

EXHIBIT C COMPENSATION

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

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

A. **In House Lab Services:**

One hundred percent (100%) of current year Medi-Cal rates, less any applicable Copayments and/or deductibles.

B. **Third Party Lab Services:**

Paid at cost.

C. **Prior Authorization.**

The following specific tests require prior authorization from Plan.

CPT Code	Description
80158	Assay of Cyclosporine
80202	Assay of Vancomycin
82731	Assay of Fetal Fibronectin
83519	Immunoassay, Nonantibody
84146	Assay of Prolactin
86022	Platelet Antibodies
86147	Cardiolipin Antibody
86300	Immunoassay, Tumor CA 15-3
86304	Immunoassay, Tumor CA 125
86376	Microsomal Antibody
83898	Molecule Nucleic Ampli
86256	Fluorescent Antibody, Titer
87621	HPV, DNA, Dir Probe
87902	Genotype, DNA, Hepatitis C
	Genotype, Hepatitis B – 83891, 83900, 83894, 83904, 83912
87517	Hepatitis B – DNA Quantitative & Qualitative
87522	Hepatitis C – RNA Quantitative & Qualitative
82378	C E A
88230	Tissue Culture, Lymphocyte
88262	Chromosome Analysis, 15-20
86301	CA 19-9
	HIV Related Testing
	Allergy Testing such as Rash Tests
	Chromosomal studies testing
	Human Lymphocyte testing

D. Procedure:

- 1) Ancillary Provider must call Plan's UM department for prior authorization for the test listed above.
- 2) Plan's UM Department will generate an authorization.
- 3) Plan's UM Department will obtain supporting medical documents from member's PCP/Specialist.
- 4) Ancillary Provider will be notified by Plan's UM Department of approved services.

Provider must fully comply with this Agreement, including Plan's policies and procedures, to be entitled to payment by Plan for Benefits under Exhibit C. Plan reserves the right to conduct concurrent and retrospective review of Benefits reimbursed in accordance with Exhibit C.

**** Member Benefits vary and may change from time to time, please contact Plan for current Member Benefit at 1-866-314-2427.**

11. 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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