

Provider: Thomasville Health Care & Rehabilitation Center  
TIN: 63-0476107  
Effective: 01/31/2017

1425 Mosley Drive  
Thomasville, AL 36784  
(334) 636-5614

## PROVIDER FEE SCHEDULE

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

- I. **Skilled Nursing Services:** For payment in full for the Provider charges related to the certain Level of Service and descriptions provided in **Exhibit A**, a rate equal to the following:

Level of Service	Per Diem
Level I	\$400.00
Level II	\$520.00
Level III	\$650.00
Level IV	\$735.00

II. **Services Not Provided in Paragraph I above or Exhibit A:**

- A. **Respiratory Therapy for Non-Respiratory Therapy Programs:** Treatment and supplies greater than \$50.00 per day, per billing period, will be billed separately and in addition to the per diem.
- B. **Pharmacy Services:** Services greater than \$50.00 per day, per billing period, will be billed separately and in addition to the per diem. Infusion products, infusion sets, chemotherapeutic agents, pain management products, blood and blood products. IV antibiotic drugs and supplies, or any high cost medications are excluded from the per diem. Routine oral medications shall be included in the pharmacy rate per diem.
- C. **Durable Medical Equipment and Air Fluidized Therapy:** Customized DME including air fluidized therapy (e.g., Fluidair/Kinair beds, water mattresses, recliner wheelchairs and wheelchair adaptations, overlay mattresses, continuous passive motion, pneumatic pressure stockings, individual dynamic splinting, would vac rental and supplies) greater than \$25.00 per day, per billing period, will be billed separately in addition to the per diem.
- D. **Physician Services:** Physician services are excluded and will be billed directly to the payor.
- E. **On-Site Contracted Services:** All on-site contracted services not specifically mentioned are excluded and will be billed directly to the payor.
- F. **Off-Site Services and Transportation:** All off-site services and transportation to and from facility are excluded and will be billed directly to the payor (i.e., dialysis, off-site physician services, labs/x-rays, and cancer treatment/center visit).
- G. **Radiology:** X-rays, high tech diagnostic or therapeutic radiology services greater than \$50.00 per day, per billing period, will be billed separately and in addition to the per diem.
- H. **Orthotics and Prosthetics:** Orthotics and prosthetics (i.e., artificial limbs) greater than \$50.00 per day, per billing period, will be billed separately and in addition to the per diem.

## Levels of Service

Levels of care are defined below and include the following room and board services:

- Routine Lab Services (i.e., PT, INR, CBC, UA, C&S, blood glucose, sputum cultures, peaks & troughs)
- Discharge Planning
- Pharmacy consultation
- Semi-Private rooms
- Routine medical and surgical supplies
- Meals
- Recreational Therapy
- X-rays (up to one per week), ultrasounds, Doppler's for venous and arterial studies (up to one per week)
- Mental health, psychosocial, or psychological counseling
- Medications and IVs hydration (except as set forth below)
- Nursing care and rehabilitation services
- Social services
- Provisions of enteral and parenteral nutrition
- Case management

I. **Level I (per diem \$400.00):** This patient requires twenty-four (24) hours professional nursing in the form of interventions for a skilled need. This level can be used for independent patients requiring antibiotics or dressing changes, enteral tube feeding and abnormal lab values. Physical, Occupational, or Speech Therapy services are excluded.

II. **Level II (per diem \$520.00):** All Level I services and one or more of the following:

**A. Physical, Occupational, or Speech Therapy:**

- Evaluations as indicated upon admission
- Treatments (PT, OT, or ST) of a minimum of 30 minutes per day, not more than 105 minutes (1.75 hours) per day

**B. Wound Care for the following treatments:**

- Surgical/amputation sites, requiring 2 treatments per day
- Decubitus, Stage 2 or greater with necrotic tissue, one or more treatments per day
- Venous stasis ulcer or arterial ulcer, State 2 or greater with necrotic tissue, one or more treatments per day
- Cellulitis, requiring two treatments per day
- Burns, with grafting, requiring mechanical debridement or two treatments per day

**C. Skilled Nursing Need:**

- Acute: colostomy, ileostomy, supra-pubic catheter care, including training and supplies
- Tracheotomy: stable
- Enteral nutrition and related supplies
- IV infusion, pump and supplies including pain management administered via IV
- Administration of one parenteral fluid or one intravenous medication (excluding TPN)

III. **Level III (per diem \$650.00):** All Level I and II services and one or more of the following:

**A. Physical, Occupational, or Speech Therapy:**

- Evaluations as indicated upon admission
- Treatments (PT, OT, or ST) of 120 minutes (2 hours) per day

**B. Wound Care for the following treatments:**

- Decubitus, multiple Stage 2 sites, requiring one or more treatments per day
- Decubitus, Stage 3 or greater, requiring one or more treatments per day
- Mechanical or sharp debridement of necrotic tissues, excludes autolytic and/or enzymatic debridement
- Sterile packing and/or compression bandaging
- Drainage Tuesday pulsed lavage daily treatments, excludes whirlpool

**C. Skilled Nursing Need:**

- IV infusions, peripheral line, subclavian line, central line, PICC, including pump maintenance and supplies
- Tracheotomy: suctioning two times per shift and/or unstable
- Post-traumatic brain injury, neurologically stable
- Oxygen, high concentration, nebulizer, mist
- Isolation for infection control (does not include contact isolation), private room, requires pre-authorization
- Administration of a combination of two or more parental fluids or two intravenous medications (excluding TPN)

IV. **Level IV (per diem \$735.00):** All Level I, II, and III services and one or more of the following:

**A. Physical, Occupational, or Speech Therapy:**

- Evaluations as indicated upon admission
- Treatments (PT, OT, or ST) of 120 minutes (2 hours) or greater per day

**B. Wound Care for the following treatments:**

- Complex wound care, skin disorders, including Stage 4 decubiti, two or more treatments per day, or multiple sites, requiring debridement, packing or sterile technique, drainage tubes

**C. Skilled Nursing Need:**

- Chemotherapy or third generation antibiotics and complex IVs
- Tracheostomy care: unstable, frequent suctioning or coughing, greater than three times per shift
- Post-traumatic brain injury, neurologically stable
- Infectious diseases such as MRSA, VRE, C-diff, pseudomonas