Fifth HOSPITAL

MEDICAL RENTAL PRODUCTS SERVICE AND RATE SCHEDULE

1. Rate:

For Covered Services rendered to a Member, Hospital will accept the lesser of (i) the rate listed in the grid below or (ii) 55.9% of Eligible Billed Charges for inpatient and 57.7% of Eligible Billed Charges for outpatient.

INPATIENT RATES:

Service	Billing Code	Rates
DRG	All Active DRG Codes.	$89,246.00 Base Rate – Applied based upon Medicare Weights

Service	Billing Code	Rates
Spinal Procedures	**Revenue Codes:** 209,233,700-706, 709, 711-714, 716, 718-719, 721, 723, 725-726, 729, 731-734, 736, 738-739, 741, 934, 836-837, 639-640, 842, 344-345, 747-750, 352	$44,952.00 Case Rate
Other Heart Asst Syst Implan	**Revenue Codes:** 301, 303, 305-306, 646,674,353,283, 311-314, 316, 318-319, 321, 323, 325-326, 329, 331-334, 336, 338-339, 341	$38,374.00 Case Rate
Cardiac Valve & Oth Maj Car	**Revenue Codes:** 851, 853, 855-856, 859, 861-864, 364, 868-869, 273, 873, 875-876, 879, 881-884, 564,344,362,263,575, 888-889, 891	$76,987.00 Case Rate
Cardiac Valve & Oth Maj Card	**Revenue Codes:** 932, 934, 736-737, 940, 942-945, 947, 949-950, 952, 954, 956-957, 474, 962-965, 743,596,173, 169-172, 473, 974, 670-675	$56,597.00 Case Rate
Other Cardiothoracic Proc	**DRG Codes:** 182-184, 186, 187, 190-191, 194, 196-199, 201, 203-204, 206, 208, 210-211,786,453,977,876,345	$34,395.00 Case Rate

Coronary Bypass	**Revenue Codes:** 751, 753, 755-756, 759, 761-764, 766, 768-769, 771, 773, 775-776, 780, 782-785, 787, 789-790, 792	$36,533.00 Case Rate
Coronary Bypass W Cardiac	**Revenue Codes:** 822, 824, 826-827, 830, 832-835, 837, 839-840, 842, 844, 846-847, 850, 852-855, 857, 859-860, 862	$37,495.00 Case Rate
Coronary Bypass W/o Cardiac	**DRG Codes:** 181, 183, 185-186, 189, 191-194, 196, 198-199, 201, 203, 205-206, 210, 212-215	$74,357.00 Case Rate
Permanent Cardiac Pacemaker	**Revenue Codes:** 911, 913, 915-916, 920, 922-925, 927, 929-930, 932, 934, 936-937, 939, 941-944, 946, 948-949, 951	$88,374.00 Case Rate
O.r. Procedures For Obesity	**DRG Codes:** 158, 160, 162-163, 166, 168-171, 173, 175-176, 178, 180, 182-183, 187, 189-192, 194, 196-197	$58,484.00 Case Rate
O.r. Procedures For Obesity	**DRG Codes:** 145, 147, 149-150, 153, 155-158, 160, 162-163, 165, 167, 169-170, 172, 174-177, 179, 181-182	$74,376.00 Per Diem
Cesarean Section	**DRG Codes:** 480, 482-485, 487, 489-490, 492, 494, 496-497, 500-505, 507, 509-510, 512, 514, 516-517, 520, 522-525, 527, 529-530, 532, 534	$65,743.00 Case Rate (DAYS 0-85)
Cesarean Section	**DRG Codes:** 536-537, 540-545, 547, 549-550, 552, 554, 556-557, 560, 562-565, 567, 569-570, 572, 574, 576-577	$59,964.00 Per Diem (DAYS 5-345)
Vaginal Delivery	**DRG Codes:**580, 582-585, 587, 589-590, 592, 594, 596-597, 600-605, 607, 609-610, 612, 614, 616-617, 620, 622-625, 627, 628	$98,357.00 Case Rate (DAYS 1-567)
Vaginal Delivery	**DRG Codes:** 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646,	$42,590.00 Per Diem

	647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664	
Pediatrics	**Revenue Codes:** 656-657, 660, 662-665, 667, 669-670, 672, 674, 676-677, 680, 682-685, 687, 689-690, 692, 694, 696-697, 700-705	$26,345.00 Per Diem
Icu/peds	**Revenue Codes:** 707, 709-710, 712, 714, 716-717, 720, 722-725, 727, 729-730, 732, 734, 736-737, 740-745, 747, 749-750	$45,976.00 Per Diem (DAYS 87-467)
Nursery Level 1	**Revenue Codes:** 752, 754, 756-757, 760, 762-765, 767, 769-770, 772, 774, 776-777, 780, 782-785, 787, 789-790, 792	$81,567.00 Per Diem
Nursery Level 2	**Revenue Codes:** 794, 796-797, 800-805, 807, 809-810, 812, 814, 816-817, 820, 822-825, 827, 829-831, 832, 834, 836-837, 840-845	$58,467.00 Per Diem
Nursery Level 3	**Revenue Codes:** 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974	$57,329.00 Per Diem
Nursery Level 4	**Revenue Codes:** 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814	$98,665.00 Per Diem
Acute Rehab	**Revenue Codes:** 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724	$57,444.00 Per Diem
Trauma Team - Level Ii	**Revenue Codes:** 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794	$47,678.00 Once Per Unique Code Per Service Date Priced In Addition to Other Negotiated Rates

