STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA

Appendix 6

1. APR-DRG Payment Parameters

Parameter	Value	Description
Remote Rural APR-DRG Base Price	$27,160	Statewide Remote Rural APR-DRG Base Price.
Statewide APR-DRG Base Price	$9,584	Statewide APR-DRG Base Price (non-Remote Rural).
Policy Adjustor – Each category of service	1.00	Policy adjustor for each category of service.
Policy Adjustor – Pediatric Severity of Illness (SOI) 1-3	1.35	Policy Adjustor for all DRGs with SOI 1-3 in the Miscellaneous Pediatric or Respiratory Pediatric care categories.
Policy Adjustor – Neonate SOI 1-3	1.35	Policy Adjustor for all DRGs with SOI 1-3 in the Neonate care category, except for those receiving the Designated NICU policy adjustor below
Policy Adjustor – Neonate (designated NICU) SOI 1-3	1.85	Enhanced Policy Adjustor for all DRGs with SOI 1-3 in the Neonate care category for all Designated NICU facilities and surgery sites recognized by California Children's Services (CCS) Program to perform neonatal surgery
Policy Adjustor- Obstetrics SOI 1–3	1.10	Policy adjustor for all DRGs with SOI 1-3 in the Obstetrics care category
Policy Adjustor- Normal Newborn SOI 1–3	1.15	Policy adjustor for all DRGs with SOI 1-3 in the Normal Newborn care category
Policy Adjustor- Respiratory Pediatric SOI 1–3	1.35	Policy adjustor for all DRGs with SOI 1-3 in the Respiratory Pediatric care category
Policy Adjustor – Normal Newborn SOI 4	1.15	Policy Adjustor for all DRGs with SOI 4 in the Normal Newborn care category
Policy Adjustor – Miscellaneous Pediatric SOI 4	1.75	Policy Adjustor for all DRGs with SOI 4 in the Miscellaneous Pediatric care category
Policy Adjustor – Respiratory Pediatric SOI 4	1.75	Policy Adjustor for all DRGs with SOI 4 in the Respiratory Pediatric care category
Policy Adjustor – Neonate SOI 4	1.60	Policy Adjustor for all DRGs with SOI 4 in the Neonate care category, except for those receiving the Designated NICU policy adjustor below
Policy Adjustor – Neonate (designated NICU) SOI 4	2.10	Enhanced Policy Adjustor for all DRGs with SOI 4 in the Neonate care category for all Designated NICU facilities and surgery sites recognized by California Children's Services (CCS) Program to perform neonatal surgery
Policy Adjustor – Circulatory Adult SOI 4	1.00	Policy Adjustor for all DRGs with SOI 4 in the Circulatory Adult care category
Policy Adjustor – Miscellaneous Adult SOI 4	1.00	Policy Adjustor for all DRGs with SOI 4 in the Miscellaneous Adult care category

Parameter	Value	Description
Policy Adjustor – Gastroenterology Adult SOI 4	1.00	Policy Adjustor for all DRGs with SOI 4 in the Gastroenterology Adult care category
Policy Adjustor – Other SOI 4	1.00	Policy Adjustor for all DRGs with SOI 4 in the Other care category
Policy Adjustor – Respiratory Adult SOI 4	1.00	Policy Adjustor for all DRGs with SOI 4 in the Respiratory Adult care category
Policy Adjustor –Obstetrics SOI 4	1.15	Policy Adjustor for all DRGs with SOI 4 in the Obstetrics care category
California Wage Area Neutrality Adjustment	0.9199	Adjustment factor used by California or Border hospital
Wage Index Labor Percentage	66.0%	Percentage of DRG Base Price or Rehabilitation per diem rate adjusted by the wage index value.
High-Cost Outlier Threshold	$99,000	Used to determine Cost Outlier payments.
Low-Cost Outlier Threshold	$99,000	Used to determine Cost Outlier payments.
Marginal Cost Factor	53.0%	Used to determine Cost Outlier payments.
Discharge Status Value 02	02	Transfer to a short-term general hospital for inpatient care
Discharge Status Value 05	05	Transfer to a designated cancer center
Discharge Status Value 63	63	Transfer to a long-term care hospital
Discharge Status Value 65	65	Transfer to a psychiatric hospital
Discharge Status Value 66	66	Transfer to a critical access hospital (CAH)
Discharge Status Value 82	82	Transfer to a short-term general hospital for inpatient care with a planned acute care hospital inpatient readmission
Discharge Status Value 85	85	Transfer to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission
Discharge Status Value 91	91	Transfer to a Medicare certified Long-Term Care Hospital with a planned acute care hospital inpatient readmission
Discharge Status Value 93	93	Transfer to a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission
Discharge Status Value 94	94	Transfer to a Critical Access Hospital with a planned acute care hospital inpatient readmission
Interim Payment	$600	Per diem amount for Interim Claims
APR-DRG Grouper Version	V.43.0	Solventum Software version used to group claims to a DRG
HAC Utility Version	V.43.1	Solventum Software version of the Healthcare Acquired Conditions Utility
Pediatric Rehabilitation Rate	$1,841	Daily rate for rehabilitation services provided to a beneficiary under 21 years of age on admission.
Adult Rehabilitation Rate	$1,032	Daily rate for rehabilitation services provided to a beneficiary 21 years of age or older on admission.

