

**CONTRACT AMENDMENT  
CONTRACT 10-033-MSP  
Lab Testing-MSP**

THIS CONTRACT AMENDMENT (Amendment #8) is made and entered into by and between the Montana Department of Corrections (DEPARTMENT) 5 S. Last Chance Gulch, Helena, Montana 59620-1301 and Deer Lodge Medical Center (CONTRACTOR) 1100 Hollenback, Deer Lodge, MT 59722 and is effective upon receipt of all signatures.

WHEREAS, the parties have entered a Contract with an original effective date of August 6, 2009 and Section 14 provides that the parties may modify their agreement in writing; and

WHEREAS, the Contract expires on June 30, 2016 and Section 5 provides that the parties may extend the expiration date of the Contract.

NOW THEREFORE, the parties agree to amend the Contract as follows (new language underlined, old language interlined):

**3. COMPENSATION/BILLING**

DEPARTMENT shall compensate CONTRACTOR for successful delivery of services (or goods), provided pursuant to Section 2, in the following manner:

A. DEPARTMENT shall pay CONTRACTOR for laboratory testing and radiological services in accordance with the most current Outpatient Laboratory Fee Schedule ~~effective July 1, 2011 through June 30, 2012~~, which includes Radiological Services, as included with and incorporated into this Contract as an Attachment.

B. - E. No Changes.

This constitutes the Amendment to the Contract. All other provisions contained in the original Contract, as amended, shall remain unchanged.

**DEPARTMENT**

Connie Winner  
Connie Winner, Administrator  
Clinical Services Division

8-21-15  
Date

**CONTRACTOR**

Tony Pfaff  
Tony Pfaff, CEO  
Deer Lodge Medical Center

8/25/15  
Date

Reviewed for Legal Content by:

Colleen Ambrose  
Legal Counsel  
Department of Corrections

8-14-15  
Date

MONTANA STATE PRISON  
2015 Radiology Pricing

MONTANA STATE PRISON  
2015 Radiology Pricing

PROCEDURE	DESCRIPTION
HC XR EYE FOR FOREIGN BODY	HC XR EYE FOR FOREIGN BODY
HC XR TOES(S) 2 VIEWS	HC XR TOES(S) 2 VIEWS
HC XR JAW 1-3 VIEWS	HC XR JAW 1-3 VIEWS
HC XR JAW 4+ VIEWS	HC XR JAW 4+ VIEWS
HC XR FACIAL BONES 1-2 VIEWS	HC XR FACIAL BONES 1-2 VIEWS
HC XR FACIAL BONES 3+ VIEWS	HC XR FACIAL BONES 3+ VIEWS
HC XR NASAL BONES 3+ VIEWS	HC XR NASAL BONES 3+ VIEWS
HC XR ORBITS 4+ VIEWS	HC XR ORBITS 4+ VIEWS
HC XR SINUSES 1-2 VIEWS	HC XR SINUSES 1-2 VIEWS
HC XR SINUSES 3+ VIEWS	HC XR SINUSES 3+ VIEWS
HC XR SKULL 1-3 VIEWS	HC XR SKULL 1-3 VIEWS
HC XR SKULL 4+ VIEWS	HC XR SKULL 4+ VIEWS
HC XR NECK SOFT TISSUE	HC XR NECK SOFT TISSUE
HC XR RIBS 2 VIEWS	HC XR RIBS 2 VIEWS
HC XR RIBS/CHEST	HC XR RIBS/CHEST
HC XR RIBS BILAT	HC XR RIBS BILAT
HC XR RIBS/CHEST BILAT	HC XR RIBS/CHEST BILAT
HC XR STERNUM	HC XR STERNUM
HC XR STERNO-CLAVICULAR JOINTS	HC XR STERNO-CLAVICULAR JOINTS
HC XR SPINE ENTIRE SURVEY	HC XR SPINE ENTIRE SURVEY
HC XR CERVICAL SPINE 2 OR 3 VIEWS	HC XR CERVICAL SPINE LESS THAN 3 VIEWS
HC XR CERVICAL SPINE 4 OR 5 VIEWS	HC XR CERVICAL SPINE 4 OR 5 VIEWS
HC XR CERVICAL SPINE 6 OR MORE VIEWS	HC XR CERVICAL SPINE 6 OR MORE VIEWS
HC XR SPINE 2 VIEWS THORACIC	HC XR SPINE 2 VIEWS THORACIC
HC XR SPINE 3 VIEWS THORACIC	HC XR SPINE 3 VIEWS THORACIC
HC XR SPINE 2 VIEWS THORACO-LUMBAR	HC XR SPINE 2 VIEWS THORACO-LUMBAR
HC XR SPINE SCOLIOSIS SUP/ERECT	HC XR SPINE SCOLIOSIS SUP/ERECT
HC XR SPINE 2-3 VIEWS LUMBAR	HC XR SPINE 2-3 VIEWS LUMBAR
HC XR SPINE 4+ VIEWS LUMBAR	HC XR SPINE 4+ VIEWS LUMBAR
HC XR PELVIS 1-2 VIEWS	HC XR PELVIS 1-2 VIEWS
HC XR SACROILIAC JOINTS 1-2 VIEWS	HC XR SACROILIAC JOINTS 1-2 VIEWS
HC XR SACROILIAC JOINTS 3+ VIEWS	HC XR SACROILIAC JOINTS 3+ VIEWS
HC XR TAILBONE 2+ VIEWS	HC XR TAILBONE 2+ VIEWS
HC XR CLAVICLE UNILAT	HC XR CLAVICLE UNILAT
HC XR SCAPULA BILAT	HC XR SCAPULA BILAT
HC XR HEEL 2 VIEWS	HC XR HEEL 2 VIEWS
HC XR FOOT 3 VIEWS	HC XR FOOT 3 VIEWS
HC XR SHOULDER 1 VIEW	HC XR SHOULDER 1 VIEW
HC XR SHOULDER ACROMIO-CLAVICULAR JOINTS	HC XR SHOULDER ACROMIO-CLAVICULAR JOINTS
HC XR HUMERUS 2+ VIEWS	HC XR HUMERUS 2+ VIEWS
HC XR ELBOW 2 VIEW	HC XR ELBOW 2 VIEW
HC XR ELBOW 3 VIEWS	HC XR ELBOW 3 VIEWS

HB TERM HC XR ELBOW 3 VIEWS BILAT  
HC XR FOOT 2 VIEWS  
HC XR FOREARM 2 VIEWS  
HC XR ARM INFANT  
HC XR WRIST 2 VIEWS  
HC XR WRIST 3+ VIEWS  
HC XR HAND 2 VIEWS  
HC XR HAND 3+ VIEWS  
HC XR FINGERS(S) 2 VIEWS  
HC XR HIP 1 VIEW  
HC XR HIPS 2 VIEWS INCL PELVIS  
HC XR PELVIS & HIP INFANT/CHILD  
HC XR THIGH 1 VIEW  
HC XR THIGH 2 VIEWS  
HC XR KNEE 1-2 VIEWS  
HC XR KNEE 3 VIEWS  
HC XR KNEE 4+ VIEWS  
HC XR KNEES STANDING BILAT  
HC XR LOWER LEG  
HC XR LEG INFANT  
HC XR ANKLE 2 VIEWS  
HC XR ANKLE 3 VIEWS  
HC XR ABDOMEN 1 VIEW  
HC XR ABDOMEN MULTIPLE VIEWS  
HC XR ABDOMEN SERIES  
HC XR CONTRAST THROAT  
HC DXA BONE DENSITY AXIAL  
HC XR HIP 2 VIEWS  
HC RADIOLOGY UNLISTED PROCEDURE  
HC XR SHOULDER 2+ VIEWS COMPLETE  
HC XR CHEST 1 VIEW  
HC XR CHEST 2 VIEWS  
HC XR CHEST 1 VIEW PORTABLE  
HC XR CHEST 2 VIEWS W/LORDOTIC  
HC XR CHEST SPECIAL VIEWS  
HC CT MAXILLOFACIAL W/O DYE LIMITED  
HC CT SOFT TISSUE NECK W/O DYE  
HC CT SOFT TISSUE NECK W/DYE  
HC CT THORAX W/O DYE  
HC CT ANGIOGRAPHY CHEST  
HC CT LWR EXTREMITY W/O&W/DYE  
HC CT ABD & PELVIS W/O CONTRAST  
HC CT ABDOMEN & PELVIS W/ DYE  
HC 3D RENDER W/O POSTPROCESS  
HC 3D RENDERING W/POSTPROCESS  
HC CT HEAD/BRAIN W/O DYE  
HC CT HEAD/BRAIN W/DYE