OUTPATIENT RATES:

Service	Billing Code	Rates
Ambulatory Surgery - Aetna Enhanced Groupers: Category 1	Aetna enhanced Groupers	$45,783.00 Case Rate
Ambulatory Surgery - Aetna Enhanced Groupers: Category 2	Aetna enhanced Groupers	$35,543.00 Case Rate
Ambulatory Surgery - Aetna Enhanced Groupers: Category 3	Aetna enhanced Groupers	$66,967.00 Case Rate
Ambulatory Surgery - Aetna Enhanced Groupers: Category 4	Aetna enhanced Groupers	$55,544.00 Case Rate
Ambulatory Surgery - Aetna Enhanced Groupers: Category 5	Aetna enhanced Groupers	$67,745.00 Case Rate
Ambulatory Surgery - Aetna Enhanced Groupers: Category 6	Aetna enhanced Groupers	$76,345.00 Case Rate
Ambulatory Surgery – Aetna Enhanced Groupers: Category 7	Aetna enhanced Groupers	$65,986.00 Case Rate
Ambulatory Surgery – Aetna Enhanced Groupers: Category 8	Aetna enhanced Groupers	$66,778.00 Case Rate
Ambulatory Surgery – Aetna Enhanced Groupers: Category 9	Aetna enhanced Groupers	$76,867.00 Case Rate
Ambulatory Surgery: Default Rate	All surgical procedures not otherwise identified	$88,456.00 Case Rate
Cardiac Catheterization	**HCPCS Code:** G9012, H9012**,** 23456-23460**,** 2345T, 2346T, 2347-2348, 2349H, S2349-S2356	$20,987.00 Case Rate
Cardiac Studies	**HCPCS Code:** E5678, F5678 Includes: **CPT4 Codes:** 12345-12356 **CPT4 Codes:** 1234T, 1240T, 1236H-1240H, 16236-16255 Includes: CPT4 Codes: 1238F-1245F	$77,957.00 Once Per Unique Code Per Service Date

Vascular Diagnostic Studies	**Revenue Codes:** 145, 256, 367, 478, 589, 690, 701, 812, 923, 734, 145 AND **CPT4 Codes**: U7890, V8901, W9012, X0123, Y1234, Z2345, A3456, B4567, C5678, D6789, E7890 **Revenue Codes:** 212, 323, 434, 545, 656, 767, 878, 989, 567, 101, 212 AND **CPT4 Codes:** F8901, G9012, H0123, J1234, K2345, L3456, M4567, N5678, P6789, Q7890, R8901	90% of Eligible Billed Charges
Emergency Care – Level I	**Revenue Codes:** 141, 252, 363, 474, 585, 696, 707, 818, 929, 930, 141 AND **CPT4 Codes:** W5678, X6789, Y7890, Z8901, A9012, B0123, C1234, D2345, E3456, F4567, G5678 **Revenue Codes:** 411, 522, 633, 744, 855, 966, 977, 188, 299, 410, 411 AND **CPT4 Codes:** H6789, J7890, K8901, L9012, M0123, N1234, P2345, Q3456, R4567, S5678, T6789	677% of 2020 Fixed Year Medicare Rates - RAD & LAB Rates Technical ?TC? Only - Technical Rate
Emergency Care – Level II	**Revenue Codes:** 517, 628, 739, 840, 951, 762, 173, 284, 395, 506, 517 AND **CPT4 Codes:** Q1234, R2345, S3456, T4567, U5678, V6789, W7890, X8901, Y9012, Z0123, A1234 **Revenue Codes:** 719, 820, 931, 742, 153, 264, 375, 486, 597, 608, 719 AND **CPT4 Codes:** B2345, C3456, D4567, E5678, F6789, G7890, H8901, J9012, K0123, L1234, M2345	$57,984.00 Case Rate
Emergency Care – Level III	**Revenue Codes:** 124, 235, 346, 457, 568, 679, 780, 891, 902, 513, 124 AND **CPT4 Codes:** S9012, T0123, U1234, V2345, W3456, X4567, Y5678, Z6789, A7890, B8901, C9012 Revenue Codes: 315, 426, 537, 648, 759, 860, 971, 582, 193, 204, 315 AND CPT4 Codes: D0123, E1234, F2345, G3456, H4567, J5678, K6789, L7890, M8901, N9012, P0123	$37,579.00 Case Rate
Emergency Care – Level IV	**Revenue Codes:** 231, 342, 453, 564, 675, 786, 897, 908, 819, 120, 231 AND **CPT4 Codes:** Y3456, Z4567, A5678, B6789, C7890, D8901, E9012, F0123, G1234, H2345, J3456 **Revenue Codes:** 321, 432, 543, 654, 765, 876, 987, 898, 109, 210, 321 AND **CPT4 Codes:** K4567, L5678, M6789, N7890, P8901, Q9012, R0123, S1234, T2345, U3456, V4567	$37,498.00 Case Rate
Emergency Care – Level V	**Revenue Codes:** 123, 234, 345, 456, 567, 678, 789, 890, 901, 112, 223 AND **CPT4 Codes:** A1234, B2345, C3456, D4567, E5678, F6789, G7890, H8901, J9012, K0123, L1234	$48,786.00 Case Rate