2. Separately Payable Services, Supplies, Devices, and Prescribed Drugs

Code	Description
	Bone Marrow
38204	Management of recipient hematopoietic progenitor cell donor search and acquisition
38204	Unrelated bone marrow donor
	Blood Factors
J7175	Blood Factor X
J7179/J7187	Blood factor Von Willebrand
J7180/J7181	Blood factor XIII
J7182	Blood factor VIII/ Novoeight
J7183	Blood factor Von Willebrand –injection
J7185/J7190/J7192/ J7204/J7205/J7207/J7208/J7209/J7210/J7211	Blood factor VIII/ Esperoct/ Eloctate/ Adynovate/ Jivi/ Nuwiq/ Afstyla
J7186/ J7214	Blood factor VIII/ von Willebrand
J7188	Blood Factor VIII/ Obizur
J7189/J7212	Blood factor VIIa/ Sevenfact
J7193/J7194/J7195/ J7200/J7201/ J7202/J7203/J7213	Blood factor IX/ Rixubis/ Alprolix/ Idelvion/ Rebinyn/ Ixinity
J7197	Blood factor Anti-thrombin III
J7198	Blood factor Anti-inhibitor
	Long-Acting Reversible Contraception Methods
J7296/J7297/J7298/ J7301/J7302	Levonorgestrel-releasing intrauterine contraceptive system (Kyleena/ Liletta/ Mirena/ Skyla)
J7300	Intrauterine Copper (Paragard)
J7307	Etonogestrel (Implanon, Nexplanon)
	CAR T-Cell Therapies
Q2040/Q2042	Tisagenlecleucel (Kymriah™)
Q2041	Axicabtagene ciloleucel (Yescarta™)
	Other
J3392	Exagamglogene autotemcel (Casgevy)
J3394	Lovotibeglogene autotemcel (Lyfgenia)
J3399	Onasemnogene abeparvovec-xioi (Zolgensma®)

List of Hospitals Eligible to receive the "DRG- NICU- Surgery Policy Adjustor"

A. Hospitals approved to receive Policy Adjustor – NICU Surgery, status as of February 6, 2026:

1) California Pacific Medical Center - Pacific
2) Cedars Sinai Medical Center
3) Children's Hospital & Research Center of Oakland (UCSF Benioff Oakland)
4) Children's Hospital of Los Angeles
5) Children's Hospital of Orange County
6) Citrus Valley Medical Central – Queen of the Valley
7) Community Regional Medical Center Fresno
8) Good Samaritan - San Jose
9) Huntington Memorial Hospital
10) Kaiser Anaheim
11) Kaiser Downey
12) Kaiser Fontana
13) Kaiser Foundation Hospital - Los Angeles
14) Kaiser Permanente Medical Center - Oakland
15) Kaiser Foundation Hospital – Roseville
16) Kaiser Permanente – Santa Clara
17) Kaiser Foundation Hospital San Diego
18) Loma Linda University Medical Center
19) Lucille Salter Packard Children's Hospital – Stanford
20) Miller Children's at Long Beach Memorial Medical Center
21) Pomona Valley Hospital Medical Center
22) Providence Tarzana Regional Medical Center
23) Rady Children's Hospital - San Diego
24) Santa Barbara Cottage Hospital
25) Sutter Memorial Hospital
26) Valley Children's Hospital

For purposes of receiving the NICU policy adjustor, the hospital listed above must:

- Be performing services assigned to the neonate care category;
- Have been approved by California Children's Services (CCS) and continue to meet the standards of either a Regional NICU as defined in the CCS Manual of Procedures Chapter 3.25.1 or a Community NICU with a neonatal surgery as defined in Chapter 3.25.2;
- Have been approved by CCS and continue to meet the neonatal surgery standards set forth in CCS Manual of Procedures Chapter 3.34; and
- Pass periodic CCS review. Hospital review may be conducted annually or as deemed necessary by CCS. These reviews will determine whether the hospital continues to meet all applicable neonatal surgery standards.

If the CCS NICU-surgery approval/status of a hospital on the above list is revoked or otherwise terminated, then that hospital will not receive the DRG NICU-Surgery Policy Adjustor, effective the date approval/status ceases. Removal from the above list for failure to meet CCS NICU-surgery standards is not a prerequisite to no longer qualify to receive the DRG NICU-Surgery Policy Adjustor. Once the CCS NICU-surgery approval/status of a hospital on the above list is revoked or otherwise terminated, the hospital will subsequently be removed from the above list. Being listed in the State Plan does not guarantee payment of the DRG NICU-Surgery Policy Adjustor. In the event that a hospital remains listed, but has otherwise been deemed to have lost its neonatal surgery approval/status, it will not receive the DRG NICU-Surgery Policy Adjustor.