	\$ 50,158.29	not contracted	\$ 70,221.61	not contracted	\$ 50,158.29	not contracted	\$ 90,284.92	not contracted	\$ 90,284.92	\$ 50,158.29
KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITHOUT CC/MCC	661	\$ 46,871.58	see footnote <sup>5</sup>	\$ 46,871.58	not contracted	\$ 53,902.32	not contracted	\$ 46,871.58	not contracted	\$ 65,620.21	not contracted	\$ 46,871.58	not contracted	\$ 84,368.84	not contracted	\$ 84,368.84	\$ 46,871.58
MAJOR MALE PELVIC PROCEDURES WITHOUT CC/MCC	708	\$ 50,760.59	see footnote <sup>5</sup>	\$ 50,760.59	not contracted	\$ 58,374.68	not contracted	\$ 50,760.59	not contracted	\$ 71,064.83	not contracted	\$ 50,760.59	not contracted	\$ 91,369.06	not contracted	\$ 91,369.06	\$ 50,760.59
TRANSURETHRAL PROSTATECTOMY WITHOUT CC/MCC	714	\$ 45,727.25	see footnote <sup>5</sup>	\$ 45,727.25	not contracted	\$ 52,586.34	not contracted	\$ 45,727.25	not contracted	\$ 64,018.15	not contracted	\$ 45,727.25	not contracted	\$ 82,309.05	not contracted	\$ 82,309.05	\$ 45,727.25

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Service Categories	MS-DRG	Facility <sup>4</sup>	Professional	Facility <sup>4</sup>	Professional <sup>5</sup>	Facility <sup>4</sup>	Professional <sup>6</sup>	Facility <sup>4</sup>	Professional <sup>6</sup>	Facility <sup>4</sup>	Professional <sup>6</sup>	Facility <sup>4</sup>	Professional <sup>6</sup>	Facility <sup>4</sup>	Professional <sup>6</sup>	Facility <sup>2,3,4</sup>	Facility <sup>4</sup>
UTERINE AND ADNEXA PROCEDURES FOR NON-OVARIAN AND NON-ADNEXAL MALIGNANCY WITHOUT CC/MCC	741	\$ 49,118.17	see footnote <sup>5</sup>	\$ 49,118.17	not contracted	\$ 56,485.90	not contracted	\$ 49,118.17	not contracted	\$ 68,765.44	not contracted	\$ 49,118.17	not contracted	\$ 88,412.71	not contracted	\$ 88,412.71	\$ 49,118.17
UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY W	742	\$ 53,895.30	see footnote <sup>5</sup>	\$ 53,895.30	not contracted	\$ 61,979.60	not contracted	\$ 53,895.30	not contracted	\$ 75,453.42	not contracted	\$ 53,895.30	not contracted	\$ 97,011.54	not contracted	\$ 97,011.54	\$ 53,895.30
UTERINE AND ADNEXA PROCEDURES FOR NONMALIGNANCY WITHOUT CC/MCC	743	\$ 47,757.79	see footnote <sup>5</sup>	\$ 47,757.79	not contracted	\$ 54,921.46	not contracted	\$ 47,757.79	not contracted	\$ 66,860.91	not contracted	\$ 47,757.79	not contracted	\$ 85,964.02	not contracted	\$ 85,964.02	\$ 47,757.79
PROCEDURES EXCEPT STERILIZATION AND/OR D&C	768	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	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided
CESAREAN SECTION WITH STERILIZATION WITH CC	784	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	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided
CESAREAN SECTION WITHOUT STERILIZATION WITH MCC	786	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	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided
CESAREAN SECTION WITHOUT STERILIZATION WITH CC	787	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	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided
CESAREAN SECTION WITHOUT STERILIZATION WITHOUT CC/MCC	788	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	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided
VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITH MCC	805	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	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided
VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITH	806	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	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided
VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITHOUT CC/MCC	807	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	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided
OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES	832	\$ 43,364.00	see footnote <sup>5</sup>	\$ 43,364.00	not contracted	\$ 49,868.60	not contracted	\$ 43,364.00	not contracted	\$ 60,709.60	not contracted	\$ 43,364.00	not contracted	\$ 78,055.20	not contracted	\$ 78,055.20	\$ 43,364.00
OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WITHOUT CC/MCC	833	\$ 41,435.28	see footnote <sup>5</sup>	\$ 41,435.28	not contracted	\$ 47,650.57	not contracted	\$ 41,435.28	not contracted	\$ 58,009.39	not contracted	\$ 41,435.28	not contracted	\$ 74,583.50	not contracted	\$ 74,583.50	\$ 41,435.28
CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY D	846	\$ 59,897.98	see footnote <sup>5</sup>	\$ 59,897.98	not contracted	\$ 68,882.68	not contracted	\$ 59,897.98	not contracted	\$ 83,857.17	not contracted	\$ 59,897.98	not contracted	\$ 107,816.36	not contracted	\$ 107,816.36	\$ 59,897.98
CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITH CC	847	\$ 48,312.24	see footnote <sup>5</sup>	\$ 48,312.24	not contracted	\$ 55,559.08	not contracted	\$ 48,312.24	not contracted	\$ 67,637.14	not contracted	\$ 48,312.24	not contracted	\$ 86,962.03	not contracted	\$ 86,962.03	\$ 48,312.24

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Service Categories	MS-DRG	Facility <sup>4</sup>	Professional	Facility <sup>4</sup>	Professional <sup>5</sup>	Facility <sup>4</sup>	Professional <sup>6</sup>	Facility <sup>4</sup>	Professional <sup>6</sup>	Facility <sup>4</sup>	Professional <sup>6</sup>	Facility <sup>4</sup>	Professional <sup>6</sup>	Facility <sup>4</sup>	Professional <sup>6</sup>	Facility <sup>2,3,4</sup>	Facility <sup>4</sup>
PSYCHOSES	885	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	service not provided	service not provided	service not provided	service not provided	service not provided	service not provided
REHABILITATION WITH CC/MCC	945	\$ 51,157.29	see footnote <sup>5</sup>	\$ 51,157.29	not contracted	\$ 58,830.88	not contracted	\$ 51,157.29	not contracted	\$ 71,620.21	not contracted	\$ 51,157.29	not contracted	\$ 92,083.12	not contracted	\$ 92,083.12	\$ 51,157.29
AFTERCARE WITH CC/MCC	949	\$ 48,263.45	see footnote <sup>5</sup>	\$ 48,263.45	not contracted	\$ 55,502.97	not contracted	\$ 48,263.45	not contracted	\$ 67,568.83	not contracted	\$ 48,263.45	not contracted	\$ 86,874.21	not contracted	\$ 86,874.21	\$ 48,263.45

Footnotes:

1. Inpatient services presented are commonly provided by Health Services hospitals, excluding services which are not considered "shoppable".
2. Stop Loss Threshold: 30 days, Per Diem of \$3,025 for days 31 through discharge.
3. Stop Loss Threshold: 30 days, Per Diem of \$3,350 for days 31 through discharge.
4. Facility Rates are calculated using 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.
5. Professional services can be found in schedule "Consumer Shoppable Services\_Rancho Los Amigos National Rehab Rehab. Center\_Medicare and Commercial Payor contracts - Shoppable Professional Services by Procedure for Blue Shield Triwest and Anthem Blue Cross".
6. Professional services are not contracted.