

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.

Vought 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, Vought 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	60% of Current Medicare Rates
Urological	80% of Current Medicare Rates
Apnea Monitors, Negative Pressure Wound, Ventilators, Osteogenesis (Orthotic & Bone) stimulators, Cough Stimulating Device & Therapeutic Mattress	60% of Current Medicare Rates
Enteral Nutrition Formulae & Supplies	80% of Current Medicare Rates If no value, AWP-5%
CPMs (E0935)	100% of Current Medicare Rates
Gas Oxygen Contents (E0433) 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	70% of MSRP Quotation shall be submitted to Vought Health for approval prior to delivery to Member
Authorized services without a Medicare rate/value	1. Payable at Current Medi-Cal rates 2. If no Medi-Cal rate, 60% of SuperCare's billed charges.
Incontinent supplies	The lesser of 60% of Current Medicare Rate or the attached fee schedule. Supplies with no value and not listed on the attached fee schedule will be reimbursed at 60% of SuperCare's billed charges.

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, Vought Health reserves the right to adjust subsequent compensation to offset overpayment.

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EXHIBIT C-1
COMPENSATION – INFUSION THERAPY
COVERED PHARMACY SERVICES AND FEE SCHEDULE

I. Covered Services

Covered Services shall include medications as well as the items and services listed below:

(i) Administrative Services

- Coordination of benefits with other insurers
- Verification of insurance eligibility and extent of coverage
- Obtaining certificates of medical necessity and other required documentation
- Obtaining prior authorizations
- Patient financial services, billing and account collection activities
- Licensure and regulatory compliance
- Maintenance and storage of medical and reimbursement records
- Inventory and facility maintenance
- Patient education materials

(ii) Pharmacy Professional Services

(a) Dispensing

- Medication profile set-up and drug utilization review
- Monitoring for potential drug interactions
- Sterile compounding USP <797>
- Pharmacokinetic dosing
- Patient counseling as required under OBRA 1990

(b) Pharmacy Professional Services

- Development and implementation of pharmaceutical care plans
- Patient/caregiver education
- Review and interpretation of patient laboratory results
- Removal, storage and disposal of infectious waste
- Maintaining accreditation requirements
- Maintaining insurance requirements (e.g. liability), including compliance with all state and federal regulations related to minimum insurance coverage

(iii) Care Coordination

- Patient admission
- Clinical staff availability 24 hours/day, 7 days/week for questions and/or problems
- Delivery of medication and supplies to patient's home or designated alternate site

(iv) **Supplies**

- Reusable, disposable infusion pumps, flushes, alcohol swabs, gauzes, tape, syringes, needles, filtered needles, administration kits, IV start kits and dressing change kits

II. **Average Wholesale Price (AWP)**

For all drugs dispensed pursuant to this Agreement, "AWP" shall mean the Average Wholesale Price of the dispensed drug, as identified by its unique National Drug Code ("NDC") and published by Thompson Redbook (the "AWP Source"), as of the date of service.

Ancillary shall not charge Vought Health any applicable delivery fee.

III. **Returned or Unused Goods**

Delivery schedule for all drugs and solutions shall be based upon the orders of the prescribing physician and the stability of the prescribed medication. All member-specific drugs and solutions will be charged at the time of preparation and no credits will be allowed for any returned or unused goods.

Antibiotic, Antiviral, Antifungal Therapy

Code	Description	Rate
Home Infusion Therapy, Antibiotic, Antiviral, or Antifungal Therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), Per Diem		
S9494	All Frequencies	\$50.00
S9500	Q24H	\$55.00
S9501	Q12H	\$55.00
S9502	Q8H	\$60.00
S9503	Q6H	\$60.00
S9504	Q4H	\$65.00
S9497	Q3H	\$65.00
NDC	Antibiotic, Antifungal, or Antiviral Drugs	AWP – 15%

Hydration Therapy

Code	Description	Rate
Items Included in a Hydration Therapy and included in the per diem are limited to: <ul style="list-style-type: none"> • Solution (e.g. 0.9% Sodium Chloride, Dextrose 5%) • Electrolytes (e.g. CaCl₂, KCl, KPO₄, MgSO₄, NaCl, NaPO₄) • Standard multivitamin solutions (e.g. MVI) 		
Home Infusion Therapy, Hydration Therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (nursing visits coded separately), Per Diem		
S9374	1L per day	\$50.00
S9375	More than 1L but not more than 2L per day	\$55.00
S9376	More than 2L but not more than 3L per day	\$55.00
S9377	More than 3L per day	\$55.00