	Revenue Codes: 132, 243, 354, 465, 576, 687, 798, 809, 910, 821, 132 AND **CPT4 Codes:** M2345, N3456, P4567, Q5678, R6789, S7890, T8901, U9012, V0123, W1234, X2345	
Observation Services	**Revenue Codes:** 921, 632, 143, 254, 365, 476, 587, 698, 809, 910, 921 AND **CPT4 Codes:** N3456, P4567, Q5678, R6789, S7890, T8901, U9012, V0123, W1234, X2345, Y3456	$66,675.00 Case Rate
Chemotherapy	**Revenue Codes:** 144, 255, 366, 477, 588, 699, 700, 811, 922, 333 AND **CPT4 Codes:** U1234, V2345, W3456, X4567, Y5678, Z6789, A7890, B8901, C9012, D0123	$88,503.00 Case Rate
Hospital Outpatient Dialysis	**Revenue Codes:** 231, 342, 453, 564, 675, 786, 897, 908, 119, 120 AND **CPT4 Codes:** S1234, T2345, U3456, V4567, W5678, X6789, Y7890, Z8901, A9012, B0123 **Revenue Codes:** 321, 432, 543, 654, 765, 876, 987, 098, 109, 210 AND **CPT4 Codes:** C1234, D2345, E3456, F4567, G5678, H6789, J7890, K8901, L9012, M0123	848% of 2021 Fixed Year Medicare Rates - RAD & LAB Rates Technical ?TC? Only - Technical Rate
Sleep Studies	**Revenue Codes:** 123, 234, 345, 456, 567, 678, 789, 890, 901, 112 AND **CPT4 Codes:** A1234, B2345, C3456, D4567, E5678, F6789, G7890, H8901, J9012, K0123 **Revenue Codes:** 213, 324, 435, 546, 657, 768, 879, 980, 101, 202 AND **CPT4 Codes:** L1234, M2345, N3456, P4567, Q5678, R6789, S7890, T8901, U9012, V0123	397% of Eligible Billed Charges
Laboratory Services	**CDT Codes**: D0416, D0789, D2345, D7648, D4356, D9045, D2345	$87,648.00 Case Rate
Radiology Services	**Revenue Codes:** 312, 423, 534, 645, 756, 867, 978, 189, 190, 291 AND **CPT4 Codes:** W1234, X2345, Y3456, Z4567, A5678, B6789, C7890, D8901, E9012, F0123 **Revenue Codes:** 132, 243, 354, 465, 576, 687, 798, 809, 910, 021 AND **CPT4 Codes:** G1234, H2345, J3456, K4567, L5678, M6789, N7890, P8901, Q9012, R0123	$9,6785.00 Once Per Unique Code Per Service Date
Physical, Occupational and Speech Therapy	**Revenue Codes:** 141, 252, 363, 474, 585, 696, 707, 818, 929, 130 AND **CPT4 Codes:** N1234, P2345, Q3456, R4567, S5678, T6789, U7890, V8901, W9012, X0123	838% of 2020 Fixed Year Medicare Rates - RAD & LAB Rates Technical

	Revenue Codes: 114, 225, 336, 447, 558, 669, 770, 881, 992, 103 AND **CPT4 Codes:** Y1234, Z2345, A3456, B4567, C5678, D6789, E7890, F8901, G9012, H0123 **Revenue Codes:** 411, 522, 633, 744, 855, 966, 778, 188, 299, 410 AND **CPT4 Codes:** J1234, K2345, L3456, M4567, N5678, P6789, Q7890, R8901, S9012, T0123	?TC? Only - Technical Rate
Professional Fees (Non-Clinical)	**Revenue Codes:** 747, 300 AND **CPT4 Codes:** H7656, K9878, 3458H, 2347D **Revenue Codes:** 659, 351, 189 AND **CPT4 Codes:** H7545, 9089U, 8978L	Not Reimbursed Priced In Addition to other Negotiated Rates
All drugs or drug agents without specific rate set forth above or herein	**Revenue Codes:** 748, 301 AND **CPT4 Codes:** H7657, K9879, 3459H, 2348D **Revenue Codes:** 660, 352, 190 AND **CPT4 Codes:** H7546, 9090U, 8979L	Not Reimbursed new SC required

Service	Billing Code	Rates
CAT Scan	All CAT scan codes in code range 70010-79999 and all applicable temporary codes.	$27,362.00 Case Rate
MRI/MRA	All applicable MRI/MRA CPT4 codes, C and S HCPCS codes and all applicable temporary codes.	$46,785.00 Case Rate
PET Scan	All PET scan codes in code range 70010-79999 and PET scan codes G0219, G0235, G0252, and S8085.	$45,786.00 Case Rate
Total Hip Arthroplasty	**Revenue Codes:** 123, 456, 789, 101, 112, 113, 214, 315, 416, 517, 618, 719 AND **CPT4 Codes:** A1234, B2345, C3456, D4567, E5678, F6789, G7890, H8901, I9012, J0123 **Revenue Codes:** 821, 922, 123, 224, 325, 426, 527, 628, 729, 830, 931, 1032P AND **CPT4 Codes:** K1234, L2345, M3456, N4567, O5678, P6789, Q7890, R8901, S9012, T0123	$34,783.00 Case Rate
Total Knee Arthroplasty	**HCPCS Code:** 8587P, 8590P, 8593P, 8596P, 8599P, 8602P, 8605P, 8608P, 8611P, 15303-15309, 15313-15317, 15323-15325, 15329-15331, 15334-15338, 15342-15348, 15353-15359, 15363-15367, 15372-15374, 15378-15380, 15383 C7509-C7512, C7550, 56100, 66102, 55103,	$56,895.00 Case Rate

