

Provider: Encompass  
TIN: Multiple TIN's  
Effective: 09/04/2020

Multiple Locations  
Alabama

For all services, treatments, supplies, expenses, or other charges, Provider will be reimbursed at a rate of the lesser of billed charges or a rate equal to the following:

| <b>Home Health Visit</b> |                      |                 |
|--------------------------|----------------------|-----------------|
| <b>Code</b>              | <b>Description</b>   | <b>Per Diem</b> |
| T1030                    | Nursing Care, RN     | \$132.64        |
| T1031                    | Nursing Care, LPN    | \$132.64        |
| S9131                    | Physical Therapy     | \$159.16        |
| S9129                    | Occupational Therapy | \$159.16        |
| S9128                    | Speech Therapy       | \$159.16        |
| SKNSU                    | Supplies Per Visit   | \$7.90          |

For all other services, treatments, supplies, expenses, or other charges, Provider will be reimbursed for the lesser of billed charges or a rate equal to 95% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.