

Provider: Walgreens Infusion Pharmacy
TIN: 61-1249170
Effective: 9/1/2002

140 Oxmoor Boulevard, Suite 140
Birmingham, AL 35209
(888)840-9407

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

I. **Parenteral/Enteral Antibiotic Therapy:**

Drug & Ingredient Doses, Per Day	Reimbursement
1	\$90.00
2	\$104.00
3	\$116.00
4	\$146.00
4 or more	\$180.00

*Note: Charges per day reflect the necessary supplies for the safe and effective administration of the prescribed therapy. Supplies include administration set(s), needles, syringes, saline, heparin, alcohol pads, start kits, and catheters.

**Note: Miscellaneous intermittent infusions are the same pricing as the antibiotic fee schedule.

II. **Total Parenteral Nutrition:**

Description	Reimbursement
1 to 1.6 liters of TPN, per day	\$156.00*
1.7 to 2.4 liters of TPN, per day	\$190.00*
2.5 or more liters of TPN, per day	\$210.00*
Lipids, 10% (500mL)	\$30.00**
Lipids, 20% (500mL)	\$50.00**
Special Formulation	Call for price***

*Note: Per diem pricing reflects daily charge for any combination of standard dextrose, amino acid and additives.

**Note: Lipids 10% (500mL) should be included at no additional charge based upon frequency of once per week. Charges for lipids include tubing and administration supplies.

***Note: Daily per diem prices reflect intravenous pump with battery back-up alarm, pump administration sets, IV tubing, central line dressing kits, saline, heparin, syringes, needles, PRN adapters, tape, gauze, IV pole and other supplies as needed upon patient evaluation.

III. **Pain Management:**

Description	Reimbursement
AWP of Drug and Ingredients	\$75.00*
Additional Cassettes, 50 mL	\$20.00
Additional Cassettes, 100mL	\$20.00

*Note: Charges based on use of 5 cassettes per month. Charges include pump and administration sets.

IV. **Hydration:**

Description	Reimbursement
1 Liter, per day	\$55.00
2 Liters, per day	\$55.00
3 Liters, per day	\$55.00
4 Liters, per day	\$65.00
Non-mix off the shelf	\$30.00
Drug additives	AWP

*Note: Charges per day reflect use of standard fluids and supplies.

V. **Chemotherapy:**

Description	Reimbursement
Continuous Infusion	\$90.00/day + AWP of Drug
Intermittent Infusion	\$45.00/day + AWP of Drug

VI. **Enteral Feeds:**

Description	Reimbursement
Pump Feed	AWP + \$15.00/day
Gravity Feed	AWP + \$12.00/day
Bolus Feed	AWP + \$7.50/day

VII. **Miscellaneous IVP/SQ/IM Therapies:**

Description	Reimbursement
Brand Name Injectables	AWP + 2% + \$5.50
Generic Name Injectables	AWP + 2% + \$7.00

VIII. **Cardiac Therapy:**

Description	Reimbursement
Infusions (includes 1 ambulatory pump)	AWP + \$225.00/day
Back-up ambulatory pump	\$15.00

IX. **IVIG:**

Description	Reimbursement, per dispense
Infusion (includes pump)	AWP + \$125.00

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X. **Remicade:**

Description	Reimbursement, per dispense
Infusion (includes pump)	AWP + \$125.00

XI. **Blood/Platelets:**

Description	Reimbursement, per dispense
Infusion (includes pump)	Acquisition cost + \$300.00

XII. **Cerezyme:**

Description	Reimbursement, per dispense
Infusion (includes pump)	(AWP + 5%) + \$150.00

XIII. **Medtronic Refill:**

Description	Reimbursement, per refill
Medtronic refill, compounded sterile syringe & supply kit	AWP + \$75.00

XIV. **Catheter Maintenance:**

Description	Reimbursement, per day
Port Maintenance	\$2.00
Single Lumen Catheter	\$6.00
Double Lumen Catheter	\$9.00
Triple Lumen Catheter	\$11.00

XV. **Services Billed Separately:**

Description	Reimbursement
Nursing Visit, 2 hours or less, High-Tech RN	\$75.00/visit
Additional nursing hourly rate, 2+ hours, High-Tech RN	\$35.00/hour
PICC line insertion fee (includes supplies)	\$200.00
Midline insertion fee (includes supplies)	\$175.00
Catheter clearance	AWP + \$75.00/syringe