

Provider: UAB Highlands
TIN: 74-3162834
Effective: 5/24/2006

1201 11th Avenue South
Birmingham, AL 35205
(205)930-7000

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

- I. **Inpatient Services:** A rate equal to 85% of the rate extended to the State of Alabama Department of Labor (DOL) pursuant to the Negotiated Participating Agreement between the DOL and the individual Hospital in effect at the date of discharge. The calculation for the AlaMed inpatient rate shall be inclusive of all methods of calculation in the Hospital's inpatient state fee schedule, including but not limited to the stop-loss provisions in the event the state fee schedule includes a stop-loss.*

Medical devices listed under revenue codes 274, 275, 276, or 278 shall be paid additionally at 40% of billed charges if the charge for the device exceeds \$500.00; no added discounts apply. All other orthopedic hardware, prosthesis and implants shall be paid additionally at 85% of billed charges.

Rates do not include any Physician fees unless billed by the Hospital.

- II. **Outpatient Services not included in Paragraph III below:** A rate equal to 90% of the rate extended to the State of Alabama Department of Labor (DOL) pursuant to the Negotiated Participating Agreement between the DOL and the individual Hospital in effect at the date of discharge.*

Medical devices listed under revenue codes 274, 275, 276, or 278 shall be paid additionally at 40% of billed charges if the charge for the device exceeds \$500.00; no added discounts apply. All other orthopedic hardware, prosthesis and implants shall be paid additionally at 85% of billed charges.

Rates do not include any Physician fees unless billed by the Hospital.

- III. **Gamma Knife Radiosurgery Case Rate:** For payment in full for the Hospital charges related to the certain procedures described below, Hospital will be reimbursed for the lesser of billed charges or a rate equal to \$25,000.00 per treatment session. If the application of the case rate results in greater than a 60% discount off billed charges, then the specified codes shall be paid at 40% of billed charges.

| CPT Code | Service |
|----------|---------------------------|
| G0243 | Stereotactic Radiosurgery |
| 77295 | 3-D treatment plan |
| 77300 | Dosimetry calculations |
| 77334 | Treatment device (helmet) |
| 77315 | Isodose plan, complex |

This case rate does not include diagnostic services such as MRIs, CT scans, and Angiography, drugs, inpatient services, neurosurgery professional fees, radiation-oncology fees, or any other physician fees.

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