HC XR ELBOW 3 VIEWS BILAT  
HC XR FOOT 2 VIEWS  
HC XR FOREARM 2 VIEWS  
HC XR ARM INFANT  
HC XR WRIST 2 VIEWS  
HC XR WRIST 3+ VIEWS  
HC XR HAND 2 VIEWS  
HC XR HAND 3+ VIEWS  
HC XR FINGERS(S) 2 VIEWS  
HC XR HIP 1 VIEW  
HC XR HIPS 2 VIEWS INCL PELVIS  
HC XR PELVIS & HIP INFANT/CHILD  
HC XR THIGH 1 VIEW  
HC XR THIGH 2 VIEWS  
HC XR KNEE 1-2 VIEWS  
HC XR KNEE 3 VIEWS  
HC XR KNEE 4+ VIEWS  
HC XR KNEES STANDING BILAT  
HC XR LOWER LEG  
HC XR LEG INFANT  
HC XR ANKLE 2 VIEWS  
HC XR ANKLE 3 VIEWS  
HC XR ABDOMEN 1 VIEW  
HC XR ABDOMEN MULTIPLE VIEWS  
HC XR ABDOMEN SERIES  
HC XR contrast throat  
HC Dxa bone density axial  
HC XR HIP 2 VIEWS  
HC RADIOLOGY UNLISTED PROCEDURE  
HC XR SHOULDER 2+ VIEWS COMPLETE  
HC XR CHEST 1 VIEW  
HC XR CHEST 2 VIEWS  
HC XR CHEST 1 VIEW PORTABLE  
HC XR CHEST 2 VIEWS W/LORDOTIC  
HC XR CHEST SPECIAL VIEWS  
HC CT MAXILLOFACIAL W/O DYE LIMITED  
HC CT SOFT TISSUE NECK W/O DYE  
HC CT SOFT TISSUE NECK W/DYE  
HC CT THORAX W/O DYE  
HC CT ANGIOGRAPHY CHEST  
HC CT LWR EXTREMITY W/O&W/DYE  
HC CT ABD & PELVIS W/O CONTRAST  
HC CT ABDOMEN & PELVIS W/ DYE  
HC 3D render w/o postprocess  
HC 3D rendering w/postprocess  
HC CT HEAD/BRAIN W/O DYE  
HC CT HEAD/BRAIN W/DYE

HC CT HEAD/BRAIN W/O & W/DYE  
HC CT ORBIT/EAR/FOSSA W/O DYE  
HC CT ORBIT/EAR/FOSSA W/DYE  
HC CT ORBIT/EAR/FOSSA W/O&W/DYE  
HC CT MAXILLOFACIAL W/DYE  
HB TERM HC CT MAXILLOFACIAL W/O & W/DYE  
HC CT THORAX W/DYE  
HC CT THORAX W/O & W/DYE  
HC CT NECK SPINE W/O DYE  
HC CT NECK SPINE W/DYE  
HC CT NECK SPINE W/O & W/DYE  
HC CT CHEST SPINE W/O DYE  
HC CT CHEST SPINE W/DYE  
HC CT CHEST SPINE W/O & W/DYE  
HC CT LUMBAR SPINE W/O DYE  
HC CT PELVIS W/O DYE  
HC CT PELVIS W/DYE  
HC CT PELVIS W/O & W/DYE  
HC CT UPPER EXTREMITY W/O DYE  
HC CT LOWER EXTREMITY W/O DYE  
HC CT UPPER EXTREMITY W/DYE  
HC CT UPPR EXTREMITY W/O&W/DYE  
HC CT ABDOMEN W/O DYE  
HC CT LOWER EXTREMITY W/DYE  
HC CT ABDOMEN W/DYE  
HC CT ABDOMEN W/O & W/DYE  
HC CT ABDOMEN & PELVIS W/WO DYE  
HC COMPUTER DX MAMMOGRAM ADD-ON  
HC MAMMO DIAG DIGITAL BILAT  
HC MAMMO DIAG DIGITAL UNILAT  
HC ECHO EXAM OF HEAD  
HC US EXAM OF HEAD AND NECK  
HC US EXAM BREAST(S)  
HB INACT HC US EXAM BREAST UNILAT  
HC US EXAM ABDOMEN COMPLETE  
HC US EXAM PELVIC LIMITED  
HC US RETROPERITONEAL COMPLETE  
HC US RETROPERITONEAL LIMITED  
HC US OB < 14 WKS SINGLE FETUS  
HC US OB < 14 WKS ADDL FETUS  
HC US OB >= 14 WKS SINGLE FETUS  
HC US OB>= 14 WKS ADDL FETUS  
HC US OB DETAILED SINGLE FETUS  
HC US OB DETAILED ADDL FETUS  
HC US OB LIMITED FETUS(S)  
HC US OB FOLLOW-UP PER FETUS  
HC US OB TRANSVAGINAL

HC CT HEAD/BRAIN W/O & W/DYE  
HC CT ORBIT/EAR/FOSSA W/O DYE  
HC CT ORBIT/EAR/FOSSA W/DYE  
HC CT ORBIT/EAR/FOSSA W/O&W/DYE  
HC CT MAXILLOFACIAL W/DYE  
HC CT MAXILLOFACIAL W/O & W/DYE  
HC CT THORAX W/DYE  
HC CT THORAX W/O & W/DYE  
HC CT NECK SPINE W/O DYE  
HC CT NECK SPINE W/DYE  
HC CT NECK SPINE W/O & W/DYE  
HC CT CHEST SPINE W/O DYE  
HC CT CHEST SPINE W/DYE  
HC CT CHEST SPINE W/O & W/DYE  
HC CT LUMBAR SPINE W/O DYE  
HC CT PELVIS W/O DYE  
HC CT PELVIS W/DYE  
HC CT PELVIS W/O & W/DYE  
HC CT UPPER EXTREMITY W/O DYE  
HC CT LOWER EXTREMITY W/O DYE  
HC CT UPPER EXTREMITY W/DYE  
HC CT UPPR EXTREMITY W/O&W/DYE  
HC CT ABDOMEN W/O DYE  
HC CT LOWER EXTREMITY W/DYE  
HC CT ABDOMEN W/DYE  
HC CT ABDOMEN W/O & W/DYE  
HC CT ABDOMEN & PELVIS W/WO DYE  
HC COMPUTER DX MAMMOGRAM ADD-ON  
HC MAMMO DIAG DIGITAL BILAT  
HC MAMMO DIAG DIGITAL UNILAT  
HC echo exam of head  
HC US exam of head and neck  
HC US exam breast(s)  
HC US exam breast Unilat  
HC US exam abdomen complete  
HC US EXAM PELVIC LIMITED  
HC US RETROPERITONEAL COMPLETE  
HC US retroperitoneal limited  
HC US OB < 14 WKS SINGLE FETUS  
HC US OB < 14 WKS ADDL FETUS  
HC US OB >= 14 WKS SINGLE FETUS  
HC US OB>= 14 WKS ADDL FETUS  
HC US OB DETAILED SINGLE FETUS  
HC US OB DETAILED ADDL FETUS  
HC US OB LIMITED FETUS(S)  
HC US OB FOLLOW-UP PER FETUS  
HC US OB TRANSVAGINAL

HC US FETAL BIOPHYS PROFILE W/NST	HC US FETAL BIOPHYS PROFILE W/NST
HC US FETAL BIOPHYS PROFILE W/O NST	HC US FETAL BIOPHYS PROFILE W/O NST
HC US TRANSVAGINAL NON-OB	HC US transvaginal non-ob
HC US EXAM SCROTUM & CONTENTS	HC US exam scrotum & contents
HC US TRANSRECTAL	HC US TRANSRECTAL
HC US EXT NON-VASC COMPLETE	HC US ext non-vasc complete
HC ECHO GUIDE FOR BIOPSY	HC ECHO GUIDE FOR BIOPSY
HC US EXAM PELVIC COMPLETE	HC US exam pelvic complete
HC US EXAM OF HEAD AND NECK THYROID	HC US exam of head and neck thyroid
HC ECHO EXAM OF ABDOMEN LIMITED	HC Echo exam of abdomen limited
HC COMP ANALYSIS SCREEN MAMMOGRAM ADD-C	HC COMP ANALYSIS SCREEN MAMMOGRAM ADD-C
HC MAMMO SCREEN DIGITAL BILAT	HC MAMMO SCREEN DIGITAL BILAT
HC TEMP TRANSCUTANEOUS EXT PACING 92953	HC TEMP TRANSCUTANEOUS EXT PACING 92953
HC CARDIOVERSION ELECTIVE EXTERNAL 92960	HC Cardioversion elective external 92960
HC ECHO TTE 2D M-MODE LTD	HC ECHO TTE 2D M-MODE LTD
HC ECHO STRESS TEST W/INTERP & REPT	HC ECHO STRESS TEST W/INTERP & REPT
HC TTE ECHO 2D W/COLOR & DOP	HC TTE ECHO 2D W/COLOR & DOP
HC MRI IMAGE JAW JOINT TMJ	HC MRI image jaw joint TMJ
HC MRI ORBIT/FACE/NECK W/DYE	HC MRI orbit/face/neck w/dye
HC MRI ORBT/FAC/NCK W/O & W/DYE	HC MRI orbt/fac/nck w/o & w/dye
HC MRA W/O CONTRAST, HEAD	HC MRA W/O CONTRAST, HEAD
HC MRA W/O AND W/CONTRAST, HEAD	HC MRA W/O AND W/CONTRAST, HEAD
HC MRA W/O CONTRAST, NECK	HC MRA W/O CONTRAST, NECK
HC MRA W/O AND W/CONTRAST, NECK	HC MRA W/O AND W/CONTRAST, NECK
HC MRI CHEST W/O DYE	HC MRI chest w/o dye
HC MRI CHEST W/DYE	HC MRI chest w/dye
HC MRI CHEST W/O & W/DYE	HC MRI chest w/o & w/dye
HB TERM HC MRI ANGIO CHEST W OR W/O DYE W/	HC MRI angio chest w or w/o dye w/MRI procedure
HC MRI PELVIS W/O DYE	HC MRI PELVIS W/O DYE
HC MRI PELVIS W/DYE	HC MRI PELVIS W/DYE
HC MRI PELVIS W/O & W/DYE	HC MRI PELVIS W/O & W/DYE
HC MRI LWR EXTREMITY W/O&W/DYE	HC MRI lwr extremity w/o&w/dye
HC MRI UPPER EXTREMITY W/DYE LIMITED	HC MRI upper extremity w/dye Limited
HC MRI LOWER EXTREMITY W/DYE	HC MRI lower extremity w/dye
HC MRI UPPER EXTREMITY W/O & W/DYE	HC MRI upper extremity w/o & w/dye
HC MRI JOINT UPR EXTREM W/O DYE	HC MRI joint upr extrem w/o dye
HC MRI LOWER EXTREMITY W/O DYE	HC MRI lower extremity w/o dye
HC MRI JNT OF LWR EXTRE W/O DYE	HC MRI jnt of lwr extre w/o dye
HC MRI JOINT OF LWR EXTR W/DYE	HC MRI joint of lwr extr w/dye
HC MRI JOINT LWR EXTR W/O&W/DYE	HC MRI joint lwr extr w/o&w/dye
HB TERM HC MR ANG LWR EXT W OR W/O DYE	HC MR ANG LWR EXT W OR W/O DYE
HC MRI ABDOMEN W/O DYE	HC MRI abdomen w/o dye
HC MRI ABDOMEN W/DYE	HC MRI abdomen w/dye
HC MRI ABDOMEN W/O & W/DYE	HC MRI abdomen w/o & w/dye
HB TERM HC MRI ANGIO ABDOM W/MRI PROCEDU	HC MRI angio abdom w/MRI Procedure
HB TERM HC MRI ANGIO ABDOM W OR W/O DYE	HC MRI angio abdom w or w/o dye
HB TERM HC MRA W/O AND W/CONTRAST, PELVIS	HC MRA W/O AND W/CONTRAST, PELVIS

