

Provider: One Call Care Management
 TIN: 22-3218521
 Effective: 6/1/1999

P.O. Box 614
 Parsippany, NJ 07054
 (800)872-2875

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

CPT Code	Description	Reimbursement
MRI, Without Contrast		
70336	Bilateral TMJ	\$525.00
70540	Orbit, Face & Neck	\$525.00
70551	Brain, Stem	\$525.00
71550	Chest, Mediastinum	\$525.00
72141	Cervical Spine	\$525.00
72146	Thoracic Spine	\$525.00
72148	Lumbar Spine	\$525.00
72196	Pelvis	\$525.00
73220	Upper Extremity	\$525.00
73221	Upper Extremity Joint	\$525.00
73720	Lower Extremity	\$525.00
73721	Lower Extremity Joint	\$525.00
74181	Abdomen	\$525.00
75552	Myocardium	\$525.00
MRI, With Contrast		
70552	Brain Stem	\$525.00
72142	Cervical Spine	\$525.00
72147	Thoracic Spine	\$525.00
72149	Lumbar Spine	\$525.00
MRI, With/Without Contrast		
70553	Brain Stem	\$700.00
72156	Cervical Spine	\$700.00
72157	Thoracic Spine	\$700.00
72158	Lumbar Spine	\$700.00
CT, Without Contrast		
70450	Head/Brain	\$240.00
71250	Chest, Mediastinum	\$240.00
72125	Cervical Spine	\$240.00
72128	Thoracic Spine	\$240.00
72131	Lumbar Spine	\$240.00
72192	Pelvis	\$240.00
73200	Upper Extremity	\$240.00
73700	Lower Extremity	\$240.00
74150	Abdomen	\$240.00

Provider: One Call Care Management
TIN: 22-3218521
Effective: 6/1/1999

P.O. Box 614
Parsippany, NJ 07054
(800)872-2875

CPT Code	Description	Reimbursement
CT, With Contrast		
70460	Head/Brain	\$250.00
71260	Chest	\$250.00
72126	Cervical Spine	\$250.00
72129	Thoracic Spine	\$250.00
72132	Lumbar Spine	\$250.00
72193	Pelvis	\$250.00
73201	Upper Extremity	\$250.00
73701	Lower Extremity	\$250.00
74160	Abdomen	\$250.00
CT, With/Without Contrast		
70470	Head/Brain	\$300.00
71270	Chest	\$300.00
72127	Cervical Spine	\$300.00
72130	Thoracic Spine	\$300.00
72133	Lumbar Spine	\$300.00
72194	Pelvis	\$300.00
73202	Upper Extremity	\$232.00
73702	Lower Extremity	\$266.00
74170	Abdomen	\$300.00

One Call Care Management is a network of diagnostic centers. To place an appointment at one of the center in their network, call **1-800-872-2875**.

Instructions

1. If the call is from the center of physician's office, OCCM verifies authorization of the scan with the carrier.
2. After calling **1-800-872-2875**:
 - a. Press "1" for English,
 - b. Then Press "1" for Scheduling Department,
 - c. Then Press "1" to refer a new injured worker for a scan
 - d. If you are calling for other information, Press "0" (zero) and you will be connected to a receptionist.
3. The following information will be obtained in order to proceed:
 - a. Name of referring person
 - b. Insurance company
 - c. Patient information
 - d. Type of scan
 - e. Rule-out or diagnosis
4. Initial contact is made with the injured worker by an OCCM representative within 24 hours of the referral. If OCCM is unable to contact the injured worker within 48 hours, the

Provider: One Call Care Management
TIN: 22-3218521
Effective: 6/1/1999

P.O. Box 614
Parsippany, NJ 07054
(800)872-2875

- originator of the referral is notified. OCCM also makes every effort to have the injured worker scanned in 48 hours where possible.
5. OCCM notifies the referring physician and/or case manager of physician of the date, time, and place of scan.
 6. OCCM faxes the medical report to the person identified on file (the center faxes to the physician office) within 48 to 72 hours after the scan.
 7. OCCM then invoices the Payor (please note if additional CPT codes appear on the invoice, they represent charges for other services rendered at the time of the scan (i.e., x-rays, etc.)). These CPT codes are then billed to the Payor at the AlaMed rate.