

**LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
MEDICARE PAYOR CONTRACT - COMPREHENSIVE BUNDLED SERVICES BY SERVICE AREA¹
EFFECTIVE JANUARY 1, 2024
UPDATED AS OF 12/15/2023**

SHOPPABLE BUNDLED INPATIENT SERVICES (MS-DRG)		HEALTH NET (Medicare Advantage)		Maximum Negotiated Rate	Minimum Negotiated Rate
Service Categories	MS-DRG	Facility²	Professional³	Facility²	Facility²
SPINAL DISORDERS AND INJURIES WITH CC/MCC	052	\$ 53,787.25	not contracted	\$ 53,787.25	\$ 53,787.25
DEGENERATIVE NERVOUS SYSTEM DISORDERS WITH MCC	056	\$ 58,244.56	not contracted	\$ 58,244.56	\$ 58,244.56
DEGENERATIVE NERVOUS SYSTEM DISORDERS WITHOUT MCC	057	\$ 49,209.92	not contracted	\$ 49,209.92	\$ 49,209.92
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH CC OR TPA IN 24 HOURS	065	\$ 46,384.00	not contracted	\$ 46,384.00	\$ 46,384.00
SEIZURES WITHOUT MCC	101	\$ 45,235.37	not contracted	\$ 45,235.37	\$ 45,235.37
MAJOR HEAD AND NECK PROCEDURES WITHOUT CC/MCC	142	\$ 52,885.28	not contracted	\$ 52,885.28	\$ 52,885.28
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES	145	\$ 48,113.43	not contracted	\$ 48,113.43	\$ 48,113.43
CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITH MCC	216	\$ 130,351.71	not contracted	\$ 130,351.71	\$ 130,351.71
MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH CC	330	\$ 60,291.38	not contracted	\$ 60,291.38	\$ 60,291.38
MAJOR SMALL AND LARGE BOWEL PROCEDURES WITHOUT CC/	331	\$ 53,003.34	not contracted	\$ 53,003.34	\$ 53,003.34
SPINAL FUSION EXCEPT CERVICAL WITHOUT MCC	460	\$ 72,670.15	not contracted	\$ 72,670.15	\$ 72,670.15
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHME	470	\$ 54,844.61	not contracted	\$ 54,844.61	\$ 54,844.61
CERVICAL SPINAL FUSION WITHOUT CC/MCC	473	\$ 60,802.40	not contracted	\$ 60,802.40	\$ 60,802.40
LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP,	494	\$ 54,673.95	not contracted	\$ 54,673.95	\$ 54,673.95
AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	559	\$ 53,882.34	not contracted	\$ 53,882.34	\$ 53,882.34
AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH CC	560	\$ 47,191.32	not contracted	\$ 47,191.32	\$ 47,191.32
AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITHOUT CC/MCC	561	\$ 44,221.53	not contracted	\$ 44,221.53	\$ 44,221.53

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Service Categories	MS-DRG	Facility²	Professional³	Facility²	Facility²
OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST PROCEDU	580	\$ 53,315.46	not contracted	\$ 53,315.46	\$ 53,315.46
OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST PROCEDURES WITHOUT CC/MCC	581	\$ 50,110.98	not contracted	\$ 50,110.98	\$ 50,110.98
AMPUTATION OF LOWER LIMB FOR ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS WITH CC	617	\$ 55,402.39	not contracted	\$ 55,402.39	\$ 55,402.39
O.R. PROCEDURES FOR OBESITY WITHOUT CC/MCC	621	\$ 51,382.45	not contracted	\$ 51,382.45	\$ 51,382.45
THYROID, PARATHYROID AND THYROGLOSSAL PROCEDURES W	626	\$ 52,096.59	not contracted	\$ 52,096.59	\$ 52,096.59
THYROID, PARATHYROID AND THYROGLOSSAL PROCEDURES WITHOUT CC/MCC	627	\$ 48,764.46	not contracted	\$ 48,764.46	\$ 48,764.46
KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITH CC	660	\$ 50,158.29	not contracted	\$ 50,158.29	\$ 50,158.29
KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITHOUT CC/MCC	661	\$ 46,871.58	not contracted	\$ 46,871.58	\$ 46,871.58
MAJOR MALE PELVIC PROCEDURES WITHOUT CC/MCC	708	\$ 50,760.59	not contracted	\$ 50,760.59	\$ 50,760.59
TRANSURETHRAL PROSTATECTOMY WITHOUT CC/MCC	714	\$ 45,727.25	not contracted	\$ 45,727.25	\$ 45,727.25
UTERINE AND ADNEXA PROCEDURES FOR NON-OVARIAN AND NON-ADNEXAL MALIGNANCY WITHOUT CC/MCC	741	\$ 49,118.17	not contracted	\$ 49,118.17	\$ 49,118.17
UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY W	742	\$ 53,895.30	not contracted	\$ 53,895.30	\$ 53,895.30
FOR NONMALIGNANCY WITHOUT CC/MCC	743	\$ 47,757.79	not contracted	\$ 47,757.79	\$ 47,757.79
VAGINAL DELIVERY WITH O.R. PROCEDURES EXCEPT STERILIZATION AND/OR D&C	768	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
CESAREAN SECTION WITHOUT STERILIZATION WITH MCC	786	service not provided	service not provided	service not provided	service not provided

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Service Categories	MS-DRG	Facility²	Professional³	Facility²	Facility²
CESAREAN SECTION WITHOUT STERILIZATION WITH CC	787	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
VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITH MCC	805	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
VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITHOUT CC/MCC	807	service not provided	service not provided	service not provided	service not provided
OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES	832	\$ 43,364.00	not contracted	\$ 43,364.00	\$ 43,364.00
OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WITHOUT CC/MCC	833	\$ 41,435.28	not contracted	\$ 41,435.28	\$ 41,435.28
CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY D	846	\$ 59,897.98	not contracted	\$ 59,897.98	\$ 59,897.98
CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITH CC	847	\$ 48,312.24	not contracted	\$ 48,312.24	\$ 48,312.24
PSYCHOSES	885	service not provided	service not provided	service not provided	service not provided
REHABILITATION WITH CC/MCC	945	\$ 51,157.29	not contracted	\$ 51,157.29	\$ 51,157.29
AFTERCARE WITH CC/MCC	949	\$ 48,263.45	not contracted	\$ 48,263.45	\$ 48,263.45

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SHOPPABLE BUNDLED OUTPATIENT SERVICES (Per Diem=Per Visit Rate)		HEALTH NET (Medi-Care Advantage)		Maximum Negotiated Rate	Minimum Negotiated Rate
Medical Services	CPT/HCPCS Code	Facility⁴	Professional³	Facility⁴	Facility⁴
		Full day (4-6 hrs): \$998.07			
		Half day (2-3 hrs): \$721.00			
		Occupational Therapy: \$226.60/Hr			
		Physical Therapy: \$226.60/Hr		Hourly Rate: \$240.33 - \$360.50	Hourly Rate: \$166.35 - \$249.52
DAY REHAB	n/a	Speech Therapy: \$226.60/Hr	not contracted	Half day (2-3 hrs): \$721.00	Full day (4-6 hrs): \$998.07

Footnotes:

1. Services presented are commonly provided by Health Services hospitals, excluding services which are not considered "shoppable".
2. Inpatient 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.
3. Professional services are not contracted.
4. Outpatient Facility Rates presented are per diem rates unless stated otherwise.