HC MRI ORBIT/FACE/NECK W/O DYE  
HC MRI BRAIN W/O DYE  
HC MRI BRAIN W/DYE  
HC MRI BRAIN W/O & W/DYE  
HC MRI CERVICAL SPINE W/O DYE  
HC MRI CERVICAL SPINE W/DYE  
HC MRI THORACIC SPINE W/O DYE  
HC MRI THORACIC SPINE W/DYE  
HC MRI LUMBAR SPINE W/O DYE  
HC MRI LUMBAR SPINE W/DYE  
HC MRI CERVICAL SPINE W/O & W/DYE  
HC MRI THORACIC SPINE W/O & W/DYE  
HC MRI LUMBAR SPINE W/O & W/DYE  
HC DUPLEX EXTRACRANIAL STUDY BILAT  
HC PHYSIO UE/LE ART 3+ LVLS  
HC LOWER EXTREMITY STUDY DUPLEX BILAT  
HC EXTREMITY STUDY VENOUS DUPLEX BILAT  
HC EXTREMITY STUDY VENOUS DUPLEX  
HC PHYSIO UE/LE ART 2 LVLS  
HC PR 77002 NEEDLE LOCALIZATION BY XRAY  
HC PR 77003 FLUOROGUIDE FOR SPINE INJECT

HC MRI orbit/face/neck w/o dye  
HC MRI BRAIN W/O DYE  
HC MRI BRAIN W/DYE  
HC MRI BRAIN W/O & W/DYE  
HC MRI CERVICAL SPINE W/O DYE  
HC MRI CERVICAL SPINE W/DYE  
HC MRI THORACIC SPINE W/O DYE  
HC MRI THORACIC SPINE W/DYE  
HC MRI LUMBAR SPINE W/O DYE  
HC MRI LUMBAR SPINE W/DYE  
HC MRI CERVICAL SPINE W/O & W/DYE  
HC MRI THORACIC SPINE W/O & W/DYE  
HC MRI LUMBAR SPINE W/O & W/DYE  
HC Duplex Extracranial study BILAT  
HC PHYSIO UE/LE ART 3+ LVLS  
HC LOWER EXTREMITY STUDY DUPLEX BILAT  
HC EXTREMITY STUDY VENOUS DUPLEX BILAT  
HC EXTREMITY STUDY VENOUS DUPLEX  
HC PHYSIO UE/LE ART 2 LVLS  
NEEDLE LOCALIZATION BY XRAY  
HC PR 77003 FLUOROGUIDE FOR SPINE INJECT

CODE		PRICE
70030	CPT(R)	\$ 93.36
73660	CPT(R)	\$ 93.53
70100	CPT(R)	\$ 106.18
70110	CPT(R)	\$ 135.28
70140	CPT(R)	\$ 105.56
70150	CPT(R)	\$ 137.02
70160	CPT(R)	\$ 106.29
70200	CPT(R)	\$ 162.95
70210	CPT(R)	\$ 101.45
70220	CPT(R)	\$ 133.91
70250	CPT(R)	\$ 120.07
70260	CPT(R)	\$ 161.82
70360	CPT(R)	\$ 91.81
71100	CPT(R)	\$ 106.57
71101	CPT(R)	\$ 132.72
71110	CPT(R)	\$ 132.72
71111	CPT(R)	\$ 184.60
71120	CPT(R)	\$ 109.80
71130	CPT(R)	\$ 110.90
72010	CPT(R)	\$ 375.36
72040	CPT(R)	\$ 108.54
72050	CPT(R)	\$ 171.10
72052	CPT(R)	\$ 212.86
72070	CPT(R)	\$ 116.27
72072	CPT(R)	\$ 136.52
72080	CPT(R)	\$ 120.07
72090	CPT(R)	\$ 158.42
72100	CPT(R)	\$ 116.47
72110	CPT(R)	\$ 87.98
72170	CPT(R)	\$ 88.02
72200	CPT(R)	\$ 105.31
72202	CPT(R)	\$ 133.54
72220	CPT(R)	\$ 105.36
73000	CPT(R)	\$ 88.86
73010	CPT(R)	\$ 104.04
73650	CPT(R)	\$ 95.47
73630	CPT(R)	\$ 124.29
73020	CPT(R)	\$ 79.86
73050	CPT(R)	\$ 111.94
73060	CPT(R)	\$ 109.52
73070	CPT(R)	\$ 98.56
73080	CPT(R)	\$ 108.04

73080	CPT(R)	\$	108.04
73620	CPT(R)	\$	84.78
73090	CPT(R)	\$	91.81
73092	CPT(R)	\$	99.96
73100	CPT(R)	\$	94.01
73110	CPT(R)	\$	106.74
73120	CPT(R)	\$	83.18
73130	CPT(R)	\$	102.91
73140	CPT(R)	\$	72.69
73500	CPT(R)	\$	104.15
73520	CPT(R)	\$	135.53
73540	CPT(R)	\$	161.54
73550	CPT(R)	\$	104.15
73550	CPT(R)	\$	121.47
73560	CPT(R)	\$	101.34
73562	CPT(R)	\$	110.90
73564	CPT(R)	\$	127.80
73565	CPT(R)	\$	101.34
73590	CPT(R)	\$	103.90
73592	CPT(R)	\$	93.22
73600	CPT(R)	\$	72.69
73610	CPT(R)	\$	111.07
74000	CPT(R)	\$	93.36
74020	CPT(R)	\$	136.99
74022	CPT(R)	\$	149.01
74210	CPT(R)	\$	300.60
77080	CPT(R)	\$	252.51
73510	CPT(R)	\$	133.34
76499	CPT(R)	\$	53.42
73030	CPT(R)	\$	113.94
71010	CPT(R)	\$	71.44
71020	CPT(R)	\$	99.52
71010	CPT(R)	\$	74.47
71021	CPT(R)	\$	103.56
71035	CPT(R)	\$	74.77
70486	CPT(R)	\$	739.22
70490	CPT(R)	\$	685.88
70491	CPT(R)	\$	808.20
71250	CPT(R)	\$	621.20
71275	CPT(R)	\$	917.69
73702	CPT(R)	\$	902.48
74176	CPT(R)	\$	1,270.12
74177	CPT(R)	\$	1,330.97
76376	CPT(R)	\$	180.25
76377	CPT(R)	\$	201.10
70450	CPT(R)	\$	622.87
70460	CPT(R)	\$	739.08

70470	CPT(R)	\$	906.42
70480	CPT(R)	\$	628.46
70481	CPT(R)	\$	744.84
70482	CPT(R)	\$	815.08
70487	CPT(R)	\$	849.96
70488	CPT(R)	\$	694.77
71260	CPT(R)	\$	737.45
71270	CPT(R)	\$	904.45
72125	CPT(R)	\$	689.03
72126	CPT(R)	\$	805.24
72127	CPT(R)	\$	903.16
72128	CPT(R)	\$	689.03
72129	CPT(R)	\$	805.24
72130	CPT(R)	\$	903.16
72131	CPT(R)	\$	689.06
72192	CPT(R)	\$	622.73
72193	CPT(R)	\$	738.94
72194	CPT(R)	\$	902.48
73200	CPT(R)	\$	622.73
73700	CPT(R)	\$	622.73
73201	CPT(R)	\$	738.94
73202	CPT(R)	\$	902.48
74150	CPT(R)	\$	617.16
73701	CPT(R)	\$	738.94
74160	CPT(R)	\$	742.03
74170	CPT(R)	\$	904.73
74178	CPT(R)	\$	1,837.45
77051	CPT(R)	\$	25.87
G0204	HCPCS	\$	221.46
G0206	HCPCS	\$	183.06
76506	CPT(R)	\$	183.20
76536	CPT(R)	\$	282.71
76645	CPT(R)	\$	281.75
76645	CPT(R)	\$	281.75
76700	CPT(R)	\$	289.06
76857	CPT(R)	\$	248.71
76770	CPT(R)	\$	302.42
76775	CPT(R)	\$	285.13
76801	CPT(R)	\$	211.66
76802	CPT(R)	\$	257.01
76805	CPT(R)	\$	326.47
76810	CPT(R)	\$	457.07
76811	CPT(R)	\$	411.94
76812	CPT(R)	\$	426.00
76815	CPT(R)	\$	169.42
76816	CPT(R)	\$	211.66
76817	CPT(R)	\$	169.42

