LEVULAN® KERASTICK®
(aminolevulinic acid HCl)
for topical solution, 20%

+

BLU-U®
Blue Light Photodynamic Therapy
Illuminator Model 4170

Contract NEGOTIATION

DUSA®
a SUN PHARMA company

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OVERALL FEE SCHEDULE ANALYSIS

1 **Start with a fee schedule analysis to determine which plans need to be negotiated. Using a spreadsheet fill in the following information**

- Top 20-40 Current Procedural Terminology (CPT) codes billed
- The charge for each of these codes
- The allowed/contracted amounts for Medicare and the other commercial payers

2 **This spreadsheet will show you where you payers fall in line with Medicare reimbursement and allow you to decide which payers need to be renegotiated.**

PAYER FEE SCHEDULE ANALYSIS

1 **Start with a payer spreadsheet**

- Create a spreadsheet listing your top 20 CPT codes and the number of times it was billed for that payer.
- Multiply the use of each code by the proposed payment of the payer.
- Add together all of these products, and divide by the total frequency of all codes to determine the weighted average payment for that payer.

2 **By repeating this process for each payer, you can compare the overall weighted averages of all of your health care plans.**

BREAK-EVEN POINT

1 Break-Even Point Calculation

- Add your overhead expenses and your physician compensation
- Divide this sum by the total frequency of all codes for all payers.
- The result gives you the weighted average of your costs, which is your break-even point.

2 You can easily compare it with the weighted average reimbursement for each contract.

POSITION

1 Determine your negotiation position

- Set an optimum or starting point (i.e. the terms you consider ideal)
- Set the minimum which is the point that must be met for you to sign
- Determine the percentage of the business that the payer represents

NEGOTIATION STRATEGY

1 Review contracts for renewal dates — Most plans only allow negotiations between 30 and 90 days prior to renewal

2 Contact the plan representative — Set up a meeting to discuss your contract

3 Meeting suggestions

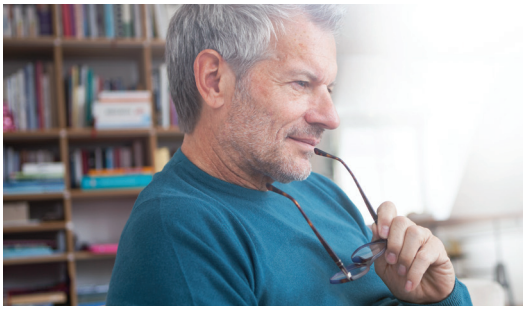
- Be organized
- Have a complete understanding of the finances of the practice
- Present your request for changes – asking for your optimum objective
  - » Include why the current reimbursement value is not appropriate
  - » Include the data that substantiates the need for a new reimbursement rate
- Be prepare to share your practice data with payers
  - » Data may also make it easier for them to share competing information for providers who are more efficient or have lower costs
- Remember you are negotiating a relationship not a transaction

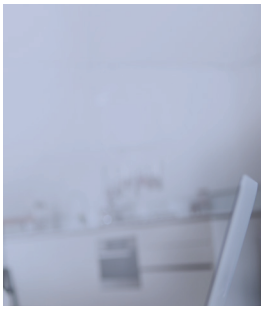
4 Fees are not the only thing to negotiate

- Authorization process for treatment.
- Period specified for submitting claims.
- Period allowed to appeal a denied claim.
- Requirements regarding use of oral or injectable drugs.
- Time specified for timely payment, and interest paid for late payment.
- Process for adding new service lines or adding new physicians to the plan.
- Period required for providing notice of modification proposals.
- Cancellation clause, including the advance notice required.

RESOURCES

For additional support resources visit
www.SunAccessSupport.com





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Important Safety Information

LEVULAN® KERASTICK® (aminolevulinic acid HCl) for topical solution, 20%, plus blue light illumination using the BLU-U® Blue Light Photodynamic Therapy Illuminator is indicated for the treatment of minimally to moderately thick actinic keratoses of the face or scalp, or actinic keratosis of the upper extremities.

Contraindicated in patients with cutaneous photosensitivity at wavelengths of 400–450 nm, porphyria, or known allergies to porphyrins, and in patients with known sensitivity to any of the components of the LEVULAN KERASTICK topical solution.

Application of LEVULAN KERASTICK topical solution should involve lesions on the face or scalp, or upper extremities. Multiple lesions can be treated within a treatment region, but multiple treatment regions should not be treated simultaneously.

Do not apply to the eyes or to mucus membranes. Irritation may be experienced if LEVULAN KERASTICK topical solution is applied to eyes or mucous membranes. Treatment of upper extremities is approved after an incubation time of 3 hours under occlusion. Excessive irritation may be experienced if this product is applied under occlusion longer than 3 hours.

Transient amnestic episodes have been reported during postmarketing use of LEVULAN KERASTICK in combination with BLU-U Blue Light Photodynamic Therapy Illuminator. Inform patients and their caregivers that LEVULAN KERASTICK in combination with PDT may cause transient amnestic episodes. Advise them to contact the healthcare provider if the patient develops amnesia after treatment.

After LEVULAN KERASTICK topical solution has been applied, the treatment site will become photosensitive and patients should avoid exposure of the photosensitive treatment sites to sunlight or bright indoor light (e.g., examination lamps, operating room lamps, tanning beds, or lights at close proximity) for 40 hours. To avoid unintended photosensitivity, LEVULAN KERASTICK topical solution should be applied by a qualified health professional to no more than 5 mm of perilesional skin surrounding each target actinic keratosis lesion.

Advise patients to wear a wide-brimmed hat or similar head covering of light-opaque material or a long-sleeved shirt and/or gloves to shade the treated actinic keratoses from sunlight or other bright light sources until at least 40 hours after the application of LEVULAN KERASTICK topical solution. Sunscreens will not protect against photosensitivity reactions caused by visible light. The patient should be advised to reduce light exposure if the sensations of stinging and/or burning are experienced.

LEVULAN KERASTICK topical solution has not been tested on patients with inherited or acquired coagulation defects.

It is possible that concomitant use of other known photosensitizing agents such as St. John's wort, griseofulvin, thiazide diuretics, sulfonylureas, phenothiazines, sulfonamides and tetracyclines might increase the photosensitivity reaction of actinic keratoses treated with the LEVULAN KERASTICK topical solution.

During light treatment, both patients and medical personnel should be provided with blue blocking protective eyewear as specified in the BLU-U Blue Light Photodynamic Therapy Illuminator Operating Instructions.

The most common local adverse reactions (incidence ≥ 10%) were erythema, edema, stinging/burning, scaling/crusting, itching, erosion, hypo/hyperpigmentation, oozing/vesiculation/crusting, scaling and dryness.

In clinical trials, severe stinging and/or burning was reported by at least 50% of face and scalp patients and 9% of upper extremity patients at some time during treatment. However, less than 3% of subjects receiving treatment for face or scalp lesions discontinued light treatment because of stinging/burning. No subjects discontinued light treatment in the trial for upper extremity lesions.

Please see full Prescribing Information here.