Gastric By-pass	**HCPCS Codes:** N9101, N9102, N9103, N9104, N9105, N9106, N9107, N9108, N9109, N9110, N9111, N9112, N9113, N9114, N9115, N9116, N9117, N9118, N9119, N9120, N9121, N9122, N9123, N9124, N9125, N9126, N9127, N9128, N9129, N9130, N9131, N9132, N9133, N9134, N9135, N9136, N9137, N9138, N9139, N9140, N9141, N9142, N9143, N9144, N9145, N9146, N9147, N9148, N9149, N9150, N9151, N9152, N9153, N9154	389% of National Drug Fee Schedule (for hospitals) Priced In Addition to Other Negotiated Rates for that billing code claim line only, when a listed individual billing code claim line is greater than $1,500.00. Otherwise not reim bursed.
Endoscopic Procedures	All endoscopy codes in CPT4 code range 10004-69990, 96570-96571 N9157, N9158, N9159, N9160, N9161, N9162, N9163, N9164, N9165, N9166, N9167, N9168, N9169, N9170, N9171, N9172, N9173, N9174, N9175, N9176, N9177, N9178, N9179, N9180, N9181, N9182, N9183, N9184, N9185, N9186, N9187, N9188, N9189, N9190, N9191, N9192, N9193, N9194, N9195, N9196, N9197, N9198, N9199	$49,786.00 Case Rate
Chemotherapy and All Other Drugs	**HCPCS Codes:** T1234, T1235, T1236, T1237, T1238, T1239, T1240, T1241, T1242, T1243, T1244, T1245, T1246, T1247, T1248, T1249, T1250, T1251, T1252, T1253, T1254, T1255, T1256, T1257, T1258, T1259, T1260, T1261, T1262, T1263, T1264, T1265, T1266, T1267, T1268, T1269, T1270, T1271, T1272, T1273, T1274, T1275, T1276, T1277, T1278, T1279, T1280, T1281, T1282, T1283, T1284, T1285, T1286, T1287, T1288, T1289, T1290, T1291, T1292, T1293, T1294, T1295, T1296, T1297, T1298, T1299, T1300	Not Reimbursed Priced In addition to other Negotiated Rates
Outpatient Surgeries	**HCPCS Codes:** T8701, T8702, T8703, T8704, T8705, T8706, T8707, T8708, T8709, T8710, T8711, T8712, T8713, T8714, T8715, T8716, T8717, T8718, T8719, T8720, T8721, T8722, T8723, T8724, T8725, T8726, T8727, T8728, T8729, T8730, T8731, T8732, T8733, T8734, T8735, T8736, T8737, T8738, T8739, T8740, T8741, T8742, T8743, T8744	$45,895.00 Case Rate
Cardiac Rehab Therapy	**HCPCS Codes:** T8745, T8746, T8747, T8748, T8749, T8750, T8751, T8752, T8771, T8772, T8773, T8774, T8775, T8776, T8777, T8778, T8779, T8780, T8781, T8782, T8783, T8784, T8785, T8786, T8787, T8788, T8789, T8790, T8791, T8792, T8793, T8794, T8795, T8796, T8797, T8798, T8799 **CPT4 Codes:** 45676,47685,58696,67898,45675,87657,34587,12346,56789,45678,98563,65436,45654	$45,567.00 Case Rate

Screening Mammogram	**HCPCS Codes:** N7101, N7102, N7103, N7104, N7105, N7106, N7107, N7108, N7109, N7110, N7111, N7112, N7113, N7114, J6758,E5465,G4783,55747,47362,J7858 N7139, N7140, N7141, N7142, N7143, N7144, N7145, N7146, N7147, N7148, N7149, N7150, N7151, N7152, N7153, N7154, N7155 **CPT4 Codes:** 51647,67868,78654,75436,90878,76543,86548**,** 38415-38559, 38742-38757	$34,535.00 Case Rate
Observation Services, for ER Services	**HCPCS Codes:** I7155, E7156, N7157, N7158, N7159, N7160, N7161, 64632, N7163, N7164, 6787B, N7166, N7167, N7168, N7169, C5463, K7171, H6772, O9873, N7174, 57564, U6722, N7177, N7178, N7179, N7180, N7181, X4353, 3646J, 66473, 47463, 87186, 77187, N7188, S4364, N7190, N7191, E3435, U6768, N7194, N7195, N7196, G4527, 47464, J6758	56.5% of Eligible Billed Charges to Max of $9,923.00 Priced In Addition to Other Negotiated Rates
Collection of Venous Blood by Venipuncture	**CPT4 Codes:** 23453,57648,3456,78595,58564,34567,67854,37654,9087 6,94567,63456,J3526,M4723,9884N,3425D,V8482	Not Reimbursed Priced In Addition to Other Negotiated Rates
Imaging Enhancing Substance	**HCPCS Codes:** T5647,H6758,H4843,K3747,48585,59584,Y8574,K4875,695 85,47483,49475,48473,37475,85854,3983J,47575,G8333,5 589F,5757K,8575M,47455,59484,48587,5857L,5755N,4775 N,4747X,8556S,7363D,2432A,2342D, R1300, R1301, R1302, R1303, R1304, R1305, R1306, R1307, R1308, R1309, R1310, R1311, R1312, R1313, R1314, R1315, R1316, R1317, R1318, R1319, R1320, R1321, R1322, R1323, R1324, R1325, R1326, R1327, R1328, R1329, R1330, R1331, R1332, R1333, R1334, R1335, R1336, R1337, R1338, R1339	Not Reimbursed Priced In Addition to Other Negotiated Rates