76818	CPT(R)	\$	305.09
76819	CPT(R)	\$	305.09
76830	CPT(R)	\$	315.63
76870	CPT(R)	\$	352.33
76872	CPT(R)	\$	178.00
76881	CPT(R)	\$	350.76
76942	CPT(R)	\$	282.74
76856	CPT(R)	\$	272.53
76536	CPT(R)	\$	302.42
76705	CPT(R)	\$	221.30
77052	CPT(R)	\$	21.37
G0202	HCPCS	\$	113.04
92953	CPT(R)	\$	265.39
92960	CPT(R)	\$	251.33
93308	CPT(R)	\$	359.08
93350	CPT(R)	\$	657.11
93306	CPT(R)	\$	945.92
70336	CPT(R)	\$	1,350.00
70542	CPT(R)	\$	1,350.00
70543	CPT(R)	\$	1,550.00
70544	CPT(R)	\$	1,350.00
70546	CPT(R)	\$	1,550.00
70547	CPT(R)	\$	1,350.00
70549	CPT(R)	\$	1,550.00
71550	CPT(R)	\$	150.00
71551	CPT(R)	\$	1,350.00
71552	CPT(R)	\$	1,550.00
71555	CPT(R)	\$	1,550.00
72195	CPT(R)	\$	1,300.00
72196	CPT(R)	\$	1,550.00
72197	CPT(R)	\$	1,550.00
73720	CPT(R)	\$	1,550.00
73219	CPT(R)	\$	1,550.00
73719	CPT(R)	\$	1,550.00
73220	CPT(R)	\$	1,550.00
73221	CPT(R)	\$	1,350.00
73718	CPT(R)	\$	1,350.00
73721	CPT(R)	\$	1,350.00
73722	CPT(R)	\$	1,550.00
73723	CPT(R)	\$	1,550.00
73725	CPT(R)	\$	1,550.00
74181	CPT(R)	\$	1,350.00
74182	CPT(R)	\$	1,550.00
74183	CPT(R)	\$	1,550.00
74185	CPT(R)	\$	1,350.00
74185	CPT(R)	\$	1,550.00
72198	CPT(R)	\$	1,550.00

70540	CPT(R)	\$ 1,550.00
70551	CPT(R)	\$ 1,350.00
70552	CPT(R)	\$ 1,550.00
70553	CPT(R)	\$ 1,550.00
72141	CPT(R)	\$ 1,350.00
72142	CPT(R)	\$ 1,550.00
72146	CPT(R)	\$ 1,350.00
72147	CPT(R)	\$ 1,550.00
72148	CPT(R)	\$ 1,350.00
72149	CPT(R)	\$ 1,550.00
72156	CPT(R)	\$ 1,550.00
72157	CPT(R)	\$ 1,550.00
72158	CPT(R)	\$ 1,550.00
93880	CPT(R)	\$ 390.99
93923	CPT(R)	\$ 241.69
93925	CPT(R)	\$ 384.10
93970	CPT(R)	\$ 519.36
93971	CPT(R)	\$ 260.10
93922	CPT(R)	\$ 307.34
77002	CPT(R)	\$ 125.33
77003	CPT(R)	\$ 105.11

**MSP OUTPATIENT LABORATORY FEE SCHEDULE  
JULY 1, 2015 THROUGH JUNE 30, 2016**

<b>TEST</b>	<b>CPT CODE</b>	<b>2016</b>
<b><u>COAGULATION</u></b>		
PROTIME	85610	\$ 12.62
PTT	85730	\$ 13.00
D-DIMER	85379	\$ 68.44
<b><u>MICROBIOLOGY</u></b>		
CULTURE, THROAT, STREP ONLY	87081	\$ 25.05
CULTURE, AEROBIC	87070	\$ 33.59
CULTURE, URINE	87088	\$ 31.07
BLOOD CULTURE, 1 SET	87040	\$ 40.02
GRAM STAIN	87205	\$ 12.62
ORGANISM IDENTIFICATION	87077	\$ 16.66
SENSITIVITY, BACTERIAL	87186	\$ 27.21
STOOL CULT.	(all billed)	
-CULTURE	87045	\$ 36.50
-SMEAR FOR LEUKOCYTES	89055	\$ 12.62
-ADDITIONAL ID	87046 X 3	\$ 26.13
-SHIGA-LIKE TOXIN	87427 X 2	\$ 31.11
STOOL O & P	(BOTH BILLED)	
- Concentration	87015	\$ 60.39
- Trichrome Stain	87209	\$ 19.41
-If Positive 87015 credited, bill instead: Concentration and Identification	87177	\$ 60.83
STOOL, C.DIFFICILE,	87493	\$ 93.33
ANAEROBIC CULT	87075	\$ 72.08
STREP SCREEN	87880	\$ 34.22
GI PATHOGEN PANEL PCR	87507	\$ 850.00
RESPIRATORY PATHOGEN PANEL	87633 87798 87486 87581	\$ 850.00
<b><u>SEROLOGY</u></b>		
MONO	86308	\$ 19.14
RPR	86592	\$ 11.49
HIV	86703	\$ 45.66
<b>URINALYSIS</b>		
URINALYSIS, COMPLETE	81001	\$ 13.30
MICROSCOPIC EXAM, URINE	81015	\$ 8.96
URINALYSIS, DIP ONLY	81003	\$ 7.89
TOTAL PROTEIN, URINE	(BOTH BILLED)	
-TOTAL PROTEIN	84155	\$ 19.84
-VOLUME MEASUREMENT	81050	\$ 9.68
VOLUME MEASURE, 24 HR. UA	81050	\$ 9.68
RANDOM URINE MICROALBUMIN	(BOTH BILLED)	
-MICROALBUMIN, URINE	82044	\$ 39.47
-CREATININE, URINE	82570	\$ 16.38

**HEMATOLOGY**

CBC W/ AUTO. DIFF	85025	\$	17.38
HEMOGLOBIN	85018	\$	7.55
HEMATOCRIT	85014	\$	7.55
PLATELETS	85049	\$	10.10
WBC, AUTOMATED	85048	\$	7.55
WBC DIFFERENTIAL, MANUAL	85007	\$	19.01
ESR	85651	\$	10.26

<b><u>TEST</u></b>	<b><u>CPT CODE</u></b>		<b><u>2016</u></b>
<b><u>CHEMISTRY</u></b>			
ALBUMIN	82040	\$	10.25
ALP	84075	\$	12.89
ALT	84460	\$	12.82
AMYLASE	82150	\$	18.76
AST	84450	\$	12.89
BILI, DIRECT	82248	\$	12.70
BILI, TOTAL	82247	\$	12.70
BNP	83880	\$	118.22
BUN	84520	\$	8.49
CA	82310	\$	12.89
CHOLESTEROL	82465	\$	11.92
CK	82550	\$	21.84
CREATININE	82565	\$	13.96
GGT	82977	\$	25.11
GLUCOSE	82947	\$	10.01
HDL	83718	\$	19.69
CRP, HIGH SENSITIVITY	86141	\$	68.44
LDH	83615	\$	25.11
MAGNESIUM	83735	\$	19.21
PHOSPHORUS	84100	\$	25.11
TOTAL PROTEIN	84155	\$	19.69
TRIGLYCERIDE	84478	\$	17.54
URIC ACID	84550	\$	25.11
SODIUM	84295	\$	12.61
POTASSIUM	84132	\$	12.61
CHLORIDE	82435	\$	13.98
TCO2	82374	\$	12.61
TROPONIN	83520	\$	98.40

CKMB	82553	\$	102.34
BASIC METABOLIC PANEL	80048	\$	25.59
HEPATIC PANEL	80076	\$	24.51
ELECTROLYTES	80051	\$	21.56
COMPREHENSIVE MET. PANEL	80053	\$	28.45
LIPID PANEL	80061	\$	39.91
GENERAL HEALTH PANEL (CBC, CMET, T	80050	\$	95.06
LIPASE	83690	\$	68.44
<b><u>BLOOD BANKING</u></b>			
ABO GROUP	86900	\$	16.38
RH TYPING	86901	\$	26.93
ABSCREEN	86850	\$	31.46
<b><u>THERAPEUTIC DRUGS</u></b>			
VALPROIC ACID (DEPAKOTE)	80164	\$	49.28
CARBAMEZEPINE (TEGRETOL)	80156	\$	49.28
LITHIUM	80178	\$	29.83
AMITRIPTYLINE PANEL			
-AMITRIPTYLINE	80335	\$	69.60
-NORTRIPTYLINE	80335	\$	69.60
PHENOBARBITOL	80184	\$	42.04
DIGOXIN	80162	\$	47.78
DILANTIN	80185	\$	47.78
THEOPHYLLINE	80198	\$	81.36
DRUGS OF ABUSE	80101 x 12	\$	123.81
GENTAMICIN	80170	\$	68.44
VANCOMYCIN	80202	\$	68.44

<b>TEST</b>	<b>CPT CODE</b>		<b>2016</b>
<b>HEPATITIS TESTING</b>			
HEP. A, TOTAL	86708	\$	69.60
HEPATITIS A, IGM	86709	\$	54.23
HEPATITIS B CORE IGM/IGG	86704	\$	41.59
HEP B CORE IGM	86705	\$	93.27
HEP B BE ANTIGEN	87350	\$	47.14
HEP C	86803	\$	37.95
HEP B SURF AB	86706	\$	35.19
HEP B SURF AG	87340	\$	38.14
VIT B12	82607	\$	32.57
FOLATE	82746	\$	30.81
GLYCO HGB	83036	\$	34.67
AMMONIA	82140	\$	56.00

FREE T4	84439	\$	43.56
FREE T3	84481	\$	56.00
T4	84436	\$	31.11
TSH	84443	\$	63.28
PSA	84153	\$	65.08
RHEUM. FACTOR, SCREEN	86430	\$	19.86
IRON	83540	\$	19.42
FERRITIN	82728	\$	54.49
IRON BINDING CAP.	83550	\$	39.18
ANA, SCREEN	86038	\$	50.71
H. PYLORI ANTIBODY	86677	\$	85.87
HIV PCR-RNA (Viral Load)	87536	\$	342.44
CD4 COUNT (INCLUDES 2 CODES)			
T CELL TOTAL COUNT	86359	\$	83.13
ABSOLUTE CD4 COUNT	86360	\$	83.13
HEPATITIS C RNA DETECTION/QUANT.	87522	\$	321.39
MISCELLANEOUS	VARIES		
PATHOLOGY	VARIES		
HAND. FEE	99001	\$	30.00

Stat Fee (4 p.m.-6 a.m. Mon-Fri; Saturday, Sunday, & Holidays 9 a.m. to 6 a.m.)	\$	53.58
Venipuncture services (excluding legal draws)	\$	7.21
Venipuncture services for DNA and other Legal draws	\$	30.45

Work done on inmates at this facility (i.e. in the ER, OR, or as an IP) will be billed off the regular DLMC fee schedule minus the proposed discount for medical care.

