



**AMENDMENT #1 TO THE PURCHASE OF SERVICES AGREEMENT**  
**with**  
**SACRED HEART HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST.**  
**FRANCIS**  
**(INCLUSIVE OF SACRED HEART HOSPITAL DBA PREVEA HEALTH)**  
**AND**  
**ST. JOSEPH'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST.**  
**FRANCIS**

This Amendment shall be effective for dates of service between January 1, 2021 and December 31, 2021, and modifies the Agreement with Sacred Heart Hospital of the Hospital Sisters of the Third Order of St. Francis (inclusive of Sacred Heart Hospital dba Prevea Health) and St. Joseph's Hospital of the Hospital Sisters of the Third Order of St. Francis as follows:

1. WHEREAS the parties agree to amend the reimbursement annually, in accordance with Provision III. A., Attachment 1, REIMBURSEMENT FOR AUTHORIZED SERVICES, shall be deleted in its entirety and replaced with the below Attachment 1, REIMBURSEMENT FOR AUTHORIZED SERVICES.
2. All other terms and conditions of the Agreement shall remain in full force and effective.

## Attachment 1

### REIMBURSEMENT FOR AUTHORIZED SERVICES

Effective Date: 01/01/2021 to 12/31/2021

**Provider: Sacred Heart Hospital of the Hospital Sisters of the Third Order of St. Francis**

SPC/Service Description	Reimbursement Rate	Unit
5.03 Inpatient Psych - Adult	\$1,230	1 <sup>st</sup> Day
	\$1,051	Add'l Day
90791	EVAL PSYCH DIAG MD	
90792	EVAL PSYCH DX W/MED SVC MD	
90832	PSYCH THRPY 30MIN	
90833	IND PSY W/MED EVAL 30MIN	
90834	PSYCH THRPY 45MIN	
90853	PSYCH GRP THPY	
SPC/Service Description	Reimbursement Rate	Unit
7.03 Detox	\$1,497	1 <sup>st</sup> Day
	\$1,408	Add'l Day
G0434	Drug Screen	
82948	Alcohol Breath	
90791	EVAL PSYCH DIAG MD	
90792	EVAL PSYCH DX W/MED SVC MD	
90832	PSYCH THRPY 30MIN	
90833	IND PSY W/MED EVAL 30MIN	
90834	PSYCH THRPY 45MIN	
90853	PSYCH GRP THPY	
SPC/Service Description	Reimbursement Rate	Unit
5.03 Inpatient Psych - Adolescent	\$1,549	Per Day
90791	EVAL PSYCH DIAG MD	
90792	EVAL PSYCH DX W/MED SVC MD	
90832	PSYCH THRPY 30MIN	
90833	IND PSY W/MED EVAL 30MIN	
90834	PSYCH THRPY 45MIN	
90853	PSYCH GRP THPY	

**Provider: St. Joseph's Hospital of the Hospital Sisters of the Third Order of St. Francis**

\*\*\*CPT Codes: 90791, 90832, 90834, 90837, 90853, G0434 or successor/additional codes

Inpatient Program	Reimbursement Rate	Unit
Medically Managed Detox 75.06	\$656	Per Day
Medically Monitored Treatment (Residential) 75.11	\$358	Per Day
Room & Board	\$95	Per Day

**Provider: Sacred Heart Hospital dba Prevea Health**

Physician Service Description	Reimbursement Rate
Admissions	CPT 99221: \$83.27 CPT 99222: \$91.72 CPT 99223: \$105.01
Subsequent Visit	CPT 99231: \$28.31 CPT 99232: \$35.46 CPT 99233: \$55.51
Discharges	CPT 99238: \$52.15
Outpatient Visits	CPT 99213: \$41.61 CPT 99214: \$65.44 CPT 99215: \$95.90 CPT: 99203: \$75.98 CPT: 99204: \$108.72 CPT: 99205: \$138.31 CPT: 99417 (add on code for level 5): \$61.80
Drug Screen	CPT: G0480: \$65.87
Urine Drug Screen	CPT: 80305: \$12.98
Urine Pregnancy Test	CPT: 81025: \$8.87
Alcohol Breath Test	CPT: 82075: \$16.89