Pricing for professional services is not included in the rates specified in this service and Rate Schedule.

TERMS AND CONDITIONS

Definition of services

The following services defined are intended to help facilitate billing. The rates will be based on the level of care authorized by company of payor following the polices promulgated by company or payer pursuant to this agreement.

1. **Ambulatory Surgery**: Ambulatory surgery, also known as outpatient surgery or same-day surgery, refers to surgical procedures that do not require an overnight hospital stay. Patients undergo surgery and are discharged on the same day.

2. **Cardiac Catheterization Procedure**: Cardiac catheterization is a medical procedure used to diagnose and treat heart conditions. It involves inserting a catheter into a blood vessel and threading it to the heart to perform diagnostic tests or interventions.

3. **Cardiac Catheterization Injection**: During a cardiac catheterization procedure, various medications or contrast agents may be injected through the catheter to assess blood flow, visualize the coronary arteries, or perform other diagnostic or therapeutic purposes.

4. **Echocardiogram:** An echocardiogram is a diagnostic test that uses sound waves to create images of the heart's structure and function. It provides valuable information about the heart's size, shape, pumping function, and the movement of blood through its chambers and valves.

5. **Angioplasty and Stent Placement:** Angioplasty is a minimally invasive procedure used to open narrowed or blocked blood vessels, typically arteries. It involves inserting a balloon-tipped catheter into the vessel and inflating it to widen the artery. Stents may be placed to help keep the artery open.

6**. Holter Monitoring:** Holter monitoring is a diagnostic test that continuously records the heart's electrical activity (ECG) over a period of 24 to 48 hours or longer. It helps detect abnormal heart rhythms, such as arrhythmias or palpitations, during daily activities.

7. **Pacemaker Implantation**: Pacemaker implantation is a surgical procedure to implant a small electronic device called a pacemaker under the skin near the collarbone. A pacemaker helps regulate the heart's rhythm by sending electrical impulses to the heart muscle.

8. **Radiation Therapy:** Radiation therapy, also known as radiotherapy, is a cancer treatment that uses high-energy radiation to destroy cancer cells or shrink tumors. It may be delivered externally (external beam radiation) or internally (brachytherapy) depending on the type and location of cancer.

9**. Biopsy:** A biopsy is a medical procedure to remove a small sample of tissue from the body for examination under a microscope. It is commonly performed to diagnose or rule out cancer, infection, inflammation, or other abnormalities.

10**. Chemotherapy:** Chemotherapy is a cancer treatment that uses drugs to kill cancer cells or stop them from growing and multiplying. It may be administered orally or intravenously and can be used alone or in combination with other treatments like surgery or radiation therapy.
11. **Ambulatory Detoxification** : includes all services Including pre-admission services and all related services such as physician, Psychologist, nurse, Counselor, and all other treatment staff services, individual, group, family and adjunctive therapies, psychiatric, psychological and medical lab tests, drags, medicines, equipment use and supplies history and physical examinations and all ancillary services performed at of arranged by hospitals.

12. **Ambulatory Surgery:** includes all items pro procedure testing and services necessary to perform same day surgery or ambulatory surgery in an operating room or Ambulatory Surgery suites

13.**Cardiac Testing:** Cardiac Catheterization and other Cardiovascular Services (Outpatient) Includes technical component of diagnostic procedures, pre-procedures testing and all related lab services.

14. **Chemotherapy:** (Outpatient only) includes pre-procedure testing the administration of Chemotherapeutic agents

15. **Detoxification** : includes all services pre-admission services and all related services for 24lars inpatient level of care for members with substance related disorder including semi-private accommodation room and board and service such as physician, Psychologist, nurse, Counselor, and all other treatment staff services, individual, group, family and adjunctive therapies, psychiatric, phychological and mental lab tests, drugs, medicines, equipment use and supplies history and physical examinations and all ancillary services performed at or arranged by hospitals. Rates applies when member is specifically in a Detoxification unit

16 . **Emergency Care**: Includes all services and covered items related to patient care rendered as a result of an emergency room visit

17. **Encounter data:** Information reported to company or payor for all laboratory services as defined by the centers of Medicare and Medicaid services CMS provided in members that are priced through a capitation mode.

18. **Encounter data**: Information reported to company or payor for all laboratory services as defined by the centers of Medicare and Medicaid services CMS provided to members that are priced through a capitation mode.

19. **Imaging Enhancing Substances:** A substance that helps defined areas of the body during X rays, CT Scans, MRI or other imaging tests.