Supplies not used to submit samples/specimen to DLMC will be billed at cost.  
Call if there are any questions.

**CONTRACT AMENDMENT  
CONTRACT 10-033-MSP  
Lab Testing-MSP**

THIS CONTRACT AMENDMENT (Amendment #7) is made and entered into by and between the Montana Department of Corrections (DEPARTMENT) 5 S. Last Chance Gulch, Helena, Montana 59620-1301 and Deer Lodge Medical Center (CONTRACTOR) 1100 Hollenback, Deer Lodge, MT 59722 and is effective upon receipt of all signatures.

WHEREAS, the parties have entered a Contract with an original effective date of August 6, 2009 and Section 14 provides that the parties may modify their agreement in writing; and

WHEREAS, the Contract expires on June 30, 2015 and Section 5 provides that the parties may extend the expiration date of the Contract.

NOW THEREFORE, the parties agree to amend the Contract as follows (new language underlined, old language interlined):

**5. TIME OF PERFORMANCE**

~~This Contract shall take effect upon receipt of final Contract signature and shall terminate on June 30, 2015, unless terminated earlier in accordance with the terms of this Contract. This Contract may, upon mutual agreement and according to the terms of the existing Contract, be renewed for a period not to exceed a total of seven (7) years.~~

~~Upon expiration of this Contract, and in the absence of a new written agreement, the terms listed herein shall continue to govern the agreement between the parties until such time as a new Contract is signed.~~

This Contract shall take effect upon final contract signature. This Contract shall expire on June 30, 2016, unless either party provides a written notice of cancellation at least 30 days prior. In the event neither party provides a written notice of cancellation 30 days prior to June 30, 2016, this Contract shall continue on a month-to-month basis until such time as the parties mutually agree to an annual renewal of the contract or either party provides a written 30 day notice of cancellation.

In no event may this Contract continue or be renewed for a period exceeding a total of seven (7) years.

This constitutes the Amendment to the Contract. All other provisions contained in the original Contract, as amended, shall remain unchanged.



**CONTRACT AMENDMENT**  
**CONTRACT 10-033-MSP**  
**Lab Testing-MSP**

THIS CONTRACT AMENDMENT (**Amendment #6**) is made and entered into by and between the Montana Department of Corrections (DEPARTMENT) 5 S. Last Chance Gulch, Helena, Montana 59620-1301 and **Deer Lodge Medical Center** (CONTRACTOR) 1100 Hollenback, Deer Lodge, MT 59722 and is effective upon receipt of all signatures.

WHEREAS, the parties have entered a Contract with an original effective date of August 6, 2009 and Section 14 provides that the parties may modify their agreement in writing; and

WHEREAS, the Contract expires on June 30, 2014 and Section 5 provides that the parties may extend the expiration date of the Contract.

NOW THEREFORE, the parties agree to amend the Contract as follows (**new language underlined, old language interlined**):

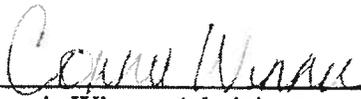
**5. TIME OF PERFORMANCE**

This Contract shall take effect upon receipt of final Contract signature and shall terminate on June 30, ~~2014~~ 2015, unless terminated earlier in accordance with the terms of this Contract. This Contract may, upon mutual agreement and according to the terms of the existing Contract, be renewed for a period not to exceed a total of seven (7) years.

Upon expiration of this Contract, and in the absence of a new written agreement, the terms listed herein shall continue to govern the agreement between the parties until such time as a new Contract is signed.

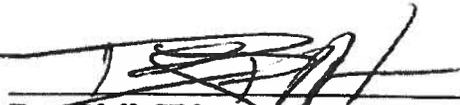
This constitutes the Amendment to the Contract. All other provisions contained in the original Contract, as amended, shall remain unchanged.

**DEPARTMENT**

  
\_\_\_\_\_  
Connie Winner, Administrator  
Clinical Services Administrator

6-19-14  
\_\_\_\_\_  
Date

**CONTRACTOR**

  
\_\_\_\_\_  
Tony Pfaff, CEO  
Deer Lodge Medical Center

6-23-14  
\_\_\_\_\_  
Date

Reviewed for Legal Content by:

  
\_\_\_\_\_  
Legal Counsel  
Department of Corrections

6-11-14  
\_\_\_\_\_  
Date

**CONTRACT AMENDMENT  
CONTRACT 10-033-MSP**

THIS CONTRACT AMENDMENT (**Amendment #5**) is made and entered into by and between the Montana Department of Corrections (DEPARTMENT) 5 S. Last Chance Gulch, Helena, Montana 59620-1301 and **Deer Lodge Medical Center (CONTRACTOR)** 1100 Hollenback, Deer Lodge, MT 59722 and is effective upon receipt of all signatures.

WHEREAS, the parties have entered a Contract with an original effective date of August 6, 2009 and Section 14 provides that the parties may modify their agreement in writing; and

WHEREAS, the Contract expires on June 30, 2013 and Section 5 provides that the parties may extend the expiration date of the Contract.

NOW THEREFORE, the parties agree to amend the Contract as follows (**new language underlined, old language interlined**):

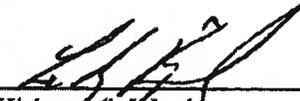
**5. TIME OF PERFORMANCE**

This Contract shall take effect upon receipt of final Contract signature and shall terminate on June 30, ~~2013~~ 2014, unless terminated earlier in accordance with the terms of this Contract. This Contract may, upon mutual agreement and according to the terms of the existing Contract, be renewed for a period not to exceed a total of seven (7) years.

Upon expiration of this Contract, and in the absence of a new written agreement, the terms listed herein shall continue to govern the agreement between the parties until such time as a new Contract is signed.

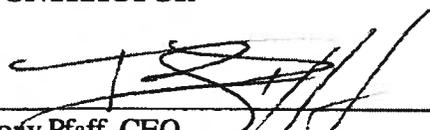
This constitutes the Amendment to the Contract. All other provisions contained in the original Contract, as amended, shall remain unchanged.

**DEPARTMENT**

  
\_\_\_\_\_  
Leroy Kirkegaard, Warden  
Montana State Prison

06/24/13  
Date

**CONTRACTOR**

  
\_\_\_\_\_  
Tony Pfaff, CEO  
Deer Lodge Medical Center

7/1/13  
Date

Reviewed for Legal Content by:

  
\_\_\_\_\_  
Legal Counsel  
Department of Corrections

6/13/13  
Date

**CONTRACT AMENDMENT  
CONTRACT 10-033-MSP**

THIS CONTRACT AMENDMENT (**Amendment #4**) is made and entered into by and between the Montana Department of Corrections (DEPARTMENT) 5 S. Last Chance Gulch, Helena, Montana 59620-1301 and **Deer Lodge Medical Center** (CONTRACTOR) 1100 Hollenback, Deer Lodge, MT 59722 and is effective upon receipt of all signatures.

WHEREAS, the parties have entered a Contract with an original effective date of August 6, 2009 and Section 14 provides that the parties may modify their agreement in writing; and

WHEREAS, the Contract expires on June 30, 2012 and Section 5 provides that the parties may extend the expiration date of the Contract.

NOW THEREFORE, the parties agree to amend the Contract as follows (**new language underlined, old language interlined**):

**5. TIME OF PERFORMANCE**

This Contract shall take effect upon receipt of final Contract signature and shall terminate on June 30, ~~2012~~ 2013, unless terminated earlier in accordance with the terms of this Contract. This Contract may, upon mutual agreement and according to the terms of the existing Contract, be renewed for a period not to exceed a total of ~~three (3)~~ additional seven (7) years.

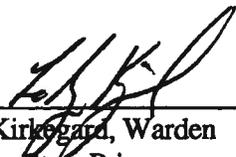
Upon expiration of this Contract, and in the absence of a new written agreement, the terms listed herein shall continue to govern the agreement between the parties until such time as a new Contract is signed.

**6. LIAISONS AND NOTICE**

- A. No Changes.
- B. ~~Alan Bird, Powell County Memorial Hospital~~ Tony Pfaff, CEO, Deer Lodge Medical Center (846-2212), 1100 Hollenback Rd, Deer Lodge MT 59722 or successor serves as CONTRACTOR liaison.
- C. No Changes.

