

Provider: Springhill Home Health & Hospice
TIN: 62-1844015
Effective: 2/17/2016

10 Mobile Street
Mobile, AL 36607
(251)433-8172

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

Home Health Pricing Structure	HCPCS Code	Reimbursement
Nursing Visit		
Nursing Care, RN, Per Diem	T1030	\$125.00
CNA		
CNA/Home Health Aide, Per Diem	T1021	\$80.00
Rehabilitation		
Speech Therapy, Per Diem	S9128	\$145.00
Occupational Therapy, Per Diem	S9129	\$145.00
Physical Therapy, Per Diem	S9131	\$145.00

For all other services not listed above, Provider will be reimbursed at a rate equal to 85% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.