20. **Intermediate Care (Step down or telemetry):** Includes charges for medical or surgical care provided to patients requiring telemetry services but no longer required intensive care nursing Rates include all item s included in Medical/Surgical care and in addition such item s are services as are norm ally and usually provided by the hospital in conjunction with patients in its intermediate Care (Step down or telemetry) unit.

21. **Intensive Care:** Includes charges for medical or surgical care provided to patients require a more Intensive level of care including coronary care then id rendered in the general medical or surgical unit or in the Intermediate Care (Step down or telemetry) Rates include all items included in Medical/Surgical care and in addition such item s are services as are norm ally and usually provided by the hospital in conjunction with patients in its intensive care and or infant intensive care and or coronary care unit.
21. **Intensive Outpatient:** includes all services Including pre-admission services and all related services such as physician, Psychologist, nurse, Counselor, and all other treatment staff services,

individual, group, family and adjunctive therapies, psychiatric, psychological and mental lab tests, drugs, medicines, equipment use and supplies history and physical ex aminations and all ancillary services performed at or arranged by hospitals. Services are provided at least 2hrs a day, atleast 3 days a week.

22. **Lab Results:** The outcome of all laboratory services as defined by the centers of Medicare and Medicaid services CMS provided to members.

23. **Maternity Care:** including charges for service provided to patients for the purpose of delivering a baby. Rates include pre-admission services room s and board nursing care equipment and supplies laboratory radiology, pharmacy ancillary services and all other services incidental to the hospital admission.

24. **Medical/Surgery Care:** Includes charges for medical or surgical care provided in the general medical or surgical units when the level and complexity of clinical services required by m ember exceed those for alternative delivery care. Rates are inclusive of all services these includes but are not limited to pre- admission services rooms and board nursing care equipment and supplies laboratory radiology, pharmacy, blood product acquisition processing and administration charges ancillary services and all other services incidental to the hospital admission.

25. **Nursing:** includes accommodation charges for nursing care for new born and premature infants in nurseries. Rates include room s and board nursing care equipment and supplies laboratory radiology, pharmacy ancillary services and all other services incidental to the hospital admission. Distinct levels of nursery care are defined as flows.

Level I "Newborn Nursing"

Routine care of apparently norm al fill term neonates pre-term neonates or formally sick neonates whose medical problem are resolved regardless location in hospital.

Infant who remains in the norm al nursery for medical reason beyond the discharge of their mothers are priced at a per term at the newborn nursing level of care for those days beyond the discharge date of the mother.

Level II, III "Containing Care/Intermediate Care"

Low birth weight neonates who are not sick, but require frequent feeding and neonates who require more hours of nursing per day than do normal neonates.

Sick neonates who do not require intensive care, but require 6-12 hours of nursing each day.

Level IV "Intensive care"

Constant nursing and continuous cardiopulmonary and other support of severally ill neonates and infant.

All required set forth in this billing section will apply in determining the level of care provided not the specific bed type occupied by the patients.

26. **Observation/Treatment Room**: Incudes use of a treatment room or room charge association with outpatient observation services which are furnished by the hospital on the hospital's premises including use of a bed, supplies and periodic monitoring by busing of other staff which are reasonable and necessary to evaluate an outpatient's condition or determined the needs for a possible admission to the hospital as an inpatient such services must be ordered by a physician. The reason for observation must be started in the order for observation.

17. **Partial Hospitalization Day Hospital Treatment:** includes all services Including pre-admission services and all related services such as physician, Psychologist, nurse, Counselor, and trained staff services, individual, group, family and adjunctive therapies, psychiatric, psychological and medical lab tests, drugs, medicines, equipment use and supplies history and physical ex aminations and all ancillary services performed at or arranged by hospitals. Medically supervised day evening and/or night treatment programs Service are provided at least 4hrs a day, at least 3 days per week.

18. **Psychiatric care:** includes all services pre-admission services and all related services for 24 hrs inpatient level of care for members with mental disorder including semi-private accommodation room and board and service such as physician, Psychologist, nurse, Counselor, and all other treatment staff services, individual, group, family and adjunctive therapies, psychiatric, psychological and mental lab tests, drugs, medicines, equipment use and supplies history and physical examinations and all ancillary services perform ed at or arranged by hospitals. Rate applies when member is specifically in a psychiatric unit.

29. **Rehabilitation Care** : includes changes for rehabilitation care provided to patients in a rehabilitation bed patient must receive more than four hours at a minimum three (3) hours of multidisciplinary therapy per day for at least 5 day a week pre-admission services room s and board nursing care equipment and supplies laboratory radiology, pharmacy, blood product acquisition processing and administration charges ancillary services and all other services incidental to the hospital admission.

30. **Rehabilitation Care (Alcohol and Drug):** includes all services pre-admission services and all related services for 24 hrs inpatient level of care for members with mental disorder including semi-private accommodation room and board and service such as physician, Psychologist, nurse, Counselor, and all other treatment staff services, individual, group, family and adjunctive therapies, psychiatric, psychological and mental lab tests, drugs, medicines, equipment use and supplies history and physical examinations and all ancillary services performed at or arranged by hospitals. Rate applies when member is specifically in an alcohol and Drug Rehabilitation unit.

