

Provider: Northport Medical Center
TIN: 63-6000271
Effective: 11/5/1996

2700 Hospital Drive
Northport, AL 35476
(205)333-4500

Hospital agrees to accept the following rates as payment in full for services provided:

- I. **Inpatient Services:** A global per diem of 85% of the State of Alabama Department of Labor (DOL) global per diem for the facility where services are provided.
- II. **Outpatient Services Not Provided in Paragraphs III, IV, V, or VI below:** A rate equal to an “extra” 5% off of billed charges than that provided in the Negotiated Participating Agreement between the State of Alabama Department of Labor (DOL) and the individual Hospital in effect at the date of discharge.* For example, if the DOL rate is to pay 85% of billed charges, then the AlaMed rate is to pay 80% of billed charges.
- III. **Occupational Medicine Clinic:** For all services, treatments, supplies, expenses, or other charges, Provider will be reimbursed for the lesser of billed charges or a rate equal to 103% of BlueCross BlueShield of Alabama Preferred Medical Doctor (PMD) fee schedule.
- IV. **Outpatient Surgical Case Rates:** For payment in full for the Hospital charges related to the certain procedures described below by CPT code, description, and rate, Hospital will be reimbursed at the rates in **Exhibit A**. The Outpatient Surgical Case Rate shall be global and inclusive of all hospital charges including but not limited to the surgical suite, supplies, services, and equipment. Physician services are not covered in the global case rate.
- V. **Outpatient Physical, Occupational, or Speech Therapy:** For all services, treatments, supplies, expenses, or other charges, Provider will be reimbursed at a rate equal to 85% of the State of Alabama Department of Labor (DOL) workers’ compensation fee schedule.
- VI. **Emergency Room Services:** A rate equal to an “extra” 5% off of billed charges than that provided in the Negotiated Participating Agreement between the State of Alabama Department of Labor (DOL) and the individual Hospital in effect at the date of discharge.* For example, if the DOL rate is to pay 85% of billed charges, then the AlaMed rate is to pay 80% of billed charges.
- VII. **Home Health:** A rate equal to an “extra” 5% off of billed charges than that provided in the Negotiated Participating Agreement between the State of Alabama Department of Labor (DOL) and the individual Hospital in effect at the date of discharge.* For example, if the DOL rate is to pay 85% of billed charges, then the AlaMed rate is to pay 80% of billed charges.

*Note: To calculate the AlaMed rate, first calculate the state rate and then apply the applicable discount.

Provider: Northport Medical Center
 TIN: 63-6000271
 Effective: 11/5/1996

2700 Hospital Drive
 Northport, AL 35476
 (205)333-4500

Exhibit A Outpatient Case Rates

CPT Code	Description	Rate
20680	Removal of implant, deep (e.g., buried wire, pin, screw, metal band, nail, rod or plate)	\$1,023.00
23410	Repair of ruptures musculotendinous cuff (e.g., rotator cuff), open, acute	\$2,310.00
23412	Repair of ruptures musculotendinous cuff (e.g., rotator cuff), open, chronic	\$2,120.00
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	\$2,120.00
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	\$1,155.00
25111	Excision of ganglion, wrist (dorsal or volar), primary	\$1,320.00
25112	Excision of ganglion, wrist (dorsal or volar), recurrent	\$1,320.00
29822	Arthroscopy, shoulder, surgical, debridement, limited	\$2,120.00
29823	Arthroscopy, shoulder, surgical, debridement, extensive	\$2,120.00
29826	Arthroscopy, shoulder, surgical, decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (i.e., arch) release, when performed	\$2,120.00
29874	Arthroscopy, knee, surgical, for removal of loose body or foreign body (e.g., Osteochondritis dissecans fragmentation, chondral fragmentation)	\$2,120.00
29875	Arthroscopy, knee, surgical, synovectomy, limited (e.g., plica or shelf resection) (separate procedure)	\$2,120.00
29877	Arthroscopy, knee, surgical, debridement/shaving of articular cartilage (chondroplasty)	\$2,120.00
29880	Arthroscopy, knee, surgical, with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	\$2,120.00
29881	Arthroscopy, knee, surgical, with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	\$2,120.00
29882	Arthroscopy, knee, surgical, with meniscus repair (medial or lateral)	\$2,120.00
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	\$2,475.00
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	\$1,320.00