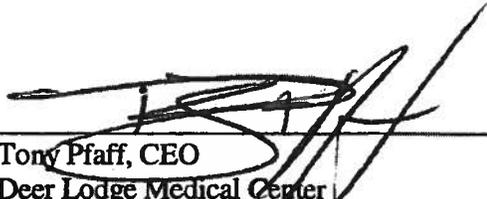
This constitutes the Amendment to the Contract. All other provisions contained in the original Contract, as amended, shall remain unchanged.

**DEPARTMENT**

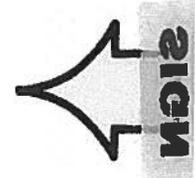
  
\_\_\_\_\_  
Leroy Kirkegaard, Warden  
Montana State Prison

07/09/12  
Date

**CONTRACTOR**

  
\_\_\_\_\_  
Tony Pfaff, CEO  
Deer Lodge Medical Center

7/16/12  
Date



Reviewed for Legal Content by:

  
\_\_\_\_\_  
Legal Counsel  
Department of Corrections

6/28/12  
Date

**CONTRACT AMENDMENT  
CONTRACT #10-033-MSP**

THIS CONTRACT AMENDMENT (**Amendment #3**) is made and entered into by and between the Montana Department of Corrections (DEPARTMENT) 5 S. Last Chance Gulch, Helena, Montana 59601 and **Deer Lodge Medical Center** (CONTRACTOR) 1100 Hollenback, Deer Lodge, MT 59722 and is effective upon receipt of all signatures.

WHEREAS, the parties have entered a Contract with an original effective date of August 6, 2009 and Section 14 provides that the parties may modify their agreement in writing.

NOW THEREFORE, the parties agree to amend the Contract as follows (**new language underlined, old language interlined**):

**1. PARTIES**

The Montana Department of Corrections (DEPARTMENT) and ~~Powell County Memorial Hospital~~ **Deer Lodge Medical Center** (CONTRACTOR) enter into this Contract (10-033-MSP). The parties names, addresses, and telephone numbers are as follows:

Montana Department of Corrections

Montana State Prison  
1539 11<sup>th</sup> Avenue  
PO Box 201301  
Helena, MT 59620-1301  
(406) 444-3930

~~Powell County Memorial Hospital~~ **Deer Lodge Medical Center**  
~~1101 Texas Ave~~ 1100 Hollenback Rd  
Deer Lodge MT 59722  
406-846-2212

**6. LIAISONS AND NOTICE**

- A. No Changes.
- B. Alan Bird, Powell County Memorial Hospital (846-2212), ~~1101 Texas Avenue~~ 1100 Hollenback Rd, Deer Lodge MT 59722 or successor serves as CONTRACTOR liaison.  
*Lane AB*
- C. No Changes.

This constitutes the Amendment to the Contract. All other provisions contained in the original Contract, as amended, shall remain unchanged.

**DEPARTMENT**

Ross Swanson  
Ross Swanson, Acting Warden  
Montana State Prison

10/25/11  
Date

**CONTRACTOR**

Alan Bird  
Alan Bird  
Deer Lodge Medical Center

10-31-4  
Date

Reviewed for Legal Content by:

Diana L Koch  
Legal Counsel  
Department of Corrections

10/17/11  
Date

**CONTRACT AMENDMENT  
CONTRACT #10-033-MSP**

THIS CONTRACT AMENDMENT (**Amendment #2**) is made and entered into by and between the Montana Department of Corrections (DEPARTMENT) 5 S. Last Chance Gulch, Helena, MT 59601 and **Powell County Memorial Hospital** (CONTRACTOR) 1101 Texas Ave, Deer Lodge, MT 59722 and is effective upon receipt of all signatures.

WHEREAS, the parties have entered a Contract with an original effective date of August 6, 2009 and Section 14 provides that the parties may modify their agreement in writing.

NOW THEREFORE, the parties agree to amend the Contract as follows (**new language underlined, old language interlined**):

**3. COMPENSATION/BILLING**

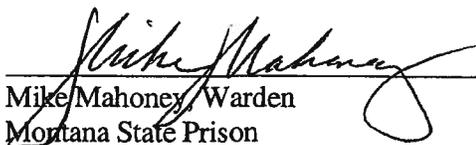
DEPARTMENT shall compensate CONTRACTOR for successful delivery of services (or goods), provided pursuant to Section 2, in the following manner:

A. DEPARTMENT shall pay CONTRACTOR for laboratory testing and radiological services in accordance with the Outpatient Laboratory Fee Schedule (~~effective July 1, 2009 through June 30, 2011~~ **effective July 1, 2011 through June 30, 2012**), which includes Radiological Services, as included with and incorporated into this Contract as an Attachment. ~~Laboratory charges for services not on the schedule will be processed at the Blue Cross/Blue Shield allowable rate~~

B. – E. No Changes.

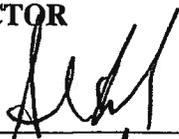
This constitutes the Amendment to the Contract. All other provisions contained in the original Contract, as amended, shall remain unchanged.

**DEPARTMENT**

  
Mike Mahoney, Warden  
Montana State Prison

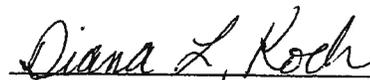
6/23/11  
Date

**CONTRACTOR**

  
Alan Bird *As per Shannon*  
Powell County Memorial Hospital

7-11-11  
Date

Reviewed for Legal Content by:

  
Diana L. Koch  
Legal Counsel  
Department of Correction

6/21/11  
Date

**OUTPATIENT LABORATORY FEE SCHEDULE  
JULY 1, 2011 THROUGH JUNE 30, 2012**

<b>TEST</b>	<b>CPT CODE</b>	<b>FY 2012 Price</b>
<b><u>COAGULATION</u></b>		
PROTIME	85610	\$ 10.14
PTT	85730	\$ 10.44
D-DIMER	85379	\$ 55.00
<b><u>MICROBIOLOGY</u></b>		
CULTURE, THROAT, STREP ONLY	87081	\$ 20.13
CULTURE, AEROBIC	87070	\$ 26.99
CULTURE, URINE	87088	\$ 24.97
BLOOD CULTURE, 1 SET	87040	\$ 32.16
GRAM STAIN	87205	\$ 10.14
ORGANISM IDENTIFICATION	87077	\$ 13.39
SENSITIVITY, BACTERIAL	87186	\$ 21.86
STOOL CULT.	(all billed)	
-CULTURE	87045	\$ 29.33
-SMEAR FOR LEUKOCYTES	89055	\$ 10.14
-ADDITIONAL ID	87046 X 3	\$ 21.00
-SHIGA-LIKE TOXIN	87427 X 2	\$ 25.00
STOOL O & P	(BOTH BILLED)	
- Concentration and Identification	87177	\$ 48.88
- Trichrome Stain	87209	\$ 15.60
STOOL, C.DIFFICILE, PCR METHOD	87493	\$ 75.00
ANAEROBIC CULT	87075	\$ 57.92
STREP SCREEN	87880	\$ 27.50
<b><u>SEROLOGY</u></b>		
MONO	86308	\$ 15.38
RPR	86592	\$ 9.23
HIV	86703	\$ 36.69
<b><u>URINALYSIS</u></b>		
URINALYSIS, COMPLETE	81001	\$ 10.69
MICROSCOPIC EXAM, URINE	81015	\$ 7.20
URINALYSIS, DIP ONLY	81003	\$ 6.34
TOTAL PROTEIN, URINE	(BOTH BILLED)	
-TOTAL PROTEIN	84155	\$ 15.94
-VOLUME MEASUREMENT	81050	\$ 7.78
VOLUME MEASURE, 24 HR. UA	81050	\$ 7.78
RANDOM URINE MICROALBUMIN	(BOTH BILLED)	
-MICROALBUMIN, URINE	82044	\$ 31.72
-CREATININE, URINE	82570	\$ 13.17
<b><u>HEMATOLOGY</u></b>		
CBC W/ AUTO. DIFF	85025	\$ 13.97
HEMOGLOBIN	85018	\$ 6.06
HEMATOCRIT	85014	\$ 6.06
PLATELETS	85049	\$ 8.12
WBC, AUTOMATED	85048	\$ 6.06
WBC DIFFERENTIAL, MANUAL	85007	\$ 15.28
ESR	85651	\$ 8.25

TEST	CPT CODE		FY 2012 Price
<b><u>CHEMISTRY</u></b>			
ALBUMIN	82040	\$	8.24
ALP	84075	\$	10.36
ALT	84460	\$	10.30
AMYLASE	82150	\$	15.07
AST	84450	\$	10.36
BILI, DIRECT	82248	\$	10.21
BILI, TOTAL	82247	\$	10.21
BNP	83880	\$	95.00
BUN	84520	\$	6.82
CA	82310	\$	10.36
CHOLESTEROL	82465	\$	9.58
CK	82550	\$	17.55
CREATININE	82565	\$	11.22
GGT	82977	\$	20.18
GLUCOSE	82947	\$	8.04
HDL	83718	\$	15.82
CRP, HIGH SENSITIVITY	86141	\$	55.00
LDH	83615	\$	20.18
MAGNESIUM	83735	\$	15.44
PHOSPHORUS	84100	\$	20.18
TOTAL PROTEIN	84155	\$	15.82
TRIGLYCERIDE	84478	\$	14.10
URIC ACID	84550	\$	20.18
SODIUM	84295	\$	10.13
POTASSIUM	84132	\$	10.13
CHLORIDE	82435	\$	11.24
TCO2	82374	\$	10.13
TROPONIN	83520	\$	79.08
CKMB	82553	\$	82.24
BASIC METABOLIC PANEL	80048	\$	20.57
HEPATIC PANEL	80076	\$	19.70
ELECTROLYTES	80051	\$	17.32
COMPREHENSIVE MET. PANEL	80053	\$	22.86
LIPID PANEL	80061	\$	32.07
GENERAL HEALTH PANEL (CBC, CMET, TSH)	80050	\$	76.39
LIPASE	83690	\$	55.00
<b><u>BLOOD BANKING</u></b>			
ABO GROUP	86900	\$	13.17
RH TYPING	86901	\$	21.64
ABSCREEN	86850	\$	25.28
<b><u>THERAPEUTIC DRUGS</u></b>			
VALPROIC ACID (DEPAKOTE)	80164	\$	39.60
CARBAMEZEPINE (TEGRETOL)	80156	\$	39.60
LITHIUM	80178	\$	23.97
AMITRIPTYLINE PANEL			
-AMITRIPTYLINE	80152	\$	55.93
-NORTRIPTYLINE	80182	\$	55.93
PHENOBARBITOL	80184	\$	33.79
DIGOXIN	80162	\$	38.39
DILANTIN	80185	\$	38.39
THEOPHYLLINE	80198	\$	65.38
DRUGS OF ABUSE	80101 x 12	\$	99.49
GENTAMICIN	80170	\$	55.00
VANCOMYCIN	80202	\$	55.00