Pain Management*

Code	Description	Rate
Home Infusion Therapy, Pain Management Infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), Per Diem		
S9326	Continuous (24 hours or more)	\$50.00
S9327	Intermittent (less than 24 hours)	\$50.00
NDC	Pain Drugs	AWP-15%

Therapies, Not Otherwise Classified

Code	Description	Rate
S9379	Infusion therapy, not otherwise classified: Administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), Per diem	\$ 50.00
S9542	Injection therapy, not otherwise classified: Administrative services, professional pharmacy services, care coordination And all necessary supplies and equipment (drugs and nursing visits coded Separately), Per diem Ancillary shall not charge Vought Health any applicable delivery fee.	\$ 55.00
NDC	All Drugs	AWP – 15%

Total Parenteral Nutrition (TPN) Therapy

The items included in a standard TPN formula and included in the Per Diem are limited to:

- Non-specialty amino acids (e.g., Aminosyn, FreeAmine, Travasol)
- Concentrated dextrose (e.g., D10, D20, D40, D50, D60, D70)
- Sterile water
- Electrolytes (e.g., CaCl₂, KCL, KPO₄, MgSo₄, NaAc, NaCl, NaPO₄)
- Standard multi-trace element solutions (e.g., MTE4, MTE5, MTE7)
- Standard multivitamin solutions (e.g., MVI-13)
- Added trace elements not from a standard multi-trace element solution (e.g. chromium, copper, iodine, manganese, selenium, zinc)
- Added vitamins not from a standard multivitamin solution (e.g. folic acid, vitamin C, vitamin K)

The following items are not included in the TPN Per Diem and will be coded and reimbursed separately:

- Lipids (e.g., Intralipid, Liposyn)
- Specialty amino acids for renal failure (e.g., Aminess, Aminosyn-RF, NephrAmine, RenAmin)
- Specialty amino acids for hepatic failure (e.g., HepatAmine)
- Specialty amino acids for high stress conditions (e.g., Aminosyn-HBC, BranchAmin, FreeAmine HBC, Trophamine, Glutamine)
- Specialty amino acids with concentrations of 12% and above when medically necessary for fluid restricted patients (e.g., Aminosyn 12%, Novamine 12%, Clinisol 12%)
- Products serving non-nutritional purposes (e.g., insulin, iron dextran, Pepcid, Sandostatin)

Note: Depending on stability and practice, some of the products listed above are compounded into the TPN in the pharmacy, while others are dispensed separately for injection into the TPN in the home.

Code	Description	Rate
Home Infusion Therapy, Total Parenteral Nutrition (TPN); up to 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulae, drugs other than in standard formula, and nursing visits coded separately), Per Diem		
S9365	1L per day	\$105.00
S9366	More than 1L but not more than 2L per day	\$135.00
S9367	More than 2L but not more than 3L per day	\$150.00
S9368	More than 3L per day	\$150.00
NDC	All other drugs not part of a standard TPN formula	AWP – 15%

Nutritional Assessment*

Code	Description	Rate
S9470	Nutritional Counseling, Dietitian Visit	\$ 95.00

***Nutrition Assessment Definition:** A nutritional assessment is a comprehensive approach to defining nutritional status that uses medical, nutrition, and medication histories; physical examination; anthropometric measurements; and laboratory data. Further, it includes the organization and evaluation of information to declare a professional judgment. Follow-up nutritional assessments evaluate the patient's progress in meeting nutrition goals by evaluating the response to nutrition support using medical, nutrition, and medication data; physical examination; anthropometric measurements; and may include follow-up laboratory data. Such assessments also evaluate the member's ability to transition to a less invasive nutrition support regimen, if possible, or to optimize the current regimen.