31. **Rehabilitation Care**: includes all services pre-admission services and all related services for 24 hrs inpatient level of care for members with mental disorder including semi-private accommodation room and board and service such as physician, Psychologist, nurse, Counselor, and all other treatment staff services, individual, group, family and adjunctive therapies, psychiatric, psychological and mental lab tests, drugs, medicines, equipment use and supplies history and physical examinations and all ancillary services performed at or arranged by hospitals. Rate applies when member is specifically is a Drug Rehabilitation unit.

32. **Skilled care**: Includes charges for services provided to patients requiring inpatients skilled nursing care. Rates include pre-admission services room s and board nursing care equipment, and

supplies laboratory radiology, pharmacy ancillary services and all other services incidental to the hospital admission. Skilled care includes all levels of care as defined below

Level I (Skilled Care)

Minimal nursing intervention comorbidities do not complicate treatment plan Assessment of vitals and body systems required 1-2 times per day.

Level II-Comprehensive Care

Moderate nursing intervention, Active treatment of comorbidities, Assessment of vitals and body system required 2-3 times per day.

33**. Sub-Acute Eligible Care / Alternate Deliver Care (Alternate Deliver Care):** Includes charges for service provided to patients requiring inpatients sub-acute care. Rates include pre-admission services room s and board nursing care, equipment, and supplies laboratory radiology, pharmacy, ancillary services and all other services incidental to the hospital admission. Sub-Acute eligible care includes all levels of skilled care as defiled below.

Level III Complex Care

Moderate to extensive mussing intervention. Active medical care and treatment of comorbidities. Potential for comorbidities to affect treatment plan. Assessment of vitals and body system required 3-4 times per day.

Level IV Intensive Care

Extensive nursing and technical intervention Active medical care and treatment of comorbidities. Potential for comorbidities to affect treatment plan. Assessment of vitals and body system required 4-6 times per day.

Additional Definition

Aetna Market Fee Schedule AMFS-A fee schedule that us based upon the contracted location where services are performed company may periodically update this fee schedule.

Eligible Billed Charge-the amount billed by participating group physician/provider for a covered service less charges due to the application of billing coding reimbursement critical standard or guideline in accordance with applicable policies of company or payor.

Service Grouping A grouping of codes (E.g, HCPCS, CPT4, ICD-9 (ICD-10) or successor standards) that are considered similar services and are contracted at one rated under the medical rental product services and rated schedule

General

a) Hospital Services shall include all program, services, facilities and equipment necessary for care. Rate are inclusive of any applicable member copayment, coinsurance, Deductible and any

applicable tax including but not limited to tax and pre-determined service or pre-procedure testing any professional services billed by the hospital and other services as may be expressly included in a given rate.

a1) The Rate applied will be the applicable Rate in effect on the date of admission.

b) The Rate for maternity services includes the mother only Newborn services will be priced at the applicable nursery rates. The maternity rates include payment for all healthy newborn.

c) Multiple procedure processing

Ambulatory Surgery-Groupers The primary surgical procedure will be identified as the highest applicable category. The primary secondary and subsequent procedures will be priced at 100% of the contract rate.

Ambulatory Surgery - Default The primary surgical procedure will be identified as the highest applicable category. The primary secondary and subsequent procedures will be priced at 100% of the contract rate.

Cardiac Cath OP Hospital The primary surgical procedure will be identified as the highest applicable category. The primary secondary and subsequent procedures will be priced at 100% of the contract rate.

d) If an emergency room visit results in an admission the claims for the entries admission including the service rendered in the emergency room will be priced at the applicable inpatients rates and will not include the emergency room visit rate. If an Ambulatory surgery is performed as a result of an emergency room visit the climes for the entire episode of care, including the services rendered in the emergency room will be priced at the applicable Ambulatory surgery rate will not be included in the emergency room visit rate. If an emergency room visit results in observation services, the claims will be priced at the applicable emergency room rates and pricing will not include the observation/treatment room rates, observation services will not be priced when such services are in conjunction with emergency room visit.

e) If an observation services results in an inpatients admission the claim admission including the observation charges will be priced at the applicable inpatient rate and will not include the observation service rates. If observation service does not result in an inpatient admission and meet or exceed 24 hours the applicable inpatient rates for one inpatients day will be priced. Observation service will not be priced in conjunction with ambulatory surgery services recovery room services will not be priced in conjunction with ambulatory services. If an emergency room visit results in observation services, the claims will be priced at the applicable emergency room rates and pricing will not include the observation/treatment room rates, observation services will not be priced when such services are in conjunction with emergency room visit.
f) Personal comforts and convivences items are excluded from the rates.

g) In the event hospital has entered into a contract with a behavior health contract which at the time of the provision of covered services to a member by hospital is party to a behavioral health contract with company or an affiliate (Aetna Behavioral Health Contractor), Hospital bills will be

priced in accordance with the Aetna Behavioral Health Contractor established rates for mental health. Detoxification and Substance abuse Rehabilitation services which will supersede the rates in this Medical rental product services and rate schedule. If the Aetna Behavioral Health Contractor does not have an established rate for the covered services provided to a member by hospital in its agreement with hospital or If the hospital doesn't have an agreement with Aetna Behavioral Health Contractor, hospital bills will be priced in accordance with the medical rental product services and rate schedule

h) Any equipment and/or services provided by an alternate facility or vendor during the course of an admission or procedure shall be the financial responsibility of the hospital and will be considered include in the rate noted in the medical renal products services and rate schedule
1) Submission of lab results and encounters, where applicable and only if required to company or payor hospital agrees to submit the lab results using the form and manner specified by the applicable company or payor.

j) For any item s priced based upon average wholesale price AWP or a percentage of AWP, the AWP will be adjusted to take into account any discounts and/or rebates made available to provider from a manufacture or otherwise for such drugs.

k) In the event a state law requires the application of a different rate or payment methodology the applicable law and rules will supersede the terms of this agreement.