**CONTRACT AMENDMENT  
CONTRACT #10-033-MSP**

THIS CONTRACT AMENDMENT (Amendment #1) is made and entered into by and between the Montana Department of Corrections (DEPARTMENT) 1539 11th Ave., Helena, Montana 59620-1301 and Powell County Memorial Hospital (CONTRACTOR) 1101 Texas Ave, Deer Lodge, MT 59722 and is effective upon receipt of all signatures.

WHEREAS, the parties have entered a Contract with an original effective date of August 6, 2009 and Section 14 provides that the parties may modify their agreement in writing; and

WHEREAS, the Contract expires on June 30, 2010 and Section 5 provides that the parties may extend the expiration date of the Contract.

NOW THEREFORE, the parties agree to amend the Contract as follows (new language underlined, old language interlined):

**2. DUTIES/RESPONSIBILITIES OF CONTRACTOR**

CONTRACTOR agrees to provide routine and emergency professional laboratory services and consultation, ensuring the prompt performance of examinations in the fields of anatomic pathology, hematology, chemistry, microbiology, clinical microscopy, and serology. Timely results are required when laboratory services are necessary to diagnose or treat an individual with a critical health status. Provision of laboratory services and consultation will be regularly and conveniently available to meet the needs of Montana State Prison inmates.

A. No Changes.

B. CONTRACTOR further agrees to provide DEPARTMENT with the following Radiology services in accordance with the terms and conditions of the Contract and the attached Fee Schedule:

1. Radiology Technician services and supplies - to be billed ~~at a per hour/per item cost~~ through Blue Cross/Blue Shield and processed at the allowable rate.

**3. COMPENSATION/BILLING**

DEPARTMENT shall compensate CONTRACTOR for successful delivery of services (or goods), provided pursuant to Section 2, in the following manner:

A. DEPARTMENT shall pay CONTRACTOR for laboratory testing and radiological services in accordance with the Outpatient Laboratory Fee Schedule (effective July 1, 2009 through June 30, ~~2010~~ 2011), which includes Radiological Services, as included with and incorporated into this Contract as an Attachment. Laboratory charges for services not on the schedule will be processed at the Blue Cross/Blue Shield allowable rate

B. – E. No Changes.

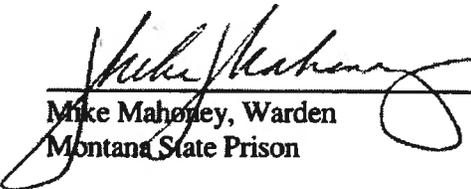
5. **TIME OF PERFORMANCE**

This Contract shall take effect upon receipt of final Contract signature and shall terminate on June 30, ~~2010~~ 2012, unless terminated earlier in accordance with the terms of this Contract. This Contract may, upon mutual agreement and according to the terms of the existing Contract, be renewed for a period not to exceed a total of ~~five (5)~~ three (3) additional years.

Upon expiration of this Contract, and in the absence of a new written agreement, the terms listed herein shall continue to govern the agreement between the parties until such time as a new Contract is signed.

This constitutes the Amendment to the Contract. All other provisions contained in the original Contract, as amended, shall remain unchanged.

**DEPARTMENT**

  
\_\_\_\_\_  
Mike Mahoney, Warden  
Montana State Prison

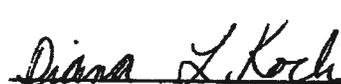
6/30/10  
\_\_\_\_\_  
Date

**CONTRACTOR**

  
\_\_\_\_\_  
Alan Bird  
Powell County Memorial Hospital

6-25-10  
\_\_\_\_\_  
Date

Reviewed for Legal Content by:

  
\_\_\_\_\_  
Legal Counsel  
Department of Corrections

6/15/10  
\_\_\_\_\_  
Date

**1. PARTIES**

The Montana Department of Corrections (DEPARTMENT) and Powell County Memorial Hospital (CONTRACTOR) enter into this Contract (10-033-MSP). The parties names, addresses, and telephone numbers are as follows:

Montana Department of Corrections  
Montana State Prison (MSP)  
1539 11<sup>th</sup> Avenue  
PO Box 201301  
Helena, MT 59620-1301  
(406) 444-3930

**Powell County Memorial Hospital**  
**1101 Texas Avenue**  
  
**Deer Lodge, MT 59722**  
**(406) 846-2212**

**DEPARTMENT AND CONTRACTOR, AS PARTIES TO THIS CONTRACT AND FOR THE CONSIDERATION SET FORTH BELOW, AGREE AS FOLLOWS:**

**2. DUTIES/RESPONSIBILITIES OF CONTRACTOR**

CONTRACTOR agrees to provide routine and emergency professional laboratory services and consultation, ensuring the prompt performance of examinations in the fields of anatomic pathology, hematology, chemistry, microbiology, clinical microscopy, and serology. Timely results are required when laboratory services are necessary to diagnose or treat an individual with a critical health status. Provision of laboratory services and consultation will be regularly and conveniently available to meet the needs of Montana State Prison inmates.

- A. CONTRACTOR further agrees to provide DEPARTMENT with the following Laboratory services in accordance with the terms and conditions of the Contract and the attached Fee Schedule:
1. Maintain a bacterial microbial sensitivity surveillance program.
  2. Provide "STAT" laboratory testing 24 hours a day - 7 days a week.
  3. Provide consultation services of Clinical Laboratory Scientists - 24 hours a day - 7 days a week.
  4. Provide consultation services with a Pathologist, as necessary.
  5. Provide laboratory orientation of new infirmary staff at Montana State Prison.
  6. Provide forensic blood draws for DNA testing.
  7. Provide Reference Laboratory testing whenever necessary.
  8. Provide all needles, vacutainer tubes, and other supplies for collection and processing of specimens.
  9. Retain specimen samples in accordance with applicable laws and standards.

B. CONTRACTOR further agrees to provide DEPARTMENT with the following Radiology services in accordance with the terms and conditions of the Contract and the attached Fee Schedule:

1. Radiology Technician services and supplies - to be billed at a per hour/per item cost.

### 3. COMPENSATION/BILLING

DEPARTMENT shall compensate CONTRACTOR for successful delivery of services (or goods), provided pursuant to Section 2, in the following manner:

A. DEPARTMENT shall pay CONTRACTOR for laboratory testing and radiological services in accordance with the Outpatient Laboratory Fee Schedule (effective July 1, 2009 through June 30, 2010), which includes Radiological Services, as included with and incorporated into this Contract as an Attachment.

B. This rate is inclusive of all travel and per diem. DEPARTMENT will not compensate CONTRACTOR for travel or travel time, lodging, meals, supplies, or any other expense incurred by CONTRACTOR while performing services identified within this Contract.

C. DEPARTMENT agrees to pay CONTRACTOR within thirty (30) days following submission of appropriately completed HCFA 1500 claims to the following address:

Blue Cross & Blue Shield of Montana  
C/O Corrections Medical Program  
Box 5019  
Great Falls, MT 59403

D. DEPARTMENT may require BCBSMT to withhold payments to CONTRACTOR if CONTRACTOR has not performed in accordance with the terms of this Contract.

E. The Contract number must be referenced on all invoices and correspondence pertaining to this Contract.

### 4. AGENCY ASSISTANCE

To the extent possible, CONTRACTOR shall use its own facilities and equipment in providing the services set forth in Section 2. However, the parties recognize that services provided to DEPARTMENT may occur within the confines of a secure correctional facility necessitating the use of DEPARTMENT facilities and equipment including, but not limited to, access to inmate records, work space within a correctional facility, and telephone service (e.g., Montana State Prison and Montana Women's Prison do not allow wireless phones within facility).

### 5. TIME OF PERFORMANCE

This Contract shall take effect upon receipt of final Contract signature and shall terminate on June 30, 2010, unless terminated earlier in accordance with the terms of this Contract. This Contract may, upon mutual agreement and according to the terms of the existing Contract, be renewed for a period not to exceed a total of five (5) additional years.

Upon expiration of this Contract, and in the absence of a new written agreement, the terms listed herein shall continue to govern the agreement between the parties until such time as a new Contract is signed.

**6. LIAISONS AND NOTICE**

- A. Cathy Redfern (846-1320 ext. 2448), 500 Conley Lake Road, Deer Lodge MT 59722 or successor serves as DEPARTMENT liaison.
- B. Alan Bird, Powell County Memorial Hospital (846-2212), 1101 Texas Avenue, Deer Lodge MT 59722 or successor serves as CONTRACTOR liaison.
- C. All notices and invoices required in this Contract shall be in writing, properly addressed to the liaison in (A) and (B) above, mailed first-class, postage prepaid. All notices sent via U.S. Postal Service are deemed effective on the date of postmark. Notices and invoices mailed through another carrier (e.g., UPS or FedEx) are effective upon receipt.