Catheter Care & Insertion Supplies

Code	Description	Rate
<i>Coding Procedure: Catheter care/maintenance Per Diems (S5498, S5501 & S5502) are coded and reimbursed when catheter care is provided as a stand-alone therapy, or during days not covered under the Per Diem of another therapy. Catheter maintenance supplies (S5517 & S5518) are coded and reimbursed per kit.</i>		
S5498	Home infusion therapy, catheter care/maintenance, simple (single lumen) , includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), Per Diem	\$ 10.00
S5501	Home infusion therapy, catheter care/maintenance, complex (more than one lumen) , includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), Per Diem	\$ 15.00
S5502	Home infusion therapy, catheter care/maintenance, implanted access device , includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), Per Diem (use this code for interim maintenance of vascular access not currently in use)	\$ 80.00
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	\$ 50.00 per kit
S5518	Home infusion therapy, all supplies necessary for catheter repair	\$ 40.00 per kit
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	\$ 80.00 per kit
S5521	Home infusion therapy, all supplies (including catheter) necessary for midline catheter insertion	\$ 60.00 per kit
NDC	All Drugs	AWP – 15%

Home Nursing Visit Services

Code	Description	Rate
<i>Coding Procedure: Time recorded and reimbursed for all nursing activities necessary for a nurse visit, including preparation, travel time, in home documentation, post-visit reporting, follow-up activities, etc.</i>		
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)	\$ 120.00 per visit
99602	Each additional hour (List separately in addition to primary procedure) (Use 99602 in conjunction with code 99601)	\$ 50.00 per hour
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC) , nursing services only (no supplies or catheter included)	\$ 125.00 per procedure*
S5523	Home infusion therapy, insertion of midline central venous catheter , nursing services only (no supplies or catheter included)	\$ 115.00 per procedure*

***Note:** PICC and midline insertion procedures are coded and reimbursed separately and are in addition to the time required for other home infusion/specialty drug administration services coded with 99601 and 99602. During a single visit, only one PICC or midline insertion procedure is coded and reimbursed even if multiple attempts are needed for successful insertion. If multiple insertion procedures are performed during separate visits, each is coded and reimbursed separately.

Respiratory Medications

Medication Description	Billing Unit	Non-compound Allowable	Compound Allowable
Albuterol .083%	Unit Dose/1 mg	\$0.064	\$0.099
Xopenex (Levalbuterol) 0.5 mg	Unit Dose/0.5 mg	\$1.85	\$0.92
Formoterol 12 mcg or 20 mcg	Unit Dose	\$4.76	\$1.00
Duo Neb (Albuterol up to 5 mg/ Ipratropium Bromide, up to 1 mg)	Unit Dose	\$0.75	N/A
Pulmicort (Budesonide)	0.25-0.5 mg	\$4.41	\$1.00
Cromolyn Sodium	Unit Dose/10 mg	\$0.07	\$0.07
Budesonide Concentrate	0.25 mg	\$0.016	N/A
Ipratropium Bromide	Unit Dose/mg	\$0.17	\$0.17
Isoetharine HCL	Unit Dose/mg	\$0.16	\$0.16
Arformoterol, unit dose form	15mcg	\$4.41	\$3.53
Unlisted Drugs	N/A	AWP-15%	AWP-15%

All medications shall be billed with current Medicare HCPC Codes

Dispensing Fees

Initial Dispensing Fee shall be billed with HCPC G0333, or current Medicare HCPC and shall be reimbursed at fifty-five dollars (\$55).

Initial dispensing fee to pharmacy for the initial thirty (30) day period of inhalation drugs furnished through DME, regardless of the number of shipments or drugs dispensed during that time.

Thirty (30) – Day Dispensing Fee shall be billed with HCPC Q0513, or current Medicare HCPC and shall be reimbursed at thirty-three dollars (\$33).

One dispensing fee for a thirty (30) day period of inhalation drugs furnished through DME regardless of the number of shipments or drugs dispensed during that time.

Only one dispensing fee payment will be made for a thirty (30) – day period, provider may not be paid for more than one dispensing fee code in the same period. For a refill prescription, Vought Health will allow payment of the dispensing fee no sooner than seven (7) days before the end of usage for the current thirty (30) – day supply for which a dispensing fee was previously paid. Provider will not be allowed more that twelve (12) months of dispensing fees in a twelve (12) months period. Dispensing fee must be billed on the same claim as the drug supplied or dispensed.

All Non-compound medications shall be billed with “KO” modifier.
Compounded medications shall be billed with “KP” modifier.