Billing

1) Unless the code is no longer a valid code, Hospital must utilize the code set forth in the medical rental product services and rate schedule when billing. The rate is based on the level of care provider not the bed type occupied by the patient. When the billing Ambulatory surgery, Hospital must utilize both the indicated CPT4 code and the appropriate surgical revenue code

m) All professional services billed under the hospital federal tax identification number on a UB-04 or it is equivalent in the event UB-04s are no longer the standard billing form) billing form are not eligible for payment. All professional services billed under the hospitals tax identification number on a CMS 1500 or equivalent form shall be priced at the Aetna Market Fee Schedule or applicable rates.
n) Company utilize nationally recognized coding structure including but no limited to Revenue codes as described by the uniform billing code, AMA current procedure terminology CPT4, CMS common procedure coding system (HCPCS), Diagnosis Related Groups DRG, ICD-9 (ICD-10 or successor standards) Diagnosis and procedure codes, National Drug Code (NDC) and American society of Anesthesiologists ASA relative values for the basic coding and description for the service provider. As changes are made to nationally recognized codes, company will update internal system to accommodate new and/or changes to existing codes. Such updates may include assignment and or reassignment to service grouping for new and/or existing codes. Such changes will be made when there is no material changes in the procedure itself. Until updated are complete, the procedure will be priced accordingly to the standard and coding set for the prior period, unless otherwise specified the rate of new, replacement reassigned of modified codes will be priced on the same basis or at a comparable rate as set forth within this schedule.

Company will comply and utilize nationally recognized coding structure as directed under applicable federal laws and regulations, including without limitation the health insurance probability and accountability act (HIPAA)

Charge Master Increase:

o) Charge Masterlimit Company acknowledge the hospital may increase the billed charge amount within its charge master (Charge Master Increase) However hospital shall provide company written notice at least 45 days prior to effective date of a Charge Master Increase in accordance with the notice section of the agreement. Such notice will include the amount of the Charge Master Increase and its effective date. Company is entitled to rely upon the information contained in hospital notice of Charge Master Increase for the purpose of adjusted rate as set forth below. Company will communicate to hospital in writing via certified letter, the reverse percentage of charge rates if any.

In the event Hospital implement an aggregate Charge Master Increase for those services rendered to members and priced by company as a percentage of hospital eligible charges the exceeds 5% during any twelve-month period occurring on or after the effective date of the agreement (Charge Master limit) company shall adjust all percentage of charge rates in the manner describe below. Adjusted percentage of charge rates shall be effective on the effective date of the Charge Master Increase. Charges for Implants, prosthetics, pace makers and high cost drugs are excluded from the provision. The Charge Master limit for Tulsa Spine and Specialty Hospital shall be 4%.

Company will review Hospital Eligible Billed charges received by company. Eligible billed charges by company as a percentage of Hospital Eligible Billed charges will be used in company review. Eligible Billed charges received after the effective date of the Charge Master Increase will be compared to the Eligible Billed charges received prior to the effective date of the Charge Master Increase. Charge Master Increase will then be multiplied by the units priced by the units priced by company during the applicable 12 months contrate period and aggregated to determine the total Charge Master Increase. If company determines Charge Master Increase that is higher than a Charge Master Increase reported by Hospital or (b) a Charge Master Increase not reported by hospital that exceeds the Charge Master limit, company shall report such Charge Master Increase to hospital.

Rate Adjustment: The Adjustment to percentage of eligible billed charge rates will be equal to the current priced rate multiplied by one plus the Charge Master limit divided by one plus the Charge Master Increase as calculated in this section. Adjusted percentage or Eligible Billed Charges rates will be round of the nearest one tenth of one percent 0.1%).

Charge Master limits = 3%

Example Charge Master Increase = 6%
Payment Rate Example

Payment Rate = 45%

Adjusted payment rate = 43.7%

45%*1.03/1.06)-43.72642%

Rounded to the nearest one tenth of one percentage 0.1%

Adjustments to percentage of Eligible Billed Charge rates will be applicable to the current future Medical Rental products service rates scheduled under the agreement

Overpayment Calculation: When Company is not notified or is not sufficiently notified of a change master increase prior to the increase effective date. Appropriate rate adjustment cannot be implemented upon the effective date of the change master increase, resulting in overpayment by company. Company will calculate the amount paid to hospital due to change master increase that exceed the change master limit to determine overpaid amounts ('overpayments"). Company or payor shall notify Hospital in written of the overpayments and provide claim s details for the overpaid claim s.

Hospital aggress to remit the overpayments to company in accordance with the overpayment language provisional contained with this agreement.

Notwithstanding anything to the contrary in the Medical Rental Products service and rate schedule, the terms of the Medical Rental Products services and rate schedule have been subject to negotiation and in no case shall compensation for any covered service exceed the Eligible Billed Charge.