**7. OWNERSHIP AND PUBLICATION OF MATERIALS**

All materials CONTRACTOR develops or utilizes (i.e., reports, spreadsheets, etc.) in performing the services set forth in Section 2 above shall be the sole property of DEPARTMENT.

**8. COMPLIANCE WITH WORKERS' COMPENSATION ACT**

Neither CONTRACTOR nor its employees are employees of the State. In accordance with sections 39-71-120, 39-71-401, and 39-71-405, MCA, Contractors are required to comply with the provisions of the Montana Workers' Compensation Act while performing work for the State of Montana.

CONTRACTOR shall provide proof of compliance in the form of workers' compensation insurance, an independent contractor exemption, or documentation of corporate officer status and maintain such insurance, exemption, or corporate officer status for the duration of the contract. CONTRACTOR shall submit a copy of all renewals of expired insurance and exemptions to: Department of Corrections, Contracts Management Bureau, Attn: Contracts Manager, PO Box 201301, Helena, MT 59620-1301.

**9. HOLD HARMLESS AND INDEMNIFICATION**

CONTRACTOR agrees to protect, defend, and save the State, its elected and appointed officials, agents, and employees, while acting within the scope of their duties as such, harmless from and against all claims, demands, causes of action of any kind or character, including the cost of defense thereof, arising in favor of CONTRACTOR'S employees or third parties on account of bodily or personal injuries, death, or damage to property arising out of services performed or omissions of services or in any way resulting from the acts or omissions of CONTRACTOR and/or its agents, employees, representatives, assigns, or subcontractors - except the sole negligence of the State under this agreement.

**10. INSURANCE**

- A. **General Requirements:** CONTRACTOR shall maintain for the duration of the Contract, at its cost and expense, insurance against claims for injuries to persons or damages to property, including contractual liability, which may arise from or in connection with the performance of the work by CONTRACTOR, agents, employees, representatives, assigns, or subcontractors. This insurance shall cover such claims as may be caused by any negligent act or omission.

**Primary Insurance:** CONTRACTOR'S insurance coverage shall be primary insurance as respect to the State, its officers, officials, employees, and volunteers and shall apply separately to each project or location. Any insurance or self-insurance maintained by the State, its officers, officials, employees or volunteers shall be in excess of CONTRACTOR'S insurance and shall not contribute with it.

**Deductibles and Self-Insured Retentions:** Any deductible or self-insured retention must be declared to and approved by DEPARTMENT. At the request of DEPARTMENT either: (1) the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects the State, its officers, officials, employees, and volunteers; or (2) CONTRACTOR shall procure a bond guaranteeing payment of losses and related investigations, claims administration, and defense expenses.

**Certificate of Insurance/Endorsements:** A certificate of insurance from an insurer with a Best's rating of no less than A- indicating compliance with the required coverages must be received by the Contracts Manager, PO Box 201301, Helena, MT 59620-1301 prior to start of work under this Contract. CONTRACTOR must immediately notify DEPARTMENT of any material change in insurance coverage, such as changes in limits, coverages, policy status, etc. DEPARTMENT reserves the right to require complete copies of insurance policies at all times.

**Specific Requirements for Commercial General Liability:** CONTRACTOR shall purchase and maintain occurrence coverage with combined single limits for bodily injury, personal injury, and property damage of \$1,000,000.00 per occurrence and \$2,000,000.00 aggregate per year to cover such claims as may be caused by any act, omission, or negligence of CONTRACTOR or its officers, agents, representatives, assigns or subcontractors.

- B. **Specific Requirements for Professional Liability:** CONTRACTOR shall purchase and maintain occurrence coverage with combined single limits for each wrongful act of \$1,000,000.00 per occurrence and \$2,000,000.00 aggregate per year to cover such claims as may be caused by any act, omission, negligence of CONTRACTOR or its officers, agents, representatives, assigns or subcontractors. Note: if "occurrence" coverage is unavailable or cost prohibitive, CONTRACTOR may provide "claims made" coverage provided the following conditions are met: (1) the commencement date of the Contract must not fall outside the effective date of insurance coverage and it will be the retroactive date for insurance coverage in future years; and (2) the claims made policy must have a three year tail for claims that are made (filed) after the cancellation or expiration date of the policy.

## 11. ACCESS AND RETENTION OF RECORDS

CONTRACTOR agrees to provide DEPARTMENT, the Legislative Auditor, or their authorized agents with access to any records necessary to determine Contract compliance (Ref. 18-1-118, MCA). CONTRACTOR agrees to create and retain all records supporting the services rendered and/or supplies delivered for a period of three years after either the completion date of this Contract or the conclusion of any claim, litigation, or exception relating to this Contract taken by the State of Montana or a third party.

## 12. PUBLIC INFORMATION

CONTRACTOR recognizes that this Contract may be subject to public inspection pursuant to Article 2, § 9 of the Montana Constitution. DEPARTMENT has a limited ability to assert a privacy interest in the subject matter of the Contract particularly with respect to information which is in the nature of a "trade secret" as the phrase is defined in federal law. In any event, CONTRACTOR agrees to hold

DEPARTMENT harmless from any injury caused, in whole or in part, by the review of this agreement by an entity authorized to do so pursuant to Article 2, § 9 of the Montana Constitution.

**13. ASSIGNMENT, TRANSFER AND SUBCONTRACTING**

CONTRACTOR shall not assign, sell, transfer, subcontract or sublet rights, or delegate duties under this Contract, in whole or in part, without the prior written approval of DEPARTMENT. No such written approval shall relieve CONTRACTOR of any obligation of this Contract and any transferee or subcontractor shall be considered the agent of CONTRACTOR. CONTRACTOR shall remain liable as between the original parties to the Contract as if no such assignment had occurred.

**14. AMENDMENTS**

All amendments to this Contract shall be in writing and signed by the parties.

**15. COMPLIANCE WITH LAWS**

CONTRACTOR must, in performance of work under the Contract, fully comply with all applicable federal, state, or local laws, rules and regulations, including the Montana Human Rights Act, the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990 and ADA Amendments Act of 2008, and Section 504 of the Rehabilitation Act of 1973. Any subletting or subcontracting by CONTRACTOR subjects subcontractors to the same provision. In accordance with section 49-3-207, MCA, CONTRACTOR agrees that the hiring of persons to perform the Contract will be made on the basis of merit and qualifications and there will be no discrimination based upon race, color, religion, creed, political ideas, sex, age, marital status, physical or mental disability, or national origin by persons performing the Contract.

**16. TERMINATION AND DEFAULT**

- A. DEPARTMENT may, by written notice to CONTRACTOR, terminate this Contract in whole or in part at any time CONTRACTOR fails to perform as required in this Contract.
- B. Either party may terminate this Contract without cause by providing written notice to the other as described in this paragraph. The party desiring to terminate the Contract shall provide written notice to the other, which notice will establish a termination date not less than 30 days from the date of such notice. The termination of this Contract shall not limit any party's pursuit of remedies provided in this Contract or otherwise available under the laws of the State of Montana.
- C. DEPARTMENT, at its sole discretion, may, without 30 days notice, terminate or reduce the scope of this Contract if available funding is reduced for any reason. If funds are not appropriated or otherwise made available to support continuation of performance in a subsequent fiscal period, the contract must be canceled. (Ref. 18-4-313(4), MCA).
- D. Failure on the part of either party to perform the provisions of this Contract constitutes default. Default may result in pursuit of a remedy for breach of Contract including, but not limited to, monetary damages or specific performance.

**17. CHOICE OF LAW AND VENUE**

The laws of Montana govern this Contract. The parties agree that any mediation, arbitration or litigation

concerning this Contract must be brought in the First Judicial District in and for the County of Lewis and Clark, State of Montana, and each party shall pay its own costs and attorney fees (Ref. 18-1-401, MCA).

**18. LICENSURE**

CONTRACTOR agrees to provide copies of current licenses and certifications that register CONTRACTOR and any associates performing under this Contract.

**19. INTEGRATION**

This Contract contains the entire agreement between the parties and no statement, promises, or inducements made by either party or agents thereof, which are not contained in the written Contract, shall be binding or valid. This Contract shall not be enlarged, modified, or altered except upon written agreement signed by all parties to the Contract.

**20. SEVERABILITY**

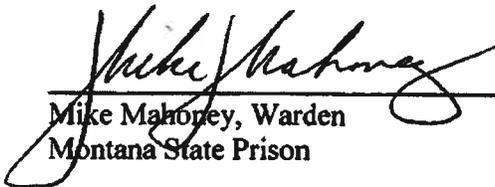
A declaration by any court, or any other binding legal source, that any provision of this Contract is illegal and void shall not affect the legality and enforceability of any other provision of this Contract, unless the provisions are mutually dependent.

**21. COMPLETED CONTRACT**

DEPARTMENT cannot disburse any payments under this Contract until a fully executed original Contract is returned to the Department of Corrections, Contracts Management Bureau, PO Box 201301, 1539 11<sup>th</sup> Avenue, Helena, MT 59620-1301.

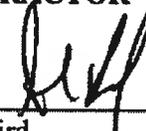
**SIGNATURE**

**DEPARTMENT**

  
\_\_\_\_\_  
Mike Mahoney, Warden  
Montana State Prison

7/27/09  
Date

**CONTRACTOR**

  
\_\_\_\_\_  
Alan Bird  
Powell County Memorial Hospital

8-6-09  
Date

Approved for Legal Content by:

  
\_\_\_\_\_  
Legal Counsel  
Department of Corrections

7/14/09  
Date