

**EXHIBIT A**  
**ANCILLARY PROVIDER SERVICES -**

In Accordance with Section 2.1, Covered Services include all services provided by Ancillary Provider as specified below.

Durable Medical Equipment

## EXHIBIT C COMPENSATION

- I. Ancillary Provider agrees that it shall accept the rates listed in the compensation contained in this Exhibit are all inclusive in accordance with Medicare payment guideline as payment in full for Covered Services pursuant to Article V.

HiLabs Health shall pay Ancillary Provider the rates below less any Copayments or deductibles, if applicable for Commercial and Medicare product lines.

For all pre-authorized Services, HiLabs Health shall pay Ancillary Provider at the following fee schedule, less any applicable Copayments and/or deductibles.

Service	Medicare and Commercial Members
1. Durable Medical Equipment 2. Diabetic, Ostomy & Wound Care Supplies 3. Urological 4. Apnea Monitors, Negative Pressure Wound, Ventilators, Osteogenesis (Orthotic & Bone) stimulators, Cough Stimulating Device & Therapeutic Mattress	60% of Current Year Medicare Rates
External Nutrition Formulae & Supplies	60% of Current Year Medicare Rates If no value, AWP-5%
CPMs (E0933)	80% of Current Year Medicare Rates
Gas Oxygen Contents (E0332) Oxygen refill will not be a purchase item Oxygen (E1390) is excluded from Capped Rental and not a purchase item	\$25 per month, regardless of utilization.
Power Wheelchairs and Scooters	60% of Current Year Medicare Rates. If no Medicare rate, 60% of MSRP. Quotation shall be submitted to HiLabs Health for approval prior to delivery to Member
Authorized services without a Medicare rate/value	Reimbursable at 100% Current Year Medi-Cal rates 2. Invoice Cost if no Medi-Cal rate. Invoice must be submitted with Claim.
Incontinent supplies	The lesser of 60% of Current Year Medicare Rate or the attached fee schedule. Supplies with no value and not listed on the attached fee schedule will be reimbursed at Invoice Cost if no Medi-Cal rate. Invoice must be submitted with Claim.

CPT Code	Incontinent Supplies	Modifier	Rate
T4521	Adult Diaper, Small	NU	\$0.55
T4522	Adult Diaper, Medium	NU	\$0.65
T4523	Adult Diaper, Large	NU	\$0.72
T4524	Adult Diaper, XLarge	NU	\$0.77
T4525	Adult Pull-On, Small	NU	\$0.80
T4526	Adult Pull-On, Medium	NU	\$0.90
T4527	Adult Pull-On, Large	NU	\$0.80
T4528	Adult Pull-On, XLarge	NU	\$0.85
T4529	Ped Diaper, Small/Medium	NU	\$0.55
T4530	Ped Diaper, Large	NU	\$0.55
T4531	Ped Pull-On, Small/Medium	NU	\$0.55
T4532	Ped Pull-On, Large	NU	\$0.58
T4533	Youth Size Diaper	NU	\$0.48
T4534	Youth Size Pull-On	NU	\$0.80
T4535	Disp Liner, Pad, Under Garment	NU	\$0.65
T4536	Reusable Pull-On, Any size	NU	\$11.54
T4537	Underpad, Reusable, Bed Size	NU	\$15.39
T4540	Underpad, Reusable, Chair Size	NU	\$13.60
T4541	Underpad, Disposable, Large	NU	\$0.21
T4542	Underpad, Disposable, Small	NU	\$0.24

- II. All claims and services may be subject to retro-review by the Utilization Management Committee. In the event that an error is made in the compensation payment, resulting in an overpayment to Ancillary Provider, HiLabs Health reserves the right to adjust subsequent compensation to offset overpayment.

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