

INDEPENDENT CONTRACTOR AGREEMENT

EXHIBIT A. (PAGE 1 &2)

Medical Decision Making Levels and Table of Risk

Medical Decision-Making:  
 Progression of Elements: The following table illustrates the progression of elements required for each level.  
 Qualification: To qualify for a specific type, 2 out of 3 elements must meet or exceed the requirements for that decision-making level (APA).

Medical Decision Making Levels

✔ Straightforward:

- Dx/Treatment Options: Minimal (0-1)
- Data Complexity: Minimal or None (0)
- Risk Level: Minimal

🔍 Low Complexity:

- Dx/Treatment Options: Limited (0-1)
- Data Complexity: Limited (0-1)
- Risk Level: Low

⚖ Moderate Complexity:

- Dx/Treatment Options: Multiple (2-3)
- Data Complexity: Multiple (2-3)
- Risk Level: Moderate

▶ High Complexity:

- Dx/Treatment Options: Extensive (4+)
- Data Complexity: Extensive (4+)
- Risk Level: High (severe risk of complications)

CPT codes description/Compensation	Physician Fee schedule - Medicare 2025	
EVALUATION AND MANAGEMENT	Frequency Limits	US\$
99304 - Initial nursing facility care (low complexity)	once per new visit	\$13.00
99305 - Initial nursing facility care (moderate complexity)	once per new visit	\$25.00
99306 - Initial nursing facility care (high complexity)	once per new visit	\$30.00
99307 - Subsequent nursing facility care (low complexity)	2-3 times per week	\$7.00
99308 - Subsequent nursing facility care (moderate complexity)	2-3 times per week	\$18.00
99309 - Subsequent nursing facility care (high complexity)( Highly complicated patient issues requiring additional time and expertise )	2 times per week	\$24.00
99310 - Subsequent nursing facility care (high complexity) ( Very close to life Threatening situation )	as needed	\$27.00
99316 - Nursing facility discharge day management (over 30 mins )	use this code for discharge	\$22.00
99291 - Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes.	life threatening first 74 min	\$30.00
99292 - Add on code to 99291 after the first 30 mins, 99292 for each additional 30 minutes provided to the same patient on the same day.	continued cc each addl 30 min	\$10.00
99495 - Transitional Care Management within 14 days of Discharge	Only when indicated by <small>CPT code</small>	\$22.00
99496 - Transitional Care Management within 7 days of Discharge	Only when indicated by <small>CPT code</small>	\$30.00
<b>G CODES</b>		
G0317 - E/M beyond total time for primary service (each additional 15 minutes ), with or without direct patient contact - only used with CPT codes 99306 to 99310	add on code in 15 minute increments	\$5.00
<b>ADVANCED CARE PLANNING</b>		
99497 - Advance care planning 30 minutes or less	as often as required	\$12.00
99498 - Advance care planning 30 minutes or more	the add on code to 99497	\$10.00
<b>COUNSELING/ EDUCATION</b>		
99406 - Tobacco cessation ( 3-10 ) min	monthly	\$2.00
99407 - Smoking and tobacco use cessation counseling visit; greater 10 minutes	monthly	\$4.00
94664 - Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	as needed	\$4.00

<b>PROCEDURES</b>		
31502 - Tracheostomy Tube Replacement		\$6.00
31615 - Tracheostomy visualization using laryngoscope		\$18.00
36590 - PICC line removal		\$30.00
43762- PEG replacement (skilled Pts)		\$10.00
43762- PEG replacement (LTC Pts)		\$10.00
51701 - Foley Catheter Insertion (intermittent catheterization)		\$5.00
51702 - Foley Catheter Insertion (temporary catheterization - uncomplicated)		\$5.00
51703 - Foley Catheter Insertion (temporary catheterization - complicated)		\$10.00
51705 - Supra-pubic Catheter Change		\$8.00
69209 - Cerumen Extraction		\$2.50
76604 - POCUS Diagnostic Ultrasound of the Chest		\$10.00
76705- POCUS Diagnostic Ultrasound of the abdomen, single organ, quadrant		\$13.00
76706 - Triple A Screen		\$16.00
76700 - Diagnostic Ultrasound Procedures of the Abdomen of the liver, gallbladder, pancreas, spleen, and kidneys (multiple organs)		\$18.00
76775 - POCUS Diagnostic Ultrasound of the Abdomen, Kidney/Renal, AAA		\$9.00
76937 - Ultrasonic guidance for vascular access		\$5.00
92950 - CPR		\$30.00
94640 - Airway inhalation treatment		\$1.00

93000 - EKG		\$2.00
93308 - Echocardiography, transthoracic		\$15.00
93971 - Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study (DVT Ultrasound)		\$17.00
93306 - Echocardiography, transthoracic, real time with image documentation (2D) includes M-mode recording when performed; complete, with spectral Doppler and color flow Doppler		\$30.00
93307 - Echocardiography, transthoracic, real time with image documentation (2D) includes M-mode recording when performed; complete, without spectral Doppler or color flow Doppler		\$20.00
93925 - Arterial Doppler		\$35.00
93970 - Venous Doppler		\$25.00
94004 - Ventilation assist and management		\$9.00
94010 + 94060 - Incentive Spirometry + Evaluation of wheezing		\$5.00
99446 - Interprofessional telephone, Internet, or electronic health record assessment and management service provided by a consultative physician or other qualified healthcare professional - 5 to 10 minutes		\$2.50
99447 - Interprofessional telephone, Internet, or electronic health record assessment and management service provided by a consultative physician or other qualified healthcare professional - 11-20 minutes		\$5.00
99447 - Interprofessional telephone, Internet, or electronic health record assessment and management service provided by a consultative physician or other qualified healthcare professional - 21-30 minutes		\$7.00
99449 - Interprofessional telephone, Internet, or electronic health record assessment and management service provided by a consultative physician or other qualified healthcare professional - 31 minutes or more		\$9.00
94660 - Continuous positive airway pressure ventilation (CPAP/BIPAP), initiation and management		\$5.00
96160 - Administering a standardized health risk assessment instrument to patients (COPD, Asthma CAT score)		\$1.00

EVALUATION AND MANAGEMENT - INPATIENT REHABILITATION HOSPITAL		
99221 - Initial hospital inpatient care, typically 40 minutes are spent at the bedside and on the patient's case	once per new visit	\$13.00
99222 - Initial hospital inpatient care, typically 55 minutes are spent at the bedside and on the patient's case	once per new visit	\$22.00
99223 - Initial hospital inpatient care, typically 75 minutes are spent at the bedside and on the patient's case	once per new visit	\$27.00
99231 - Subsequent hospital inpatient/observation care (25 minutes)		\$8.00
99232 - Subsequent hospital inpatient care (moderate complexity, 35 minutes)		\$15.00
99233 - Subsequent hospital inpatient/observation care (high complexity, 50 minutes)		\$20.00