Service	Provider Licensure	CPT Code	Modifier	Reimbursement Rate
Outpatient AODA/Mental Health Intake	LPC/LMFT/LCSW	90791	HO	\$99.67
Outpatient AODA/Mental Health Intake	PHD	90791	HP	\$132.90
Outpatient AODA/Mental Health Intake	APNP	90791	UB	\$132.90
Outpatient AODA/Mental Health Intake	MD	90792	UA	\$148.46
Outpatient AODA/Mental Health - 30 Minutes	LPC/LMFT/LCSW	90832	HO	\$48.59
Outpatient AODA/Mental Health - 30 Minutes	PHD	90832	HP	\$64.78
Outpatient AODA/Mental Health - 30 Minutes	APNP	90832	UB	\$64.78
Outpatient AODA/Mental Health - 30 Minutes	MD	90832	UA	\$64.78
Outpatient AODA/Mental Health - 45 Minutes	LPC/LMFT/LCSW	90834	HO	\$64.55
Outpatient AODA/Mental Health - 45 Minutes	PHD	90834	HP	\$86.07
Outpatient AODA/Mental Health - 45 Minutes	APNP	90834	UB	\$86.07
Outpatient AODA/Mental Health - 45 Minutes	MD	90834	UA	\$101.02
Outpatient AODA/Mental Health - 60 Minutes	LPC/LMFT/LCSW	90837	HO	\$96.76
Outpatient AODA/Mental Health - 60 Minutes	PHD	90837	HP	\$129.01
Outpatient AODA/Mental Health - 60 Minutes	APNP	90837	UB	\$129.01
Outpatient AODA/Mental Health - 60 Minutes	MD	90837	UA	\$151.52

**Provider: Sacred Heart Hospital dba Prevea Health – DIRECT SERVICES (invoice billing)**

Court Evaluation – MD (direct invoice)	\$210 per hour
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Court Evaluation – Psychologist (direct invoice)	\$90 per hour
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**CCS SERVICES****Provider: Sacred Heart Hospital dba Prevea Health – DIRECT SERVICES (invoice billing)****CCS OUTPATIENT SERVICES**

<b>SERVICE DESCRIPTION</b>	<b>REIMBURSEMENT RATE</b>
Substance Abuse Treatment or Psychotherapy Master's Degree Counselor – H0022 (1 unit equals 15 minutes); Service Planning – T1007 (1 unit equals 15 minutes)	\$167.05 / Hour of time-intake, 1-1 therapy
Master's Group Therapy H0005 (1 unit equals 15 minutes); Service Planning – T1007 (1 unit equals 15 minutes)	\$55.68 / Hour of time-intake, group therapy

**Provider: St. Joseph's Hospital of the Hospital Sisters of the Third Order of St. Francis dba L.E. Phillips****DIRECT SERVICES (invoice billing)****CCS RESIDENTIAL TREATMENT**

<b>SERVICE ARRAY DESCRIPTION (1 unit equals 15 minutes)</b>	
Medication Management	
Physical Health Monitoring	
Individual Skill, Development and Enhancement	
Individual and/or Family Psychoeducation	
Group Psychoeducation	
Wellness Management and Recovery/Recovery Support Services	
Substance Abuse Treatment	
Service Planning	
Residential Treatment Per Day – Revenue Code 91	\$341.03 per day
Room and Board Per Day (Billed to County of Residence) – Revenue Code 1002	\$90.11 per day

**IN WITNESS WHEREOF**, the parties hereto have executed this Amendment to the  
**PURCHASE OF SERVICES AGREEMENT.**

**Sacred Heart Hospital of the Hospital  
Sisters of the Third Order of St. Francis  
and St. Joseph's Hospital of the Hospital  
Sisters of the Third Order of St. Francis**

Sauk Co Dept of Human  
Purchaser Services

Daniel A Brattset Director  
Authorized Signer

Daniel A Brattset  
Name (please print)

\_\_\_\_\_  
Signature

Michael Cottrell  
Name (please print)

\_\_\_\_\_  
Title (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title (please print)

\_\_\_\_\_  
Date

**Sacred Heart Hospital dba Prevea Health**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title (please print)

\_\_\_\_\_  
Date